

# Premium Payment Plan Election/Change Form

- Type or print clearly in ink.
- Employer’s personnel, payroll, or benefits office to complete Section 1.
- Employee to complete Section 2, and **either** Section 3 or Section 4.
- An employee cannot change or waive his or her election in Section 3 or Section 4 outside of an annual open enrollment, unless an event creates a special open enrollment (for example, a change in employment status, acquiring a new dependent, etc.). The election change must be allowable under Section 125 of the Internal Revenue Code, and correspond to and be consistent with the event that creates the special open enrollment.

## SECTION 1: AGENCY INFORMATION *Personnel, payroll, or benefits office completes this section.*

|                   |                             |                      |
|-------------------|-----------------------------|----------------------|
| Agency/sub agency | Effective date (mm/dd/yyyy) | Employee’s hire date |
|-------------------|-----------------------------|----------------------|

## SECTION 2: SUBSCRIBER INFORMATION *Employee completes this section.*

|                                |                                    |                              |  |          |
|--------------------------------|------------------------------------|------------------------------|--|----------|
| Social Security number         | Name (last, first, middle initial) |                              | Is this a name change?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Street address                 | Apt./unit number                   | City                         | State  | ZIP Code |
| Mailing address (if different) | Apt./unit number                   | City                         | State  | ZIP Code |
| County                         | Home phone number<br>(     )       | Work phone number<br>(     ) | Date of birth (mm/dd/yyyy)   |          |

## SECTION 3: WAIVE PARTICIPATION IN PREMIUM PAYMENT PLAN

*Employee completes this section or Section 4, but not both.*

I elect to waive participation in the state of Washington’s Premium Payment Plan authorized by Section 125 of the Internal Revenue Code. I understand that any premium for the selected medical coverage will be deducted from my paycheck **after** federal and/or state taxes have been collected.

\_\_\_\_\_

Employee’s signature Date

## SECTION 4: ENROLL IN PREMIUM PAYMENT PLAN

*Employee completes this section or Section 3, but not both.*

I elect to enroll in the state of Washington’s Premium Payment Plan authorized by Section 125 of the Internal Revenue Code. I understand that by participating in the Premium Payment Plan any premium I am required to pay for the selected medical coverage will be deducted from my paycheck **before** federal and/or state taxes have been collected.

\_\_\_\_\_

Employee’s signature Date

**Return original to your employer’s personnel, payroll, or benefits office. Keep a copy for your records.**