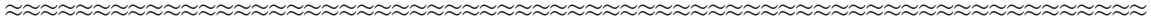


# NAPEBT: Pre-Tax Election and Employer Contribution Election Form

This election form is to be completed to indicate the following:

1. If you agree to the pre-tax deduction for your benefit elections; and
2. If you are enrolled in the High Deductible Health Plan (HDHP), where you would like your EMPLOYER contribution to be deposited.

The benefits that you elect on this form must remain in force for the entire Plan Year. Generally you may not make a change in your coverage or contribution during that Plan Year, unless there is a qualified life event change in status as defined under the Plan in accordance with Internal Revenue Code regulations.



## PRE-TAX DEDUCTION ELECTION (Check One)

- I DO authorize** the deduction of health care premium payments from my before-tax pay (pre-tax) that will be applied to the cost of the coverages I elect. I understand that the cost of coverage may be changed annually or as announced by my employer.
- I DO NOT authorize** the deduction of health care premium payments from my before-tax pay (pre-tax) and therefore I will be paying for the cost of the coverages I elect on an AFTER-TAX basis. I understand that the cost of coverage may be changed annually or as announced by my employer.



## EMPLOYER CONTRIBUTION ELECTION

I have enrolled in the High Deductible Health Plan (HDHP) through NAPEBT. I understand that by electing the High Deductible Health Plan, I will receive a contribution from my NAPEBT employer. I would like my employer contribution deposited into a: (Check One Only)

- Health Savings Account (HSA)
- General Purpose Health Care Flexible Spending Account (**Reminder: you and your spouse may NOT contribute to any Health Savings Account while enrolled in a General Purpose Health Care FSA**)



\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Last 4 digits of your Social Security Number

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Complete both sides of this form.

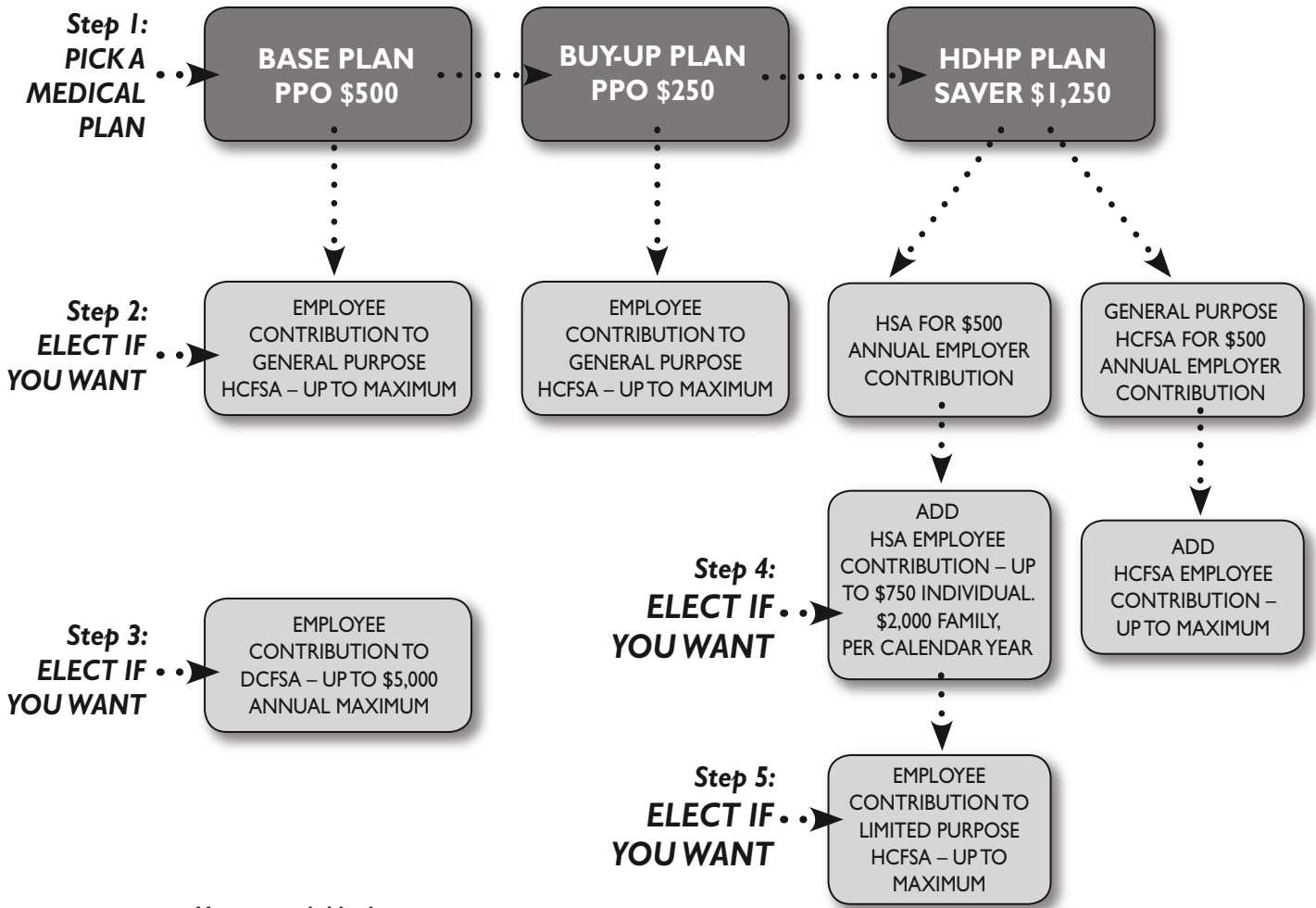


**RETURN THIS COMPLETED FORM TO YOUR HUMAN RESOURCES DEPARTMENT.**

# ENROLLMENT STEPS

Circle your choices below and fill in the appropriate boxes on the front of this form.

Remember to sign and date your form and return it to your Human Resources Department before the enrollment deadline.



**How to read this chart**

Health Savings Account: HSA

Health Care Flexible Spending Account: HCFA

Dependent Care Flexible Spending Account: DCFA

Complete both sides of this form.