

SISC FLEX PLAN Premium Only Plan (POP) Enrollment Form

EMPLOYER:							
Employee Inform	ation (Dlagge wint	alaawly)					
NAME:	ation (Please print First	MI	Last	MI	SS#:	DATE OF BIRTH:	
ADDRESS:	Street Address or P.O. Box					PHONE:	
	City		State	Zip		()	
□ Open enrollme	nt		New employee				
Employee's curren	t Health Care Plan						
□ Anthem Blue Cross			□ California Care	☐ Other (Please Specify)			
□ Blue Shield			□ Kaiser				
Hours worked per week	Date of Hire:	Job Ti	tle:	Employment	Status:		
per week				- F. H. W.		- D . T'	
				☐ Full Time		□ Part Time	
paycheck d the event th qualified be is to be paid "Post-Tax" Elect I elect to we an allowable understand that my Po This election shall remained femployer has been a medical, dental and visi	ated after the effective cost of coverage size enefits within the guid does not provide in etion (premium americal pre-tax bene e Change of Status of the provide in the pre-tax bene e Change of Status of the pre-tax bene e Change	we date of hould chand delines of delines of delines of delines of the surface count is suffits under event, I under event, I under event delicated and the surface of the	enrollment. I further nge. I also understand the Internal Revenue overage. In most instablect to taxes) the Plan, but I elect to derstand that I cannot l, dental and vision coveration form is filed in according tax election for employee	authorize future at that the purpose Code. I understances an application pay for my Heal elect pre-tax benues will be made on a ance with the Plan.	djustments in the of this program is not that this election for insurance and the Insurance Benefits until the next "Post-Tax" basis until the mext applies. I une	er the Plan, will start with my first e amount of the salary reduction in s to allow employees to select their ion and the indication that a premium must also be completed. efits on an after-tax basis. Except for at Open Enrollment period. eless I have checked the "Pre-Tax" option above derstand that my POP contributions (if any) for selection shall remain in effect until a subseque	
have read and ag	ree to the terms of	participa	tion set forth in this	Agreement.			
Signature			Date:				
			Return the completed				
Employer's use only Received and approved by authorized Qualified Employer:							
			First payroll deduction date:				
Literia date of ell				I not payron ded		Rev. 2/2022	