



Pre-Tax Health Insurance Premium Plan Enrollment Form and Authorization for Payroll Deduction

INSTRUCTIONS:

To participate in the Pre-Tax Plan please complete Parts 1, 2 and 3

Part 1 – Personal Information

Name	SS#	Date of Hire
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Part 2 – Pre-Tax Health Insurance Premium Plan

I understand the Firelands Physician Group Health Plan allows me to pay my health insurance premiums on a Pre-Tax basis which will lower my taxable income and thus allow me to enjoy more net take-home pay.

Check either A or B

A. YES! I want health Care Coverage

I hereby authorize Firelands Physician Group to deduct the applicable monthly Health Insurance Premium charge for group health insurance so long as the Health Care Plan remains in effect or until I submit written notice to the Hospital that I no longer wish to participate in the Health Care Plan. I understand that the Hospital may make changes to or discontinue the Health Care Plan at any time.

B. NO! I do not wish to participate in the Firelands Physician Group Health Plan

My signature acknowledges that I have read and understand the information on this form and authorize Firelands Physician Group to implement my Health Care Plan choice which I have indicated above.

Signature:

Date: