



SECTION 125 OPT-OUT FORM

EMPLOYEE NAME: _____ Last 4 of SSN: XXX-XX-

Effective September 1, 2020, StaffScapes will automatically deduct any health, dental or vision premiums pre-tax. You do not need to complete this form unless you would like to Opt-Out of pre-tax deductions.

Participation in the Section 125 Benefit Plan is automatic for all eligible employees who are enrolled in health, dental and/or vision insurance programs offered. Under the Section 125 Plan, your gross taxable income will be reduced to pay your share of premiums for these group insurance programs on a tax-free basis.

You may decline participation in this plan during your initial election period when you choose all your other benefits, or during our annual Open Enrollment period each year.

By signing this form below, I hereby decline participation in the pre-tax premium plan, and affirm the following:

- I understand that by declining enrollment in this pre-tax premium plan, my payroll deductions for medical, dental, and/or vision insurance will be subject to federal income and social security taxes, which will reduce my take-home pay.
- I understand that federal law prohibits changing my coverage type during the plan year, unless I have a Qualified Life Event as defined by the Internal Revenue Service (i.e. marriage, birth, divorce, etc.). Further, I understand that failure to report the qualifying event within the required time frame will result in continued premium deductions through the end of the plan year, regardless of the eligibility status of my dependents.

*If you **do not** want to pay your portion of premiums before tax, please sign this waiver and return it to StaffScapes.*

I do not want to participate. By checking here I understand that I am opting out of pretax deductions for the following group insurance premiums and that I cannot change this election until the next Open Enrollment period for each specified plan.

*Please list all insurance coverages for which you **do not** want deductions taken on a tax-free basis:*

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Employee Signature: _____ **Date:** _____