



Section 125 Cafeteria Plan Automatic Premium Conversion Waiver/ Revocation of Waiver

Wisconsin Department
of Employee Trust Funds
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Madison WI 53707-7931
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Fax 608-267-4549
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- To waive your participation in automatic premium conversion, complete sections A and B.
- To revoke a waiver of premium conversion that you filed previously, complete sections A and C.
- Sign and date section D of, and then return to your payroll or benefits office.
- A **premium conversion waiver** will be effective with the next scheduled premium payment if filed:
 - Within 30 days of initial enrollment in the group insurance plan(s) checked below; **or**
 - Within 30 days of initial eligibility for the ERA program if you are already enrolled in the insurance plan(s), **or**
 - Within 30 days of an approved change in status event; **or**
 - January 1 of the next plan year if this form is filed at any time other than listed above.
- A **revocation of waiver** will be effective with the next scheduled premium payment if filed:
 - Within 30 days of an approved change in status event; **or**
 - January 1 of the next plan year if this form is filed at any time other than listed above.

Section A: Employee Information			
Name first	middle	last	Social Security number
Home Address street		city	state ZIP code
Telephone	Employer (State agency or UW campus)		

Section B: Automatic Premium Conversion Waiver
<p>I hereby waive participation in automatic premium conversion for the insurance plan(s) indicated below. (Check all that apply.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> State group health insurance <input type="checkbox"/> State group life insurance <input type="checkbox"/> Health savings account </div> <div style="width: 45%;"> <input type="checkbox"/> Dental insurance <input type="checkbox"/> Vision insurance <input type="checkbox"/> Flexible spending account <input type="checkbox"/> Commuter fringe benefits </div> </div> <p>By waiving my participation, I understand that my share of state group insurance premiums will be taken from my paycheck after federal, state, and Social Security taxes have been taken.</p>

Section C: Revocation of Waiver
<p>I hereby revoke any previously filed waiver of participation in automatic premium conversion for the insurance plan(s) indicated below. (Check all that apply.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> State group health insurance <input type="checkbox"/> State group life insurance <input type="checkbox"/> Health savings account </div> <div style="width: 45%;"> <input type="checkbox"/> Dental insurance <input type="checkbox"/> Vision insurance <input type="checkbox"/> Flexible spending account <input type="checkbox"/> Commuter fringe benefits </div> </div> <p>By revoking the waiver I filed previously, I understand that my share of state group insurance premiums will be taken from my gross pay prior to calculation of federal, state, and Social Security taxes.</p>

Section D: Authorization	
<p>I understand that this waiver or revocation will remain in effect as long as I remain employed, unless I file another form to change my election. Such changes will be effective for future plan years only.</p> <ul style="list-style-type: none"> • I understand that this is not an application for insurance. To enroll in the insurance plans, I must complete insurance enrollment forms. • I have read and understand the information regarding automatic premium conversion found on this form. 	
Employee signature	Date signed

Return this form to your payroll or benefits office.

Payroll	Effective date	Date received
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