San Leandro Unified School District

Election Form and Agreement for Pre-tax Premium Deductions for Health Insurance

In accordance with the *Pre-Tax Premium Conversion Plan of Section 125 of the United States Tax Code*, I have the option to have the premium for medical insurance coverage for myself and and/or my dependents for medical (CalPERS Health Plan), Dental (Delta), and/or Vision (VSP) to be deducted from my paycheck on a pre-tax basis.

This Agreement will continue unless any of the following events occur:

- I cease to be eligible to participate in the District's Health Plans
- I revoke or change this agreement during the annual Open Enrollment period
- SLUSD terminates, suspends, or modifies the Plan
- An eligible event occurs that makes it necessary for me to modify this agreement. Eligible events include: Marriage, divorce, death of spouse or dependent, birth or adoption, or a medical child support order, or commencement or termination of employment of spouse, change from full-time to part-time employment or part-time to full-time employment of employee or spouse, commencement of or return from unpaid leave of absence by employee or spouse, loss of a dependent's eligibility status and substantial change in insurance coverage of the employee or spouse attributable to the spouse's employee.

I further understand that I must complete and submit the required forms to the District Benefits Department within 31 days of the qualifying event or during the annual Section 125 Open Enrollment period.

☐ I elect to have the premium for health insurance coverage deducted from my paycheck on a **pre-tax** basis. This will reduce the taxable income that is reported on my W-2.

☐ I elect to have the premium for health insurance coverage deducted from my paycheck on a **post-tax** basis.

Employee Name (Please Print) _____ Employee Signature _____ Date _____

Employee ID _____ or last four digits of SSN: _____

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