



## 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 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 Regional Medical Center 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 Group Health Plan

### Part 3 – Authorization

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

Signature:

Date: