

Premium Contribution or Cash in Lieu Election and Authorization

Employee's name _____
First Middle Last

Address _____
Street Apt/Lot #

_____ *City State ZIP code*

Job title _____

Employee's social security number - -

Date of birth ____ / ____ / ____

Gender male female

First payroll date _____

School district where you're employed _____

- 1 I have elected to receive the district's medical plan.
- 2 I elect to reduce my salary in order to pay my share of insurance premiums on a pre-tax basis. This amount is to be deducted on a regular basis through normal payroll beginning with the designated plan year.
- 3 I have elected to receive cash payments as set forth in the Plan Document in lieu of the district's medical plan. I understand that the cash payments will be made to me on my normal payroll schedule.

Employee signature _____

Date _____

I understand that this election will remain in effect until rescinded or changed by me in accordance with the rules and procedures of the MESSA OptionALL Plan.