



# BENEFITS – SECTION 125 ELECTION FORM

The 125 Benefits Election Form **MUST** be updated along with any changes made by you to your medical, dental and/or vision coverage. These changes include adding, deleting dependents and/or changing carriers.

**PREMIUM CONVERSION – A Section 125 plan allows employees to have eligible insurance premiums taken out of their paycheck before taxes, thus reducing reportable income. Eligible benefits include medical, dental, and vision plans purchased through the district.**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Certificated**

**Classified**

**Your District Benefits:**

**Carrier Name:**

**Yes**

**No**

**Medical**

\_\_\_\_\_

**Dental**

\_\_\_\_\_

**Vision**

\_\_\_\_\_

**Disability Income Protection is not eligible for 125 plans.** This election form revokes any prior election form completed and will remain in effect/cannot be revoked or changed during the plan year unless the revocation and new election are consistent with a qualifying event change.

If you are registered as a domestic partner with the State of California; Under California law, registered domestic partners can shelter the domestic partner's premium for health coverage from state taxation by signing a Section 125 election form. However, the health premiums for the domestic partner are not sheltered from federal taxation, Medicare taxation, and Social Security taxation, if applicable. If you have signed a Section 125 election form, the health premiums for the domestic partner will be subject to Medicare taxation and Social Security taxation (if applicable). However, our financial system is not set up to separate federal and state taxation. Your monthly pay warrant will indicate that the health premiums for the domestic partner are sheltered from both state and federal taxation. In order to comply with federal regulations, the health premiums for the domestic partner will be added back as federal taxable wages on your W2 beginning with tax year 2005. You may want to consult your financial advisor regarding withholding requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_