HUMAN RESOURCES
& DEVELOPMENT
TULARE COUNTY

2015 Tulare County Section 125 Cafeteria Plan

Employee Name: _____

SSN: _____ **Employee ID#:** _____

Please select one below:

☐ **I wish to Opt Out of the Section 125 Cafeteria Plan**

When you enroll for Health Insurance Plan Coverage, you are automatically enrolled in the Section 125 Cafeteria Plan. The premiums are then deducted from your paycheck and paid on a pre-tax basis. By my signature below, I affirm that I wish to opt-out of the Section 125 Cafeteria Plan and I authorize the deduction of premiums from my paycheck but on an after-tax basis.

_____ _____
Signature **Date**

☐ **I wish to Elect Participation in the Section 125 Cafeteria Plan**

My signature below affirms that I elect to participate in Tulare County's Section 125 Cafeteria Plan and I authorize the deduction of insurance premiums from my paycheck but on a pre-tax basis.

_____ _____
Signature **Date**

Please return this form to:
HR&D – Benefits Center, 2900 Burrel Ave, Visalia, CA 93291

Rev. 9/2012