BeneTemps | Recruiting | Consulting

SECTION 125 PRE-TAX DENTAL DEDUCTION
ENROLLMENT FORM

NAME: (please print)_____

LAST FOUR DIGIST OF SOC. SEC. #:_____

EMPLOYER: BTHR Solutions/BeneTemps

I hereby elect to participate in the **BeneTemps Section 125 Plan** sponsored by my employer to the extent of the coverage elected below:

Delta Dental: ☐ Individual ☐ Family

I agree that my taxable base pay will be reduced by the amount of the monthly premiums due by me and paid via payroll deduction for the coverage checked above. I understand that this election will be irrevocable until the end of the election period, unless a qualifying event occurs.

In the event a new Enrollment Form is not executed on or before the next plan year end, this form shall be deemed to continue in force for the next succeeding year.

_____

Date Employee's Signature

WAIVER

I have been informed of my rights to receive the above listed coverages through the Plan sponsored by my employer, and I am choosing not to elect to participate in the BeneTemps Section 125 Plan.

Date Employee's Signature