



**PRE-TAX PREMIUM  
WAIVER FORM**  
(Please Print)



SSN: 

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EEID: 

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Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Name of Department / Agency: \_\_\_\_\_

I am paid:  Bi-weekly  Monthly

**PART 1: ELECTION**

I elect to not participate in the Pre-Tax Premium Program

I elect to restart participation in the Pre-Tax Premium Program

**PART 2: EMPLOYEE CERTIFICATION**

I understand the Pre-Tax Premium Program. Furthermore I understand that the election I choose will continue until a new form is submitted requesting a change to my current Pre-Tax Premium Program participation.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_