

**Sumter County Board of Education  
Premium Election Form ( Section 125 Plan )**



**Employee Information**

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Name: \_\_\_\_\_

Plan Year: 1/1/2018 to: 12/31/2018

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**Benefit Elections**

**( Coverage Type )**

**Tax Treatment of Payroll Deduction**

( choose one for each type of coverage)

**Group Dental Coverage**

Pre-Tax X After-Tax \_\_\_\_\_

**Group Vision Coverage**

Pre-Tax X After-Tax \_\_\_\_\_

**Life Coverage**

Pre-Tax \_\_\_\_\_ After-Tax X

**Short Term Disability Coverage**

Pre-Tax \_\_\_\_\_ After-Tax X

**Long Term Disability Coverage**

Pre-Tax \_\_\_\_\_ After-Tax X

**Legal Plan**

Pre-Tax \_\_\_\_\_ After-Tax X

**Critical Illness Coverage**

Pre-Tax \_\_\_\_\_ After-Tax X

**Cancer Plan**

Pre-Tax X After-Tax \_\_\_\_\_

**Hospital Indemnity**

Pre-Tax X After-Tax \_\_\_\_\_

**Salary Reduction Agreement**

I have read and understand the explanation I have received regarding my options under the Sumter County Board of Education Premium Only Plan. I understand I have the right to have the company redirect my salary on a pretax basis during the plan year and apply this amount toward the purchase of the elected coverage's I have designated above. I understand that my share of the cost of this coverage may be adjusted from time to time to reflect the change in rates charged by the carriers. I acknowledge that my election is irrevocable unless there is a change in my status.

A change in status includes: marriage; divorce; death of a spouse or dependent; birth of a dependent; birth or adoption of a child; change in number of dependents; termination of employment or commencement of employment; a strike or lockout; commencement or return from an unpaid leave of absence; a change in worksite; or any change in employment status that affects eligibility; a change in residence for me, my spouse or children; or my dependent either satisfies or ceases to satisfy requirements for coverage due to change in age, student status, or any similar circumstances; or a change in my or my spouse's employment status.

It is specifically the Participant's responsibility regarding insurance premium reimbursement not to request anything that could violate the terms of their insurance policy.

I hereby apply for the options listed above. If necessary, I authorize Sumter County Board of Education to adjust my pay as required by my elections. I understand that the benefit options I have elected will remain in force from January 1 until December 31, unless my family status changes.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date