



## Important Notice – Please Read! Burlington Township Board of Education Premium Only Plan

The Burlington Township Board of Education Premium Only Plan allows employees to pay for their qualified health contributions using pre-tax or after-tax dollars.

### Medical Contributions (Medical, Prescription and Dental)

Employees will contribute either the 1.5% of their salary or a percentage of the premium based on the contributions schedule under the Chapter 78 Legislation for their health benefits. Contributions will also include the Prescription Buy-Up and/or Patriot X Buy-Up premiums.

### New Enrollments

Please complete the bottom section of this form and return to the **Payroll Department** before your **first** medical deduction. Your election will stay in effect for future years until a new form is submitted to the Payroll Department.

### Continuation of Your Current Election

Employees currently enrolled in the Premium Only Plan will continue to have their deductions withheld at their current 2017-2018 pre-tax or after-tax election.

### How to Change Your Current Election

You may change your election only at the beginning of each plan year unless you have a change in status. The Plan Year is from 7/1 to 6/30 of each year. Please complete this form and return it to the **Payroll Department** before your **first** pay of the school year. The new change will stay in effect for future years until a new form is submitted to the Payroll Department.

### When Can I Make a Change to my POP during a Plan Year Due to Status Change

To make a change during the plan year, a change in status such as marriage, divorce, birth of a child, the death of your spouse or a dependent, your spouse's ending or beginning employment, when you or your spouse switch from part-time to full-time employment or full-time to part-time, or when you or your spouse take an unpaid leave of absence which impacts your benefits. The change must be reported within 30 days and your election change must be consistent with the change in status.

### To ENROLL/CHANGE Your Current Election

Select one of the following options below.

\_\_\_\_\_ I **wish** to participate in the Burlington Township Board of Education POP, please deduct my Health Benefit Premiums before taxes

\_\_\_\_\_ I **do not** wish to participate in the Burlington Township Board of Education POP, please deduct my Health Benefit Premiums after taxes

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_