HRC TOTAL SOLUTIONS

Premium Offset Plan Enrollment Form

Company Name: _____

First Name: _____ Last Name: _____ SSN: _____-_____-_____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Spouse First Name: _____ Last Name: _____

I authorize my employer to make the following pre-tax reduction from my paycheck according to the election I have chosen below. This election cannot be changed until the beginning of the next plan year or if I have a qualifying event; which includes within my immediate dependents, marriage, divorce, death or birth. If I fail to make an election change upon the open enrollment for each plan year then my current election will automatically rollover as if I had elected to continue my election.

(Please check the box of the BENEFITS you want to pay PRE-TAX)

- ☐ **Health Insurance**
- ☐ **Dental Insurance**
- ☐ **Vision Insurance**
- ☐ **Life Insurance**
- ☐ **Disability Insurance**
- ☐ **Waive Benefits**

I understand that I cannot change my election during the plan year unless I have a qualifying event. My social security benefit may be reduced by this election. My election(s) will automatically rollover each plan year if I fail to make a new election.

Employee Signature: _____ Date: _____

Accepted By Employer: _____ Date: _____

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