



Diocese of Rockford
Health Insurance Trust

555 Colman Center Drive
P.O. Box 7044
Rockford, IL 61125

(815) 399-4300
FAX: (815) 997-5225

**Pre-tax Dependent Insurance Deduction Enrollment Form
(Section 125)**

Employee Name _____ SS# _____ - _____ - _____

Employer _____ City _____

This agreement conforms to a flexible compensation plan pursuant to Section 125 of the Internal Revenue Code. The purpose is to authorize the reduction in salary necessary for the employer to provide **dependent health insurance**.

By this agreement made between the undersigned employee and employer, both parties agree to the following:

- # The employee agrees to have his/her compensation reduced by the current amount for dependent health insurance premium.
- # As consideration for the employee's voluntary election to receive benefits in lieu of the amount described above, the employer agrees to provide dependent health insurance coverage.
- # The employee further acknowledges that his/her future Social Security benefits will be reduced because of, and in direct proportion to the reduction in compensation. The employee acknowledges that he/she has been offered an opportunity to participate in a supplemental retirement program (the Diocesan Tax-sheltered Annuity Program) designed to replace any reduced future Social Security benefits due to participation in this Section 125 plan.
- # The agreement is revocable yearly at the beginning of the plan year or in the event of a major life change, e.g., loss of job by me or my spouse, death or birth or adoption of a child, death of a spouse, or divorce.

This agreement will not affect an employee contract in any way.

Please check appropriate box:

Yes, I elect to participate in the Section 125 Plan.

No, I do not wish to participate in the Section 125 Plan

Employee Signature

Date

Keep completed form in employee's personnel file.

Send copy to Kim Giss with required health insurance forms at:
Diocese of Rockford
Health Insurance Office
PO Box 7044
Rockford IL 61125