

**Premium Only Plan
(POP)
Declination Application/Agreement**

To: Risk Management/Employee Benefits

From: (PLEASE PRINT)

Employee Name _____

Social Security # _____

Address: _____

City: _____ Zip _____

- I elect to NOT have my portion of my eligible insurance premiums paid on a pre-tax and pre-FICA (if applicable) basis. I understand that this could result in a loss of tax savings that otherwise would be available to me.

I have read the information provided to me pertaining the Premium Only Plan and I understand that if I do NOT return this form to my employer by May 30th, my contributions for my eligible insurance premiums will be deducted from my pay on a pre-tax basis.

Employee's Signature

Date