**PRE-TAX PREMIUM CONVERSION PLAN**

**ENROLLMENT WAIVER FORM**

Social Security Number: \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I hereby elect to become a participant in the Diocese of Erie Premium Conversion Plan and authorize the Diocese of Erie to payroll deduct any health insurance contribution on a pre-tax basis.

[ ] I hereby elect not to participate in the Diocese of Erie Premium Conversion Plan. I understand that I may not again authorize payroll deductions on a pre-tax basis until the next January 1st following the date of this notice.

\* I understand that this election cannot be changed during the plan year except in limited situations relating to specific changes in my family status (as prescribed by the Internal Revenue Code Section 125). These changes include: change in marital status (marriage… divorce), change in number of dependents (birth, adoption, death, etc.), termination or commencement of employment by you, your spouse, or dependent, change in work schedule (increase or decrease in hours by you, your spouse, or dependent), dependent satisfies/ceases to satisfy dependent eligibility requirements (attainment of age, student status… etc.), and change in residence or worksite of you, your spouse or dependent.

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Participant’s Signature Date