

TOWN OF OCEAN CITY

Authorization for Health Insurance Premium Share Payroll Deduction

Name: _____

Address: _____

Social Security Number: _____

MUST CHECK ONE:

- YES, I elect to enroll myself or myself and my dependents for medical coverage benefits under the Town of Ocean City, Maryland Section 125 Plan by reducing my compensation in the amount necessary to pay for my premium share for health insurance coverage. This will be a Pre-Tax deduction. This enrollment(s) is subject to the Plan document regarding election changes.
- YES, I elect to enroll myself or myself and my dependents for medical coverage benefits under the Town of Ocean City, Maryland Section 125 Plan. I elect to pay for my premium share for health insurance coverage under the Town's medical plan by authorizing the Town of Ocean City to make payroll deductions from my pay on an After-Tax basis.
- No, I do not elect to enroll myself or my dependents for benefits under the Town of Ocean City, Maryland Section 125 Plan.

I understand that I have agreed to make this election and this election can only be changed per the rules stated in the Town's Plan.

Employee Signature: _____

Date: _____

For Administration Use Only			
New Enrollee	_____	Date Entered	_____
Change In Selection	_____	Entered By	_____