

Town of Concord
Section 125 Pre-Tax Insurance Premium Plan
Participation Election/Change Form

Employee Name: _____

Department: _____

I have been informed of the benefit options available under the Town of Concord Section 125 Pre-Tax Insurance Premium Plan. I understand that:

- My premiums for medical/dental and/or disability insurance are automatically deducted on a pre-tax basis, unless I waive participation in the Section 125 Plan.
- If I waive participation in any portion of the Plan, the amount of my premiums will be treated as taxable compensation.
- I cannot change or revoke this election at any time during the Plan Year, unless I have a qualifying change in status. (Note that qualifying changes include marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse, or other such events that the Plan Administrator determines will permit a change or revocation of an election.) **Employees who experience a qualifying event and want to change their election MUST do so within 30 days of the qualifying event.**
- At the beginning of each Plan Year, I will be offered the opportunity to change my benefit election under this Plan. If I do not complete and return a new election form at future opportunities, my election(s) will remain as it was for the prior year.
- This election does not prohibit me from participating in other benefit plans.

	<u>PARTICIPATE</u> Premiums Deducted <i>PRE-TAX</i>	<u>WAIVE</u> <u>PARTICIPATION</u> Premiums Deducted <i>POST-TAX</i>
Medical/Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature

Date