Cafeteria Plan Advisors, Inc.
120 Longwater Drive, Suite 102
Norwell, MA 02061

(781)848-9848 (Phone)
(781)848-8477 (Fax)
info@cpa125.com (Email)

AUTHORIZATION FOR PAYROLL REDUCTION FOR CAFETERIA PLAN PREMIUM ONLY PLAN

EMPLOYER: _____

EMPLOYEE NAME: _____ ***LAST FOUR OF SSN:*** _____

ADDRESS: _____***CITY:*** _____ ***ST:*** _____

EMAIL ADDRESS: _____ ***PHONE:***_____

DATE OF BIRTH: _____ ***DATE OF HIRE:*** _____

Pay cycle: ____ ***Weekly (52)*** ____ ***Bi weekly (26)*** ____ ***Bi monthly (24)*** ____***Monthly (12)*** ____***Other***

I elect the eligible plans I am enrolled in to be deducted on a pre-tax basis:

_____ ***All eligible plans***

OR

_____ ***Medical*** _____ ***Dental*** _____ ***Aflac Voluntary plan(s)*** ____***Other: (list)*** _____

_____**I hereby authorize a salary reduction for the pre-taxed plans/amounts shown above. I understand that this election CANNOT BE REVOKED during the plan year unless there is a qualifying event. I authorize continued annual pre-tax deductions of the premiums and should I elect to opt out, I will do so in writing at that time of a qualifying event or before the start of the next plan renewal date.**

OR

_____ **The Cafeteria Plan under Section 125 has been offered to me and I understand its benefits. I decline to participate at this time and understand I cannot get back in to the plan until the next open enrollment period or at the time of a qualifying event.**

Signature _____ **Date:** _____

Rev 2024