

SALARY DEDUCTION FORM

PALM BEACH COUNTY FIRE FIGHTERS EMPLOYEE BENEFITS FUND

GENERAL INFORMATION – ANSWER ALL QUESTIONS IN THIS SECTION

EMPLOYEE NAME _____ <div style="text-align: center; font-size: small;"><i>Please Print</i></div>	COUNTY ID # _____
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CAFETERIA PLAN YES - X

IMPORTANT NOTE: THE CAFETERIA PLAN PAYS FOR INSURANCE WITH PRE-TAX DOLLARS

Medical, Vision, Prescription and Life Benefits PPO Plan (Bi-weekly) – Please initial coverage desired.

	Employee	\$ 59.51 PPO		
	Employee + Family	\$148.79 PPO		

Dental Plus (DP) PPO Plan (Bi-weekly) – Please initial coverage desired.

	DP			
	Emp	\$ 3.41 PPO		
	Emp + Spouse	\$21.20 PPO		
	Emp+ Child(ren)	\$21.83 PPO		
	Emp+ Children + Sp	\$39.63 PPO		

TO START COVERAGE

I authorize to START payroll deductions initialed above. Must be accompanied by an enrollment or status change form.

EMPLOYEE SIGNATURE		DATE	
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TO STOP COVERAGE

I authorize to STOP payroll deductions initialed above. Must be accompanied by an enrollment or status change form.

EMPLOYEE SIGNATURE		DATE	
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TO CHANGE COVERAGE

I authorize to CHANGE payroll deductions initialed above. Must be accompanied by an enrollment or status change form.

EMPLOYEE SIGNATURE		DATE	
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I understand that all benefits will become effective, terminate or change the first day of the month following the month for which all payroll deductions were taken. I also understand that it is my responsibility to notify the Benefits Administrator of any change in status that may affect my premium. Any failure to notify the Benefits Administrator of a change in status which results in an overpayment of premiums to the Fund may only be recovered for a six month period from the date of the qualifying event, unless the error or omission is that of the Fund.

SEND FORM TO:	Benefits Administrator Palm Beach County Firefighters Employee Benefits Fund 2328 South Congress Avenue, Suite 2C West Palm Beach, FL 33406 (561) 969-6663 or fax (561) 966-7760
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