

SNOHOMISH COUNTY HUMAN RESOURCES DEPT.

**PRE-TAX MEDICAL PREMIUM CONTRIBUTIONS
WAIVER FORM**

Section 125 Flexible Spending Account

If you are enrolling in a county medical plan that has an employee premium contribution amount, your payroll deduction will be automatically pre-taxed. **If you do not want your deduction to be pre-taxed, you must sign this waiver form** and turn it in to the Human Resources Department along with your medical enrollment form.

Are you currently participating in the Flex-One Program? yes no

Are you currently participating in the Un-reimbursed Medical Plan? yes no

Are you currently participating in the Dependent Day Care Program? yes no

Are you currently participating in the Transit-One Program? yes no

Employee Name (Please Print)

Social Security #

Department

Phone #

I elect to waive all pre-tax medical premium contribution benefits under the plan, and understand that all medical premium contributions will be deducted from my paycheck on an after-tax basis. Except for a change in status, I understand that I cannot elect to pre-tax my medical premium contributions until the next enrollment date.

Employee Signature: _____ Date: _____