



Pre-Tax Deduction Enrollment

To Authorize Pre-Tax Deductions for Benefit Premiums

EMPLOYEE INFORMATION

Name:	Social Security Number:	
Address:		
City:	State:	Zip:

I authorize Madison County Commission to make pre-tax payroll deductions for my eligible benefit plans including health/dental and vision coverage beginning on _____.

Effective Payroll Date

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 _____.

Effective Payroll Date

Also, 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.

Employee Signature

Date