

**FUSD #1**  
**After-Tax Election and Employer Contribution Election Form**

**Effective July 1, 2008 the district will default to pre-tax deduction unless an After-Tax Election Form is submitted.**

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

1. If you agree to the after-tax deduction for your benefit elections.
2. If you are enrolled in the High Deductible Health Plan (HDHP), you will need to notify us 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.

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**AFTER-TAX DEDUCTION ELECTION (*Check One*)**

- After Tax Deduction - I authorize** the cost of health care premium payments to be deducted on an after-tax basis. I understand that the cost of coverage may be changed annually or as announced by my employer.
  
- Pre Tax Deduction - I DO NOT authorize** the cost of health care premium payments to be an after-tax deduction and therefore I will be paying for the cost of the coverage's I elect on a PRE-TAX basis. I understand that the cost of coverage may be changed annually or as announced by my employer.

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**EMPLOYER CONTRIBUTION ELECTION**

I have enrolled in the High Deductible Health Plan (HDHP) through BCBS. I understand that by electing the High Deductible Health Plan, I will receive a contribution from my 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 No.

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

\_\_\_\_\_  
Date

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