



calanes Union High School District

1212 Pleasant Hill Road, Lafayette, CA 94549

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PRE-TAX AUTHORIZATION FORM

INSTRUCTIONS: Complete this form if you wish to participate in a “pre-tax” medical, dental and/or vision benefit deduction.

I authorize my employer to reduce my salary on a “pre-tax” basis to pay for my share of the premium for those Health Insurance benefits in which I have enrolled via separate benefit enrollment form(s).

Pursuant to section 125 of the Internal Revenue Code, “pre-tax” elections are irrevocable in the plan year. Only changes due to qualifying events are allowed outside of the annual open enrollment period.

Name: _____

EID No.: _____

Signature: _____

Date: _____