Reset Form

STATE OF IOWA
Department of Administrative Services
Human Resources Enterprise

PREMIUM CONVERSION (PRETAX) PROGRAM

The State's Premium Conversion Program offers a way of funding your insurance premiums for your group health, dental, and supplemental life insurance policies with pretax dollars. Amounts you contribute to the program are not taxed for federal or state income taxes or Social Security. You are automatically enrolled in this program unless you elect out. For more information, contact your Human Resources Associate or DAS-HRE.

PLEASE PRINT

Name _____ SSN _____

Department _____ Phone _____

NEW HIRES. You are automatically enrolled unless you elect out of the program and return this form to your Human Resources Associate within 30 days of hire.

☐ I elect not to participate.

Date of Hire: _____

ENROLLMENT/CHANGE. If you change your election during open enrollment, your election becomes effective with the first paycheck the next calendar year. Check (√) one:

☐ I elect to participate

☐ I elect not to participate

CHANGE IN FAMILY OR EMPLOYMENT STATUS.

I am electing to make a change in my participation in the premium conversion program as a result of a change in family or employment status. I certify that the following "qualified change" occurred on _____. I understand that this form must be submitted to my Human Resources Associate within 30 days of the event.

Check (√) the appropriate box(es).

☐ marriage
☐ divorce
☐ birth/adoption of a child
☐ change in spouse's employment
☐ loss of dependent/s
☐ other (specify) _____

Check (√) one:

☐ I elect to participate.

☐ I elect not to participate.

_____ _____
Employee's Signature Date

_____ _____
Human Resources Associate's Signature Date Received

Form Submission: Email: employee.benefits@das.iowa.gov | Fax: 515-281-5102 | Mail: DAS-HRE ▪ 1305 E Walnut ▪ Des Moines, IA 50319

CFN 552-0520 R 9/26

Print Form