

# TRUST FUND FLEXIBLE BENEFIT PROGRAM

## Waiver/Election Form

This form is used to waive pre-tax treatment of employee premium contributions to the health insurance benefits sponsored by the Smithsonian Astrophysical Observatory. Pre-tax treatment is automatic. You do not need to complete this form unless you elect not to have your premium contributions deducted on a pre-tax basis, or you previously waived this benefit and now elect to participate.

### 1. Election to Waive Participation in the Flexible Benefit Program

Last Name	First Name	MI	SSN
Agency	Agency Address		Office Phone

I elect to waive participation in premium conversion and the pre-tax treatment of my health insurance premiums. I would like to have my health insurance contributions deducted from my pay on an after-tax basis.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### 2. Election to Restore Participation in the Flexible Benefit Program

I elect to have my health insurance premiums deducted from my pay on a pre-tax basis. I understand that I may only change my premium deductions to an after-tax basis during a subsequent Open Enrollment Season or upon a Qualifying Life Event.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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### Change Notification

Agency Code \_\_\_\_\_ Pay Period \_\_\_\_\_ Effective Date \_\_\_\_\_

Agency Official  
Signature \_\_\_\_\_ Date \_\_\_\_\_