

**VILLAGE OF HOFFMAN ESTATES  
PREMIUM CONVERSION PLAN**

**Election and Payroll Reduction Agreement**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

**A. Instructions.**

Please complete this form after reviewing the following description of the Village of Hoffman Estates Premium Conversion Plan (the "Plan" or "Premium Conversion Plan"). An election to participate or waive participation in the Plan must be made within 30 days of your date of hire.

An Election of participation may be revoked during an open enrollment period or during the Premium Conversion Plan year if a life changing event occurs such as a birth, divorce, death, or a change in employment status for you or your spouse or dependent. See Section C1.

**B. Election, Waiver or Revocation**

Please check the appropriate line below.

\_\_\_\_\_ I hereby elect to make before-tax contributions from my Base Pay to the Premium Conversion Plan to pay for my portion of the premium costs for the Village of Hoffman Estates Group Health and Dental Plan coverage(s) in which I have elected to participate.

\_\_\_\_\_ I hereby waive participation in the Premium Conversion Plan, which provides before-tax contributions to pay for my portion of the premium costs for the Village of Hoffman Estates Group Health and Dental Plan coverage(s) in which I have elected to participate. I understand that the payment of my portion of the premium costs of Group Health and Dental Plan coverage(s) in which I participate will be deducted from my Base Pay after taxes.

\_\_\_\_\_ I hereby revoke my previously executed Election and Payroll Reduction Agreement for participation in the Village of Hoffman Estates Premium Conversion Plan. I understand that the future payment of my portion of the premium costs of Group Health and Dental Plan Coverage(s) will be deducted after taxes.

**C. Agreement.**

By entering into an Election and Payroll Reduction Agreement, the Village and I agree that my Base Pay will be reduced before taxes by my portion of the premium costs of the Group Health & Dental Plan coverage(s) in which I have elected to participate. This agreement becomes effective the pay period starting \_\_\_\_\_ and will continue in effect for each succeeding pay period until this Agreement is amended, revoked or terminated due to my separation from Village employment.

I understand that:

1. I cannot change or revoke this Election and Payroll Reduction Agreement prior to the next Village open enrollment period and effective the start of the next plan year, unless an event occurs consistent with a change in my status, as described below:
  - my marriage or divorce;
  - the death of my spouse or dependent;
  - the birth, adoption or placement for adoption of my child;
  - for me, my spouse or my dependent:
    - the commencement or termination of employment;
    - the commencement of or return from an unpaid leave of absence;
    - the change from full-time to part-time employment (or vice versa); or
    - a change in residence or worksite; or
  - the commencement or termination of eligibility of my dependent for coverage under the elected Group Health and Dental Plan(s); or
  - such other events as the Administrator determines will permit a change or revocation of an election.
  
2. Such changes or revocations due to an above listed life-changing event become effective the next pay period following the submission and acceptance by the Village of the revoked or changed agreement. During an open enrollment period held prior to end of a Plan Year, I will be offered the opportunity to change my method of payment of my portion of the premium costs of my elected Group Health and Dental Plan coverage(s) for the upcoming Plan Year. If I do not complete and return a new Election and Payroll Reduction Agreement during this period, it will be considered that I have elected to continue my before-tax deduction from my Base Pay under the Premium Conversion Plan. In addition, this Election and Payroll Reduction Agreement will continue by its own terms from Premium Conversion Plan Year to Plan Year deducting my contributions for the Group Health Plan and Dental coverage(s) I elected during that plan year on a pre-tax basis.
  
3. The reduction in my Base Pay under this Agreement will be in addition to any other Base Pay reductions covered under other agreements or benefit plans.

\_\_\_\_\_  
Employee's Signature

Date: \_\_\_\_\_

Accepted and agreed to by the Village of Hoffman Estates

By: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the Human Resources Management Department.**