University of Arkansas, Fayetteville

Cafeteria Plan Tax-Exempt Insurance Premium Option

Premium Conversion Election Form

CHANGE EFFECTIVE 1/1/2016

Employee Name	Social Security No.

HEALTH

☐ I wish to pay my Health Coverage Premiums through the Cafeteria Plan **Tax-Exempt Insurance Premium** Option for the above calendar year by authorizing payroll deduction for my health coverage premiums on at tax-exempt basis.

☐ **I DO NOT wish** to pay my Health Coverage Premiums through the Cafeteria Plan **Tax-Exempt Insurance Premium Option** for the above calendar year. Please deduct my health coverage premiums on an after tax basis.

DENTAL

☐ I wish to pay my **Dental Coverage Premiums** through the Cafeteria Plan **Tax-Exempt Insurance Premium** Option for the above calendar year by authorizing payroll deduction for my dental coverage premiums on at tax-exempt basis.

☐ **I DO NOT wish** to pay my Dental Coverage Premiums through the Cafeteria Plan **Tax-Exempt Insurance Premium Option** for the above calendar year. Please deduct my dental coverage premiums on an after tax basis.

VISION

☐ I wish to pay my Vision Insurance Premiums through the Cafeteria Plan **Tax-Exempt Insurance Premium** Option for the above calendar year by authorizing payroll deduction for my vision insurance premiums on at tax-exempt basis.

☐ **I DO NOT wish** to pay my Vision Insurance Premiums through the Cafeteria Plan **Tax-Exempt Insurance Premium Option** for the above calendar year. Please deduct my vision insurance premiums on an after tax basis.

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Employee Signature Date