PRETAX PREMIUM WAIVER FORM
(Please Print)

Employee Information - All Fields Required:

People First ID: 0 0 | | | | | | |

First Name: | | | | | | | | | | | | | | | | | | | |

Last Name: | | | | | | | | | | | | | | | | | | | |

Complete Mailing Address: _____

Birth Date: ____/____/____ Male: _____ Female: _____

Work Phone: ( ) _____ Home Phone: ( ) _____

Name of Department / Agency: _____

I am paid: ☐ **Biweekly** ☐ **Monthly**

PART 1: ELECTION

☐ I elect to not participate in the Pretax Premium Program

☐ I elect to restart participation in the Pretax Premium Program

PART 2: EMPLOYEE CERTIFICATION

I understand the Pretax Premium Program (Program) and understand that my signature waives my right to participate in the Program. I understand that I will not have another opportunity to participate until the next open enrollment period.

If I wish to repeatedly opt out of the Pretax Premium Program, I must submit a signed form to the People First Service Center every year.

Employee Signature: _____ **Date:** _____

Send form to People First Service Center • PO Box 6830 • Tallahassee, FL 32314

or Fax to (904) 828-6092