

BELLINGHAM SCHOOL DISTRICT NO. 501
BELLINGHAM, WASHINGTON

SECTION 125 PLAN

Employee Name _____

Address _____

Soc. Sec. # _____

I hereby elect to enroll and participate in the District's Section 125 plan and I authorize payroll deductions for:

Medical/Dental Insurance Premiums

Cancer/Intensive Care/Accident
Insurance Premiums

I understand that enrollment and participation in the Plan is voluntary. The decision to participate in this plan cannot be revoked or altered during the plan year except for a change due to marriage, divorce, death of a spouse or child, birth or adoption of a child or termination of a spouse's employment. **If you elect to participate, please note that you cannot change your insurance plan/coverage election (outside of open enrollment) based on financial reasons, such as an increase in premiums. The IRS only allows changes that are consistent with a valid status change (e.g. change in marital status, change in number of dependents, etc).**

I understand that my voluntary participation in this plan may result in reduced Social Security benefits in the future.

I also understand that by offering this Plan, the District has provided no tax advice to me regarding participation in this plan, therefore, I hereby agree to waive any claims against the District relating to participation in this Plan.

I WISH TO PARTICIPATE.

Signature of Employee

Date

WAIVER OF PARTICIPATION: I have read the Section 125 Plan announcement material and **DO NOT** wish to participate.

Date

Signature of Employee