

Cafeteria Plan Advisors, Inc.  
420 Washington Street, Suite 100  
Braintree, MA 02184

**AUTHORIZATION FOR PAYROLL REDUCTION  
FOR CAFETERIA PLAN PREMIUM ONLY PLAN**

(781)848-9848 (Phone)  
(781)848-8477 (Fax)  
[info@cpa125.com](mailto:info@cpa125.com) (Email)

**EMPLOYER:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_ **LAST FOUR OF SSN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **DATE OF HIRE:** \_\_\_\_\_

**Pay cycle:** \_\_\_ *Weekly (52)* \_\_\_ *Bi weekly (26)* \_\_\_ *Bi monthly (24)* \_\_\_ *Monthly (12)* \_\_\_ *Other*

**I elect the eligible plans I am enrolled in to be deducted on a pre-tax basis:**

\_\_\_\_\_ *All eligible plans*

**OR**

\_\_\_\_\_ *Medical* \_\_\_\_\_ *Dental* \_\_\_\_\_ *Aflac Voluntary plan(s)* \_\_\_\_\_ *Other: (list)* \_\_\_\_\_

\_\_\_\_\_ I hereby authorize a salary reduction for the pre-taxed plans/amounts shown above. I understand that this election **CANNOT BE REVOKED** during the plan year unless there is a qualifying event. I authorize continued annual pre-tax deductions of the premiums and should I elect to opt out, I will do so in writing at that time of a qualifying event or before the start of the next plan renewal date.

**OR**

\_\_\_\_\_ The Cafeteria Plan under Section 125 has been offered to me and I understand its benefits. I decline to participate at this time and understand I cannot get back in to the plan until the next open enrollment period or at the time of a qualifying event.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_