

**DISTRICT OF COLUMBIA GOVERNMENT  
HEALTH INSURANCE PRE-TAX WAIVER/ELECTION FORM**

**Purpose of This Form:**

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

<b>I. PARTICIPANT INFORMATION</b>			
Last Name	First Name	MI	SSN
Agency	Office Phone	Home Phone	
<b>II. ELECTION TO WAIVE PARTICIPATION IN PRE -TAX HEALTH INSURANCE PROGRAM</b>			
I elect to waive participation in the pre-tax health insurance program. I would like to have my health insurance premiums deducted from my paycheck on an after-tax basis.			
Signature		Date	
<input type="checkbox"/> This is my initial opportunity to waive participation in the pre-tax health insurance program. <input type="checkbox"/> I am making this election to waive participation during Open Season. <input type="checkbox"/> I wish to waive participation in the pre-tax health insurance program on account of and in accordance with a Qualifying Life Event.			
<b>III. ELECTION TO RESTORE PARTICIPATION IN PRE -TAX HEALTH INSURANCE PROGRAM</b>			
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 pre-tax health insurance premiums deductions to an after tax basis during subsequent Open Season or upon a Qualifying Life Event.			
Signature		Date	
<input type="checkbox"/> I am making this election to participate during the Open Season. <input type="checkbox"/> I wish to participate in the pre-tax health insurance program on account of and in accordance with a Qualifying Life Event.			
<b>IV. TO BE COMPLETED BY DC OFFICE OF PERSONNEL STAFF</b>			
<b>Approved</b> <input type="checkbox"/>			
<b>Disapproved</b> <input type="checkbox"/>			
<b>Effective Date</b> _____			
<b>Authorized Agency Official</b> _____			
Signature		Date	