

TO: UACCB Human Resources
 PO Box 3350
 Batesville, AR 72503-3350
 Fax: 870-612-2093

FROM: _____
print your name

social security number

**I want to change how my Medical, Dental, and/or Vision
 Dental premiums are taxed, in accordance with the Pre-Tax
 Premium Conversion of Section 125 of the United States Tax
 Code.**

*I understand that elections for Premium Conversion can commence, change or terminate during the plan year only if one of the following **Change in Family Status** circumstances occur: marriage, divorce, death of spouse or dependent, birth or adoption, commencement or termination of employment of spouse, change from full-time to part-time employment or part-time to full-time employment of employee or spouse, commence of or return from unpaid leave of absence by employee or spouse, loss of a dependent's eligibility status, and substantial change in insurance coverage of the employee or spouse attributable to the spouse's employment. I further understand that I must complete and submit the required forms to UACCB Human Resources within 31 days of the qualified event, or during the annual open enrollment period held each November, to be effective the following January 1st.*

Yes, I elect to have the premium deducted from my check on a pre-tax basis. This will reduce the taxable income that is reported on my W-2.		No, I elect to have the premium deducted from my check on a post-tax basis. This means I will pay Social Security, Federal and State taxes on the premium amount.	
Medical	<input type="checkbox"/>	or	<input type="checkbox"/>
Dental	<input type="checkbox"/>	or	<input type="checkbox"/>
Vision	<input type="checkbox"/>	or	<input type="checkbox"/>

My Signature

Date