

Section 125 Benefit Plan Elections

PREMIUM ONLY PLAN

SECTION A (Please Print)

Employer Name:	Plan Entry Date:
Participant Name:	Social Security No. ___ ___
Mailing Address:	City: State: Zip:
Email Address:	Phone Number:
Payroll Cycle: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly Number of Contribution Periods: _____	

SECTION B

Eligible Expenses	Per Pay Period	Per Plan Year
Health Insurance Premium	\$	n/a
Dental Insurance Premium	\$	n/a
Vision Insurance Premium	\$	n/a
_____ Premium	\$	n/a
_____ Premium	\$	n/a

SECTION C

IDO **IDO NOT** hereby authorize my employer to make periodic salary reductions from my paycheck for the Elections specified above in an amount equal to the premiums required for the coverage elected above plus the specific dollar amounts, if any, elected for the flexible spending accounts. The salary reductions shall be made in substantially equal amounts, to the extent administratively feasible. I further authorize Kazdon, Inc. to disburse funds in accordance with the Plan and my elections. I further acknowledge that:

- My elections, including coverage types, cannot be altered without a qualified “Change in Status”.
- My participation in the insurance premium portion of the plan, if previously elected, will **Automatically Renew** for each plan year unless I modify or revoke my elections during the open enrollment prior to each plan year.

Participant Signature Date HR Representative



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