

**SALARY REDUCTION PREMIUM AGREEMENT
MONROE COUNTY COMMUNITY SCHOOL CORPORATION**

NAME

SSN

ADDRESS

CITY

STATE

ZIP

This Salary Reduction Agreement is entered into this _____ day of _____ 20____
by the above named Employee for the purpose of reducing the Employee's salary to purchase nontaxable
benefits.

I understand that my amount of salary reduction may be changed by the School Corporation, if the
premiums change during the year.

I understand that my election applies only to deductions for the health, dental and basic life insurance plans.

I understand that the required premiums of the group insurance plans in which I have elected to participate
will be deducted from my salary on a pre-tax basis until such time that I request in writing to change to
after-tax premiums.

I understand that a change to my election must be done on a calendar basis.

Employee's signature

Date

**SALARY REDUCTION PREMIUM WAIVER
MONROE COUNTY COMMUNITY SCHOOL CORPORATION**

I decline to participate in the pre-tax premiums and understand that the required premiums of the group
insurance plans in which I have elected to participate will be deducted from my salary on an after-tax basis.

I understand that I can change my election on a calendar basis by requesting a Salary Reduction Premium
Agreement during the Open Enrollment period.

Employee's signature

Date