

## EMPLOYEE REIMBURSEMENT ACCOUNTS PROGRAM AUTOMATIC PREMIUM CONVERSION WAIVER/REVOCAION OF WAIVER

- 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 this form and return to your payroll/staff 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 DATA

Name Last	First	MI	Social Security Number
Home Address Street	City	State	Zip Code
Daytime Telephone	Employer (State Agency or UW Campus)		

### SECTION B. AUTOMATIC PREMIUM CONVERSION WAIVER

I hereby waive participation in Automatic Premium Conversion for the insurance plan(s) indicated below. (Check all that apply.)

- |                                                       |                                                    |                                                      |
|-------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> State Group Health Insurance | <input type="checkbox"/> EPIC Insurance            | <input type="checkbox"/> DentalBlue Dental Insurance |
| <input type="checkbox"/> State Group Life Insurance   | <input type="checkbox"/> Vision Service Plan (VSP) |                                                      |

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.

### SECTION C. REVOCATION OF WAIVER

I hereby revoke any previously filed waiver of participation in Automatic Premium Conversion for the insurance plan(s) indicated below. (Check all that apply.)

- |                                                       |                                                    |                                                      |
|-------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> State Group Health Insurance | <input type="checkbox"/> EPIC Insurance            | <input type="checkbox"/> DentalBlue Dental Insurance |
| <input type="checkbox"/> State Group Life Insurance   | <input type="checkbox"/> Vision Service Plan (VSP) |                                                      |

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.

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.

- 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 and in the current Wisconsin Employee Reimbursement Account Program enrollment booklet.

Date Signed	Employee Signature
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Payroll	Effective Date	Date Received
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RETURN THIS FORM TO YOUR PAYROLL/STAFF BENEFITS OFFICE