



BeneTemps | Recruiting | Consulting

SECTION 125 PRE-TAX HEALTH 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:

Medical:

AllWays Complete HMO HSA 2500

- Individual Employee + child(ren) Employee + spouse Family

AllWays Complete PPO Plus HSA 2500

- Individual Employee + child(ren) Employee + spouse 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