

PRE-TAX PREMIUM CONTRIBUTION

TECHNOLOGY INTEGRATION GROUP

EMPLOYEE: _____ SS#: _____

ADDRESS: _____
(street)

(city, state, zip)

ELECTION FOR ALL GROUP INSURANCE PREMIUM ACCOUNTS

I elect to pay my portion of the group insurance premium with Pre-Taxed Income. _____ **Yes**

AUTHORIZATION

I agree to have my gross salary reduced by the amount of the cost of benefits selected. By reducing my gross salary, I understand that Social Security, Life and Disability benefits will also reflect this change.

(Signature of Employee)

(Date)