



Post-Tax Premium Election Enrollment Form

Plan Year: 2017/2018

POST-TAX Must be Elected Each Plan Year *to avoid reverting to pre-tax*

I understand that any premiums I am obligated to pay for health, dental, vision, or life insurance coverage for myself and any dependents will be deducted from my pay on a PRE-TAX basis unless I otherwise direct. This increases my take home pay, but may lower the Highest Average Salary (HAS) under PERA and have a negative effect on my retirement benefit. (Employees may Contact PERA for additional and/or specific details.)

Name: _____

Social Security #: _____

Address: _____

City / State / Zip: _____

Phone: _____

Email: _____

I elect the POST-TAX option for benefit premiums.

Employee Signature

Date