SISC FLEX
Premium Only Plan (POP) Enrollment Form

School District (Qualified Employer)	

Employee Information (Please print clearly)

NAME:	Last First	**SS#:**	**DATE OF BIRTH:**
ADDRESS:	Street Address or P.O. Box City		**PHONE:** ( )

□ Open enrollment **□ New employee**

Job Title _____ Yearly Salary: _____ (Information required for IRS discrimination testing purposes.)

Employee's current SISC Health Care Plan

□ Anthem Blue Cross □ California Care □ Other (Please Specify)

□ Blue Shield □ Kaiser

Work Phone	**Hrs worked per week**	**Date of Hire**	**Employment Status:**
( )			□ Full Time □ Part Time

I elect the following Salary Reduction Agreement:

□Election of "Pre-Tax" Benefits Under the Salary Reduction Plan (premium amount is not subject to taxes)

I hereby authorize and direct my employer to reduce my salary in the amount necessary to pay for medical, dental, and vision coverage with "pre-tax" dollars. Such reductions, considered as elective contributions under the Plan, will start with my first paycheck dated after the effective date of enrollment. I further authorize future adjustments in the amount of the salary reduction in the event the cost of coverage should change. I also understand that the purpose of this program is to allow employees to select their qualified benefits within the guidelines of the Internal Revenue Code. I understand that this election and the indication that a premium is to be paid does not provide insurance coverage. In most instances an application for insurance must also be completed.

□"Post-Tax" Election (premium amount is subject to taxes)

I elect to waive all pre-tax benefits under the Plan, but I elect to pay for my Health Insurance Benefits on an after-tax basis. Except for an allowable Change of Status event, I understand that I cannot elect pre-tax benefits until the next Open Enrollment period.

I understand that my POP contributions (if any) for medical, dental and vision coverage will be made on a "Pre-Tax" basis unless I have checked the "Post-Tax" option above. This election shall remain in effect until a subsequent election form is filed in accordance with the Plan.

I have read and agree to the terms of participation set forth in this Agreement.

Signature _____ Date: _____

Return the completed form to your school district (employer).

School District's (Qualified Employer's) use only

Received and approved by authorized School District Administrator: _____ Date: _____

Effective date of enrollment: _____ First payroll deduction date: _____

Copy – White (SISC Flex) Yellow – (School District) Pink – (Employee)

Revised 8/26/2010