

Woodland School District and American Fidelity Assurance Company

Premium Only Election Form

Employer: Woodland School District, Woodland, Washington

Work Site: _____

Name of Employee: _____

Plan Year: 03/01/2016 to 02/29/2017

Social Security Number: _____

Please check one of the options below:

- I wish to pre-tax my out-of-pocket Health, Dental and Vision Insurance premiums. See notice below.
- I do not wish to pre-tax my out-of-pocket Health, Dental and Vision Insurance premiums.

I understand that if I do not complete a new election form that my benefit elections(s) for the current plan year will remain in effect for the next plan year. I also understand that the premiums under Section 125 cannot be revoked or changed during the Plan Year. The only exception is that you may change your election on account of and consistent with an IRS approved status change (e.g. change in legal marital status; change in number of dependents; change in employment status; dependent satisfies or ceases to satisfy dependent eligibility requirements; resident change), cost or coverage changes, and such other events as would permit a revocation or change of election under IRC 125 regulations. The election change must be requested within 30 days of the event and must be on account of and consistent with the status change as defined in the Plan. Before the beginning of each Plan Year, I will be offered the opportunity to change my election for the following Plan Year. If I do not make a new election before each plan year, my existing plan year's election will remain in force. Financial hardship does not qualify as a change in family status. It is each employee's responsibility to see that paperwork for needed changes is completed during this open enrollment period.

Date

Employee's Signature

Home Phone