

SISC FLEX Premium Only Plan (POP) Enrollment Form

School District (Qualified Employer)	
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Employee Information (Please print clearly)

NAME:	Last _____ First _____	SS#:	DATE OF BIRTH:
ADDRESS:	Street Address or P.O. Box _____ City _____	PHONE: ()	

Open enrollment

New employee

Job Title _____ Yearly Salary: _____ (Information required for IRS discrimination testing purposes.)

Employee's current SISC Health Care Plan

Anthem Blue Cross

California Care

Other (Please Specify)

Blue Shield

Kaiser

Work Phone	Hrs worked per week	Date of Hire	Employment Status:
()			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

I elect the following Salary Reduction Agreement:

Election of "Pre-Tax" Benefits Under the Salary Reduction Plan (premium amount is not subject to taxes)

I hereby authorize and direct my employer to reduce my salary in the amount necessary to pay for medical, dental, and vision coverage with "pre-tax" dollars. Such reductions, considered as elective contributions under the Plan, will start with my first paycheck dated after the effective date of enrollment. I further authorize future adjustments in the amount of the salary reduction in the event the cost of coverage should change. I also understand that the purpose of this program is to allow employees to select their qualified benefits within the guidelines of the Internal Revenue Code. I understand that this election and the indication that a premium is to be paid does not provide insurance coverage. In most instances an application for insurance must also be completed.

"Post-Tax" Election (premium amount is subject to taxes)

I elect to waive all pre-tax benefits under the Plan, but I elect to pay for my Health Insurance Benefits on an after-tax basis. Except for an allowable Change of Status event, I understand that I cannot elect pre-tax benefits until the next Open Enrollment period.

I understand that my POP contributions (if any) for medical, dental and vision coverage will be made on a "Pre-Tax" basis unless I have checked the "Post-Tax" option above. This election shall remain in effect until a subsequent election form is filed in accordance with the Plan.

I have read and agree to the terms of participation set forth in this Agreement.

Signature _____

Date: _____

Return the completed form to your school district (employer).

School District's (Qualified Employer's) use only

Received and approved by authorized School District Administrator: _____ Date: _____

Effective date of enrollment: _____ First payroll deduction date: _____

Copy – White (SISC Flex) Yellow – (School District) Pink – (Employee)