



**SECTION 125  
HEALTH CARE BENEFITS PAYROLL DEDUCTIONS**

**Plan Year: July 1<sup>st</sup>, 2017 through June 30<sup>th</sup>, 2018**

Enrollment in the Section 125 Plan of the Diocese of Santa Rosa allows eligible active employees to reduce their taxable income by withholding qualifying benefit premiums BEFORE taxes. When you begin employment in an eligible position you have the right to be enrolled in the Health Care Coverage offered by the Diocese of Santa Rosa effective the 1<sup>st</sup> of the month following or coinciding with your eligible date.

**EMPLOYEE INFORMATION**

Employee Name \_\_\_\_\_

Entity/Location Name \_\_\_\_\_

Employee's mailing address \_\_\_\_\_

**AUTHORIZATION**

I elect and authorize payroll deduction for Health Care Coverage under the Section 125 Plan of the Diocese of Santa Rosa in the amount of \$ \_\_\_\_\_ per month / \$ \_\_\_\_\_ per pay period. Effective date: \_\_\_\_\_

**DECLINATION**

I elect not to participate in the "Health Care Coverage" for myself under the Section 125 Plan of the Diocese of Santa Rosa at this time. I am covered under my spouse's or my parents' health coverage. I understand that I will not receive any compensation for declining this benefit.

I elect not to participate in the "Dependent Health Care Coverage" under the Section 125 Plan of the Diocese of Santa Rosa at this time.

**CONSENT**

I UNDERSTAND THAT by signing and submitting this form I am making a binding election effective July 1<sup>st</sup>, 2017, and I cannot make any changes to my coverage until the beginning of the next plan year, July 1<sup>st</sup> 2018, "unless" I experience a qualifying life event (QLE). Prior to the first day of each plan year I will be offered the opportunity to change my benefit election for the following plan year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue the same benefit coverage and rates in effect for the new plan year.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

***Please return this form to your entity's payroll department.***

For Location use only:	
Date form Rec'd: _____	
Enrolled RETA _____	Entered in IBS _____