

PREMIUM REIMBURSEMENT ENROLLMENT FORM

Please print clearly (For Employer use only. DO NOT forward to Allegiance.)

| | | | |
|------------------|--------------------------|----------|---------|
| EMPLOYER: | PLAN YEAR: | | |
| DIVISION: | EFFECTIVE DATE(mm/dd/yy) | | |
| EMPLOYEE NAME: | OPEN ENROLLMENT | NEW HIRE | CHANGE* |
| SSN: | BIRTH DATE (mm/dd/yyyy): | | |
| MAILING ADDRESS: | PHONE: | M | Married |
| | | F | Single |
| CITY: | STATE: | ZIP: | EMAIL: |

PREMIUM REIMBURSEMENT ELECTION AUTHORIZATION

| PLAN/ACCOUNT TYPE | MONTHLY PREMIUM | | | | TOTAL ANNUAL ELECTION |
|-------------------|-----------------|---|----|---|-----------------------|
| _____ | _____ | x | 12 | = | _____ |
| _____ | _____ | x | 12 | = | _____ |
| _____ | _____ | x | 12 | = | _____ |
| _____ | _____ | x | 12 | = | _____ |
| _____ | _____ | x | 12 | = | _____ |

CERTIFICATION *I certify that these are my benefit elections and that:*

1. I authorize the "before-tax" deduction of a portion of my pay based on the elections above.
2. I understand that this agreement cannot be changed or revoked during the plan year unless I experience a qualified change in status.
3. I understand that my unused premium contributions cannot be refunded to me and become the property of my employer.
4. Reimbursement requests, sent to Allegiance, must be accompanied by proper documentation of the expense;
Independent 3rd- Party documentation of the expense, a copy of a bill, or invoice identifying the current premium and that it has been paid
5. I understand that coverage applies only to premium expenses incurred within the plan year and during my period of employment.

Both an employee signature and company authorization are required for enrollment to be completed.

Signed: _____ Date: _____

Company Authorization: _____ Date: _____

*If this is an election change, please indicate the qualifying event:

_____ HR initials _____

For Allegiance use only

Group Number: _____ Date Completed: _____ Entered By (initials): _____