WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

FlexShare Benefits

ENROLLMENT FORM

Premium Only Plan

Employer:_____

Name:_____ Email:_____

Home Phone: (____)_____Birth Date:_____Social Security Number:_____

Home Address: _____

Street City State Zip

Option I: Premium Only Plan Agreement

☐ **I have enrolled in certain employer sponsored insurance benefits**. I understand that my share of the premium for these insurance benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my taxable income will automatically be adjusted to reflect that increase or decrease.

Circle the Benefit Election and enter the employee cost per month.

Name of Benefit Plan	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

☐ **I have been given the opportunity to enroll in the premium only tax savings plans and have declined to participate.** I understand that I will lose all tax savings that I may have received as a participant.

My employer and I agree that my taxable income will be reduced each pay period by the amounts set forth in this agreement. I understand that I may only change my election in the event of eligible changes in my status. Changes in status may include, but are not limited to marriage, divorce, death, birth, and change of employment. Prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Any contributions that are not used during the plan year may not be paid to me in cash or used in a later plan year. I acknowledge that I have received, read and understand the Summary Plan Description.

Employee Signature:_____ **Date**_____

*****Employer Use Only*****

Plan Year:_____Effective Date:_____First Payroll Date:_____

FlexShare Benefits
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