Loyalsock Township School District
1605 Four Mile Dr
Williamsport PA 17701

Telephone (570) 326-6508
Fax (570) 326-0770

Election Form – Section 125 (Premium Only) Plan

Employee Name _____ SSN _____
First MI Last

Address _____
Street City State Zip

Birth Date _____ Current Position _____

On the appropriate enrollment form(s) I have enrolled in certain insurance coverage(s). I authorize pretax salary reduction from my wages for the following coverage. I understand that these elections will continue indefinitely until I initiate a change. I understand and agree that I cannot change or revoke my elections until the next annual benefit election period unless I experience a qualifying event for a change (i.e., marriage, divorce, birth, adoption, or loss of coverage elsewhere).

Check all that apply:

__ Health Insurance

___Dental Insurance (Family Coverage)

___Vision Insurance (Individual Coverage)

___Vision Insurance (Family Coverage)

By signing below I agree to have all eligible premiums I am required to pay relating to District sponsored benefit plans processed through the Section 125 Plan. I understand that the premium amounts can change from year to year and that said amounts will continue to be deducted from my pay and processed through the Section 125 Plan.

_____ _____
Employee Signature Date

To be completed by employee if declining to participate:

I have been given the opportunity to participate in the Section 125 (Premium Only) Plan. However, I decline to participate at this time.

_____
Employee Name (Please Print)

_____ _____
Employee Signature Date