

Augusta County Schools

Premium Conversion Waiver Form

Effective Date _____

Name _____ Social Security # _____

Address _____

Waiver

I hereby waive the opportunity to participate in, or revoke my previous salary reduction under the Premium Conversion Plan.

I understand that a revocation may not be effective prior to the start of the next plan year unless it is made because of an election change event as defined in the Summary Plan Description. In no event may the revocation be effective prior to the first pay period beginning after this form is completed and returned to the Plan Administrator.

I understand that:

- I cannot change this election during the plan year unless I have a qualifying election change event.
- This election replaces any previous elections and will terminate on the earlier of: (1) the end of the plan year, (2) when I am no longer a qualified employee eligible to participate in the plan, (3) Plan termination.
- My employer may reduce or cancel this election if necessary to comply with provisions of the Internal Revenue Code.

Signature _____ Date _____

Employer Use Only

Accepted by: _____

Effective Date: _____