



SECTION 125 FORM

IMPORTANT INFORMATION REGARDING PRE-TAX HEALTH CARE PAYMENTS

In accordance with Section 125 of the Internal Revenue Service Code, you may pay for your selected benefits with pre-tax dollars, which in most cases would reduce your income taxes.

As a courtesy to employees, we automatically deduct the employee portion for your selected benefits from your paycheck **pre-tax**. For more detailed information regarding Section 125 tax-savings, please see your Employee Handbook.

If you do not wish to participate in this pre-tax payment program, you may decline. By declining participation, you agree that the additional cost of your health care plan will be deducted from your paycheck after taxes have been calculated. If ProService Hawaii does not receive this signed declination within 30 days of your health care plan effective date, then it will be assumed that you have accepted to have the cost of health care benefits (if any) deducted pre-tax.

**TO DECLINE PRE-TAX PARTICIPATION, COMPLETE THIS FORM AND SIGN BELOW.
FOR ASSISTANCE WITH THIS FORM, CONTACT THE PROSERVICE BENEFITS TEAM AT 808-394-4175.**

Company: _____

Health Plan & Coverage: _____

Effective Date: _____

Your Monthly Contribution:* _____

Your Pre-Tax Deduction Per Pay Period:* _____

Dependents: _____

* Payroll deduction amount may vary depending on your company's health care elections which may include requiring employees to pay up to one-half of the premium for their coverage, not to exceed 1.5% of their gross monthly wages, as permitted by the Hawaii Prepaid Health Care Act.

☐ I decline participation and would like to pay for these selected benefits after tax.

Signature: _____

Date: _____

SEND YOUR COMPLETED FORM TO PROSERVICE HAWAII VIA EMAIL OR FAX

Email: ola@proservice.com | Fax: 808-394-6592