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PREMIUM ONLY
ENROLLMENT FORM

EMPLOYER PLAN YEAR: \_\_\_\_\_ to \_\_\_\_\_

EMPLOYEE: SS #:

MAILING ADDRESS: [ ] NEW Election [ ] Election CHANGE

CITY/STATE: ZIP: EFFECTIVE DATE:

FLEXIBLE BENEFITS ELECTION AUTHORIZATION

I request participation in the Flexible Benefits Program of the above named employer and authorize the deduction of a portion of my compensation to purchase the benefits listed below under IRC SEC. 125, "Before" or "After-Tax" as indicated.

PAY PERIODS: "W" = WEEKLY; "BW" = BI-WEEKLY; "SM" = SEMI-MONTHLY; "M" = MONTHLY

PAYROLL DEDUCTED PREMIUM BENEFITS elected under IRC Sec. 125

Table with 3 columns: BENEFIT PROGRAM, PREMIUM AMOUNT, PAY PERIOD. Includes row for HEALTH INSURANCE PREMIUM.

IF THIS ELECTION IS A CHANGE, please state the reason and attach evidence of the change:

CERTIFICATION (Please read before signing).

I certify that these are my benefit elections and that:

- 1. I am aware that premium and other contributions made under this plan are the property of my Employer and will be used to purchase the elected coverage and cannot be refunded.
2. I further understand that this agreement cannot be revoked or changed during the Plan Year unless I experience a qualified change in status that allows for such event.
3. I authorize my Employer to adjust my salary reductions upward or downward to cover my revised share of premium.
4. This agreement shall continue from year to year unless revoked or changed in writing by me before the commencement of a new Plan Year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Company Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

DECLINATION OF PARTICIPATION: (Sign only if you are not enrolling in the flexible benefit plan)

My employer's Flexible Benefits Program has been explained to me. I have been given the opportunity to participate and have elected not to do so.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_