

Professional Staffing Group
Section 125 Pre-tax Health Insurance Deduction
Enrollment Form for 2023 Plan Year PPO

Employee Information

Employee Name (Last, First, Middle)

____-____-_____
Social Security Number

Employee Street Address

City State Zip code

Pre-Tax Premium Elections

Please insert applicable amount:

Weekly amount to withhold for Medical Insurance \$ _____

Individual health insurance: \$90.06 per week

Family health insurance: \$382.39 per week

(Note in the event your individual premium amount for health insurance would exceed 9.12% of your weekly compensation for 30 hours of work, then the amount of your weekly contribution will be reduced to 9.12% of your weekly compensation for 30 hours of work for an individual plan).

Authorization

I authorize the reduction to my payroll based on my election above. I understand that by signing and submitting this form I am making a binding election for the plan year unless a qualifying event occurs.

Signature

Date: ____/____/____

Waiver

The benefits of this pre-tax plan have offered to me and I decline to participate. I understand that I cannot re-enroll until the beginning of the year or until I experience a change in status that would allow me to change my election.

Signature

Date: ____/____/____