COUNTY OF HENRICO, VIRGINIA

PRE-TAX PAYMENT ELECTION FORM

NAME: _____
LAST **FIRST** **MIDDLE**

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

_____

DEPARTMENT: _____ **WORK #:** _____

The Pre-Tax Payment Plan reduces your salary for tax purposes by the amount of your health care and dental premium contributions. This makes your take-home pay greater than it would be if you did not select the pre-tax plan.

If you have payroll deductions for health care and dental premiums, you must make an election about the Pre-Tax Payment Plan.

New employees make pre-tax elections at their initial employment date. Current employees may change their pre-tax election only during annual enrollment periods. Elections remain effective for each plan year (January 1 through December 31) until changed at annual enrollment periods. Pre-tax elections may be changed during a plan year only if a qualifying event occurs.

These events are:

- Marriage
- Divorce
- Death of a spouse or dependent
- Birth or adoption of a child
- Change in employment status of employee or spouse
- Change in spouse's benefit plan
- Child reaching age when he/she no longer can be covered by plan

I have read the benefit brochures for the health and/or dental benefit plans I have elected. These brochures are considered a part of this agreement.

☐ **Yes, I want the Pre-Tax Payment Plan.**
☐ **No, I do not want the Pre-Tax Payment Plan.**

_____ _____
Employee Signature **Date**

*To be completed and returned to the General Government Human Resources Department by the **close of the annual enrollment period** or within 31 days of employment.*

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