

Professional Staffing Group
Section 125 Pre-tax Health Insurance Deduction
Enrollment Form for 2024 Plan Year

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: \$57.80 per week

Family health insurance: \$370.51 per week

(Note in the event your individual premium amount for health insurance would exceed 8.39% of your weekly compensation for 30 hours of work, then the amount of your weekly contribution will be reduced to 8.39% 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: ____/____/____