

**PULASKI COUNTY SCHOOLS
AUTHORIZATION TO PRE-TAX INSURANCE PREMIUMS
PREMIUM CONVERSION AFFIDAVIT
JULY 1, 2011 – JUNE 30, 2012**

I, _____, SSN _____ - _____ - _____
(Please Print)

* _____
Mailing Address (including city, state, and zip code)

an employee of the employer noted above, do hereby elect to participate in my employer's Cafeteria 125 Plan for my share of the cost of my insurance election.

I hereby authorize my employer to reduce my gross compensation each pay period by an amount equal to my insurance cost.

**PLEASE INDICATE YOUR PARTICIPATION BY CHECKING THE FOLLOWING
APPLICABLE INSURANCE PREMIUMS TO BE PAID WITH PRE-TAX DOLLARS:**

_____ GROUP HEALTH / DENTAL / VISION INSURANCE

_____ ADDITIONAL GROUP VISION INSURANCE (EYE MED)

_____ OTHER ALLOWABLE INSURANCE PREMIUMS (CANCER AND INTENSIVE CARE)

I hereby certify that I have examined this Premium Conversion Affidavit form and to the best of my knowledge and belief, it is true, correct and complete.

DATE

SIGNATURE

TO WAIVE PARTICIPATION IN THE PREMIUM CONVERSION PLAN PLEASE READ & SIGN BELOW:

This waiver will acknowledge that I have been informed of the terms of the above referenced Cafeteria 125 Plan (Premium Conversion Plan). Even though I am eligible to participate in such Plan, I hereby elect not to participate. I understand this waiver will remain in effect until revoked and that I may decide to participate in later plan years by making an election to participate during the election period prior to each plan year.

Employee's Signature

Date: _____