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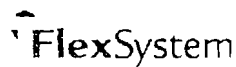
## Section 125 - Premium Only Plans

A Cafeteria Plan or Section 125 plan is an employee benefit plan that allows employees to select desired benefits from their employer's benefit package, "cafeteria" style. The real benefit of this type of plan is that if set up in accordance with Section 125 of the Internal Revenue Code, the premiums can be paid with tax free money. That's right...tax free. No federal income tax. No state income tax. No Social Security or Medicare tax.

Most health insurance policies and some life insurance policies are eligible for inclusion in a Section 125 Cafeteria Plan. Group term life insurance is eligible for a portion of the premium, up to \$50,000 of coverage, to be included.

Some examples of insurance policies that are eligible for your Cafeteria Plan include:

- Health Insurance
- Dental Insurance
- Cancer Insurance
- Up To \$50,000 Group Term Life Insurance on Employees Only
- Hospital Indemnity Insurance
- Accident Insurance
- Heart Attack & Stroke Insurance
- ICU/CCU Insurance
- Accidental Death and Dismemberment



For more information or to  
download TASC forms, [click here](#).



## PREMIUM ONLY PLAN (POP) ENROLLMENT FORM

Please complete and sign form. Please PRINT clearly.

EMPLOYER NAME: \_\_\_\_\_ WORKSITE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_

Number of Deductions: \_\_\_\_\_ Date of First Deduction: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Premium Rate per Pay Period:

Medical \$ \_\_\_\_\_ Life \$ \_\_\_\_\_ Accident \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_ ICU/CCU \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Cancer \$ \_\_\_\_\_ Heart/Stroke \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

I hereby authorize and direct my employer to reduce my salary in the amount listed above under the Section 125 Program.

As a participant in the Premium Only Plan, I am entitled to revoke my elected benefit election in the event of certain changes in family status that are permitted as described and stated in the Summary Plan Description.

Unless I notify my Employer, this election will automatically continue for each subsequent Plan Year.

My Social Security benefits may be slightly reduced as a result of my election.

I understand that the change in my benefit must be necessitated by and consistent with the change in family status and the change must be acceptable as described and stated in the Summary Plan Description.

☐ I CHOOSE TO PARTICIPATE IN THE PREMIUM ONLY PLAN

☐ I DECLINE TO PARTICIPATE IN THE PREMIUM ONLY PLAN

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date