

Employee Name: _____ EMPL ID: _____

This form authorizes the default deduction election of pretax premiums for dental/vision to be taken as an after-tax deduction election. This premium conversion election for after-tax may only be changed during Open Enrollment to be effective with the first day of the new insurance plan year or within 31 days following a qualified life event that is consistent with the requested change.

I elect to waive my participation in the pre-tax Vision Dental due to a qualified life event that is consistent with this request or as an Open Enrollment change. I understand the premiums will be deducted after-tax.

I elect to reinstate my participation in the pre-tax Vision Dental due to a qualified life event that is consistent with this request or as an Open Enrollment change. I understand the premiums will be deducted pre-tax.

Check one:

Open Enrollment Change

Qualified Life Event _____ Effective Date: _____

I understand that the benefit options I have elected will remain in force throughout the plan year unless I have a change in status event allowed under IRC Section 125.

Employee Signature

Date

Please print this form.

Send this form to :
Human Resources/Payroll
Dept 3140 PO Box 6050
Fargo ND 58108-6050

Phone (701) 231-8961
Fax (701) 231-9686