



**Voluntary Medical Benefits Premium Contribution Form
District Management Employee
January 1, 2010 – June 30, 2010**

Employee Name: _____

Location: _____ Colleague ID: _____

I understand that the following conditions apply to a **Voluntary Medical Benefits Premium Contribution**:

1. The Voluntary Medical Benefits Premium Contribution and related salary reduction will begin January 1, 2010, and terminate June 30, 2010.
2. This contribution will be a pre-tax payroll deduction and will reduce my salary from January 1, 2010—June 30, 2010.
3. I understand that I will be required to complete a Salary Redirection Agreement (SRA) for an automatic pre-tax payroll deduction.

If you choose to participate in the Medical Benefits Premium Contribution, check the box to the left, and indicate below the amount of contribution you agree to; and that you have read, understand, and accept the Voluntary Medical Benefits Premium Contribution conditions described above.

Amount \$ _____

Additional conditions:

1. Request to cancel participation will only be granted in cases of a financial hardship and must be approved by the Vice Chancellor Administrative Services.

You may not cancel this agreement. Once this agreement is signed and entered into, it may not be revoked.

Employee Signature: _____ Date: _____

APPROVALS:

Supervisor Signature: _____ Date: _____

CHEX Member Signature: _____ Date: _____

Forward original approved agreement to Human Resources no later than November 16, 2009.

For Human Resources Office Use:

Effective Date: _____ End Date: _____

Personnel Analyst: _____ Date: _____