

Premium Conversion Plan Form

Outside the annual Open Enrollment period (April 2 – May 15 each year), this form may only be used in the case of a an existing employee who experiences a qualifying event to make coverage changes. For a list of the qualifying events, please see the Shopper's Guide or Summary Plan Description.

Plan Year _____

Policyholder's Full Legal Name: _____

Last four digits of SSN: _____

Policyholder's date of birth: ____/____/____

I, _____, wish to make the following change in my Premium Conversion Plan participation:

- Opt INTO the Plan. I understand that by participating in this plan, I will reduce my tax liability, but I may be limiting my ability to make changes in my coverage throughout the plan year.
- Opt OUT of the Plan. I understand that by opting out of the plan, I am agreeing to pay my premiums on a post-tax basis, thereby increasing my tax liability. This election may not be changed until the next open enrollment, except in the case of qualifying event.

Employee's Signature

Date

Please return to your Benefit Coordinator. **DO NOT mail it to PEIA!!!**