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PREMIUM REIMBURSEMENT ENROLLMENT FORM

For Allegiance internal use only:

Group Number: _____ Plan Year: _____

Date Completed: _____ Entered By (initials): _____

► **Please print CLEARLY and complete ALL fields.**

EMPLOYER:		PLAN YEAR (mm/dd/yy – mm/dd/yy): -		
DIVISION:		SSN:		
NAME:		BIRTH DATE (mm/dd/yyyy):	<input type="checkbox"/> M	<input type="checkbox"/> Married
			<input type="checkbox"/> F	<input type="checkbox"/> Single
MAILING ADDRESS:		PHONE:		
CITY:	ST:	ZIP:	EMAIL:	

PREMIUM REIMBURSEMENT ELECTION AUTHORIZATION

<u>PREMIUM TYPE</u>	<u>MONTHLY PREMIUM AMOUNT</u>	<u>ANNUAL AMOUNT ELECTED</u>
_____	_____	x 12 = _____
_____	_____	x 12 = _____
_____	_____	x 12 = _____
TOTAL ANNUAL ELECTION		= _____

CERTIFICATION *I certify that these are my benefit elections and that:*

1. I authorize the "before-tax" deduction of a portion of my pay based on the elections above.
2. I am aware that my unused contributions made under this plan cannot be refunded to me and become the property of my employer.
3. Reimbursement requests, sent to Allegiance, must be accompanied by proper documentation of the expense; Independent 3rd- Party documentation of your expense, a copy of a bill, or invoice identifying the current premium and that it has been paid.
4. I understand that coverage applies only to premium expenses incurred within the plan year and during my period of employment.
5. I understand that this agreement cannot be changed or revoked during the plan year unless I experience a qualified change in status.

Both an employee signature and company authorization is required for enrollment to be completed.

Is this a mid-year change? Yes No If yes – Effective date of change (mm/dd/yy): _____
(Must be on or after signature date)

Signed: _____ Date: _____

Company Authorization: _____ Date: _____