



\_\_\_ ONONDAGA EMPLOYEE LEASING SERVICES  
 \_\_\_ ONONDAGA EMPLOYEE LEASING OF SYRACUSE

COMPLETE IF INSURANCE IS WAIVED

Although I have been given the opportunity to enroll in all insurance plans offered by "The Leasing Company", I **decline** to do so at this time. I understand I may be subject to pre-existing conditions (for MVP HealthCare). I understand that I can enroll anytime within 30 days of my employment date. If I am not enrolled by then, I also understand that the enrollment date is January with deductions to start 5 weeks prior to coverage.

\_\_\_\_\_  
Date

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

COMPLETE IF INSURANCE IS TAKEN WITH TAX SAVINGS PLAN

I would like to take advantage of the Tax Savings (Sec.125 IRS) Plan. **On or After the first day I enroll in this plan, I cannot change or revoke this Tax Saving Agreement with respect to Pre-Tax Premiums before the next Anniversary Date of the Plan unless a Change in Family Status occurs (i.e., marriage, divorce, death of a spouse or child, birth, or adoption of a child, termination or commencement of employment of a spouse and such other events as will permit a change or revocation of an election under IRS Code, as amended), and the change is caused by and consistent with the Change of Family Status. Due to federal tax law, an election for a Pre-tax Benefit is irrevocable, except as otherwise indicated in the preceding sentence.** I hereby authorize "The Leasing Company" to reduce my gross wages by the amount necessary to pay for my employee benefit premiums. \*\*\*See Note Below\*\*\*

\_\_\_\_\_  
Date

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

COMPLETE IF INSURANCE IS TAKEN WITHOUT TAX SAVINGS PLAN

I DO NOT wish to participate in "The Leasing Company" Tax Savings Plan at this time, but would like to participate in the Employee Insurance Plan. I hereby authorize "The Leasing Company" to deduct from my paycheck the amount necessary to pay for my employee benefit premiums. I understand that I can only enroll in the Tax Savings Plan in January of each year. \*\*\*See Note Below\*\*\*

\_\_\_\_\_  
Date

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

INSURANCE PLAN \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ DEDUCTIONS TO START \_\_\_\_\_

\*\*\*NOTE\*\*\* I understand that for any pay period that a payroll check is not due to me or is not sufficient to meet my benefits costs, I authorize a double deduction from my next paycheck, or I will reimburse "The Leasing Company" the total costs with my personal funds. Failure to do so will result in the termination of all insurance benefits.