

**EMPLOYEE MEDICAL/DENTAL PREMIUM CONTRIBUTIONS
ELECTION/REFUSAL FORM**

If you are married and have children or just have dependent children and will have a deduction from your paycheck to cover a portion of their medical and dental insurance, then you will want to elect to have the deduction taken out on a pre-tax basis. If at any time during your employment with the Capital Area Health Consortium, you may wish to add a spouse or child to your plan, use dependent care or take advantage of a Tax Shelter Investment Plan, then choose #1 below. **The election is only activated when and if you need it at any time during employment.**

Elect #2 **ONLY** if you expect to have very high medical expenses above the coverage offered by the Consortium and you feel it would be beneficial to deduct these expenses from your income for tax purposes.

The Capital Area Health Consortium has set up a plan under Section 125 of the Internal Revenue Code that allows employees to pay for their share of health care (Medical & Dental coverage) for their eligible dependents on a pre-tax basis. Since these contributions are not subject to Federal or State Income tax or FICA, taxable income is reduced. Consequently, Social Security benefits may also be reduced. To participate in this plan, complete the Salary Reduction agreement below.

HEALTH INSURANCE PREMIUM SALARY REDUCTION AGREEMENT

#1 () I hereby authorize the Capital Area Health Consortium to reduce my salary by the amount necessary to pay the employee insurance premium contributions(s) required to purchase health insurance coverage for my eligible dependents under the Capital Area Health Consortium's Group Health Insurance Plan. (Only to be used if and when there is a deduction to cover family insurance)

#2 () I do not wish to make the election stated above.

Name (Please Print)

Department

Employee Signature

Date