



**MAINE MARITIME ACADEMY
PREMIUM ONLY PLAN ENROLLMENT FORM**

Employee Name

Employee's Social Security Number

Participation in the Premium Only Plan is optional for all eligible employees who are enrolled in our group health insurance plan and who have elected dependent coverage. Under the Premium Only Plan, your income will be reduced to pay your share of premiums for dependent coverage under the group health insurance plan on a pre-tax basis. As a participant in the plan:

- Your required share of premiums for dependent coverage will be deducted pre-tax from your pay through equal payroll deductions during the plan year. Prior to the start of the next plan year, you will have the opportunity to change your benefit elections.
- You cannot change or discontinue your elections during the plan year unless you have a status change as set forth in the summary plan description that is consistent with your change or discontinuance of your election (i.e., birth, divorce, etc.).
- If dependent premium amounts under the group health insurance plan increase or decrease during the plan year, the plan administrator will automatically adjust your payroll deductions to the amount of your required contributions for the remainder of the plan year.
- Your premium elections will terminate at the time you terminate employment.
- The plan administrator may change the amount of your elections or otherwise modify this agreement if necessary to satisfy provisions of the Internal Revenue Code.

Please check the appropriate box, sign this enrollment form and return it to the plan administrator.

_____ I elect to participate. By checking this selection, I understand that my salary will be reduced to pay for group health insurance premiums for dependent coverage on a pre-tax basis. I understand that I cannot change this election until the beginning of the next plan year.

_____ I do not want to participate. By checking this box, I understand that my salary will not be reduced to pay for group health insurance premiums for dependent coverage on a pre-tax basis. I understand that I cannot change this election until the beginning of the next plan year.

Employee's Signature

Date