HEALTH INSURANCE PREMIUM PRE-TAX ELECTION

s.l.,	•	, elect to particip	ate in the Putnar	n County
Please Print No	ıme			
ECA Drommon			· ·	
FSA Program.				, .
Lunderstand	that participation i	n this program is vol	untary and will a	llow
<u>i ondersiana</u>	mai pameipanom	ir mis program is voi	omary and win a	
my health	insurance premiur	ns to be deducted o	on a pre-tax basis	
				-
I agree to have health	and the second s	· ·		
are applied, thereby r	= -	ole income. This will	not affect my ins	urance
coverage in any way.				
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t.		•	•	
Signature		Title	·	4
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Danageteaant	· · ·	Date		
Department		Dale		
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<u>neali</u>	H INSURANCE PR	EMIUM PRE-TAX DE	CLINATION	
l,		, elect NOT to partic	ipate in the Putne	am County
Please Print Na	me	;		
FSA Program.				
rover togram.				
				•
I understand that by n	ot participating in t	this program, my he	alth insurance pr	<u>emiums wil</u>
	be deducted	i on a post- tax basi	•	
	<u> </u>	ton a post hax basi	<u>z</u>	
and the premiums will	not reduce my tax	able income. This wi	ill not affect my ir	nsurance
coverage in any way.				
	•			
Signature		Title	•	
Department		Date		
рераннен		Dale		