



**HARDING**  
UNIVERSITY

- |   |
|---|
| <input type="checkbox"/> New/Open Enrollment<br><input type="checkbox"/> Change of personal information<br><input type="checkbox"/> Change in family status<br><input type="checkbox"/> Termination |
|---|

**PREMIUM CONVERSION PLAN ELECTION FORM**

Last Name		First Name		M.I.	Social Security No.	
Street Address			City		State	Zip
Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Date of Hire: ____/____/____		

**Pre-Tax Benefit Elections** (please select one box for each section)

**Health Plan:**

- I choose not to tax shelter premiums for this benefit
- I am not enrolled for this coverage

**Dental Plan:**

- I choose not to tax shelter premiums for this benefit
- I am not enrolled for this coverage

**Cancer Plan:**

- I choose not to tax shelter premiums for this benefit
- I am not enrolled for this coverage

**Accident Plan:**

- I choose not to tax shelter premiums for this benefit
- I am not enrolled for this coverage

**Vision Plan:**

- I choose not to tax shelter premiums for this benefit
- I am not enrolled for this coverage

**Salary Reduction Agreement**

I have read and understand the explanation I have received regarding my options under the Harding University Premium Conversion Plan. I understand I have the right to have Harding University reduce my salary on a pre-tax basis during the plan year and apply this amount toward the purchase of the coverages I have designated above. I understand that my share of the cost of these coverages may be adjusted from time to time to reflect the change in rates charged for these benefits. I acknowledge that my election is irrevocable unless there is a change in my family status. A change in family status includes but is not limited to: marriage; divorce; loss of eligibility; death of a spouse or dependent; birth or adoption of a child; or a change in my or my spouse's employment status.

If I selected not to participate in any or all of the available tax sheltered premium options, I understand that I will not be allowed to participate until the annual enrollment date of January 1.

I hereby authorize Harding University to reduce my pay based on the elections above. I understand that the benefit options that I have elected will remain in force from January 1 to December 31, unless my family status changes.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date