



**Eastside Union**  
SCHOOL DISTRICT

## Office of Human Resources Health Insurance Pre-Tax Form

**Purpose of This Form:**

This form is used to elect participation in pre-tax treatment of employee health insurance premium contributions to the District's health insurance program. You do not need to complete this form unless **you elect to** participate in having your insurance premium deduction on a pre-tax basis.

EMPLOYEE INFORMATION			
Last Name	First Name	M.I.	SSN
ELECTION TO PARTICIPATE IN PRE-TAX HEALTH INSURANCE PROGRAM			

I elect to participate in the pre-tax health insurance program. I would like to have my health insurance premiums deducted from my paycheck on a pre-tax basis.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FOR HUMAN RESOURCES OFFICE USE ONLY**

I have received notification of the employee's decision to opt into pre-tax health insurance contributions to the District's health insurance program.

\_\_\_\_\_  
AUTHORIZED PERSONNEL

\_\_\_\_\_  
RECEIVED DATE