



# Pre-Tax Deduction Enrollment

To Authorize Pre-Tax Deductions for Benefit Premiums

## Employee Information

Name:	SSN:	DOB:	Gender:
Email:		Phone:	
Address:		ZIP:	
City:	State:	Date of Hire:	Hrs Worked:

Pre-Tax Deductions for Benefit Premiums is the option for health/dental and vision insurance premiums to be deducted from your paycheck before any income taxes or payroll taxes are withheld and then paid to the insurance company.

## Employee Election

- I **DO** authorize Madison County Commission to make pre-tax payroll deductions for my eligible benefit plans including health/dental and vision coverage beginning on \_\_\_\_\_.
- I **DO NOT** authorize Madison County Commission to make pre-tax payroll deductions for my eligible benefit plans including health/dental and vision coverage beginning on \_\_\_\_\_.

## Important Notes & Acknowledgement

I understand that I cannot change or suspend any of my pre-tax elections until the next plan year unless I have a "change in status" as defined by the IRS, or my employment is terminated. By signing this document, I certify that I wish to make the choices indicated on this form.

Employee Signature		Date:
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