



**NHIT CITY OF LACONIA
PREMIUM CONVERSION PLAN ENROLLMENT FORM**

Employee Information			
Name:	Social Security Number:		
Home Address:			
City:	State:	Zip Code:	Phone:

I authorize my employer to make the following pre-tax salary reductions (check the box that applies):

BEFORE-TAX INSURANCE PREMIUM CONTRIBUTIONS

I elect to pay my portion of the premiums, on a pre-tax basis, for my employer sponsored:

Medical Insurance

I understand that if the premium increases or decreases during the Plan Year, my salary reduction will be adjusted to reflect that increase or decrease.

NO, I do not want my portion of the premiums for my employer sponsored insurance plan(s) to be paid through a before-tax reduction of my salary.

I Understand That:

- I cannot change this election during the Plan Year unless I have a qualifying change in family status.
- My Social Security benefits may be reduced by this election due to the pre-tax treatment of these expenses.
- My employer may reduce or cancel this election if necessary to comply with provisions of the Internal Revenue Code.
- This election replaces any previous elections and will terminate on the earlier of: (1) when I am no longer being paid compensation in an amount at least equal to my total salary reduction, (2) termination of the Plan.

Signatures By signing below, I agree to all of the Terms and Conditions stated above.			
Employee Signature <small>(required):</small>		Date:	
Employer Acceptance <small>(required):</small>		Effective Date:	