

# Enrollment Form

Effective Date (HSA plans do not have this "irrevocable clause" and changes may be made throughout the Plan Year.): \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Richmond Fitness Premium Reduction Plan**

## Employee Information

Name: \_\_\_\_\_  
(Last, First, Middle Initial)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address)

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(City, State ZIP Code)

Marital Status (check one):  Single  Married

## Standard Payroll Schedule

The following is a list of pay days that will occur during the Plan Year (From 01/01/2022 to 12/31/2022). You may use it to count the number of pay periods that will occur while you are on the plan and calculate your annual reduction amount.

1/10/2022, 1/25/2022, 2/10/2022, 2/25/2022, 3/10/2022, 3/25/2022, 4/10/2022, 4/25/2022, 5/10/2022, 5/25/2022, 6/10/2022, 6/25/2022, 7/10/2022, 7/25/2022, 8/10/2022, 8/25/2022, 9/10/2022, 9/25/2022, 10/10/2022, 10/25/2022, 11/10/2022, 11/25/2022, 12/10/2022, 12/25/2022

## Benefit Selection

Please select the plan(s) in which you wish to enroll. Enter the appropriate Benefit Cost, your effective date and count the number of pay periods remaining in the year. Lastly, multiply the Benefit Cost by the Remaining Pay Periods to get your Total Annual Reduction.

Select Plans to Pre-tax	Effective Date	Benefit Cost per Pay Period	Number of Pay Periods Remaining After Eff. Date	Total Annual Reduction (Benefit Cost multiplied by Remaining Pay Periods)
<input type="checkbox"/> Medical Ins. Plan: _____	_____	\$ _____	_____	\$ _____
<input type="checkbox"/> Dental Ins. Plan: _____	_____	\$ _____	_____	\$ _____
<input type="checkbox"/> Health Savings Account (HSA) _____	_____	\$ _____	_____	\$ _____
<input type="checkbox"/> Group Life Ins. (<= \$50,000 benefit) _____	_____	\$ _____	_____	\$ _____
<input type="checkbox"/> Short- and/or Long-term Disability _____	_____	\$ _____	_____	\$ _____
<input type="checkbox"/> Other: _____	_____	\$ _____	_____	\$ _____
	Totals:	\$ _____		\$ _____

## Salary Reduction Agreement

I have read and understand the Explanation of Benefits detailing the Richmond Fitness Premium Salary Reduction Plan. With this authorization, I am directing Richmond Fitness to reduce my annual compensation by the Total Annual Reduction amount shown and reimburse the benefit plan carriers on my behalf. By reducing my annual compensation, I am essentially paying for the selected benefit plans with pre-tax dollars. I understand that this annual reduction is irrevocable and cannot be changed unless a "Change in Life Status" is experienced, there is a termination of the Premium Reduction Plan, a plan I am enrolled on is terminated or I become eligible for a new plan.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## Waiver of Participation

Based upon the information I have read, I am electing not to enroll in the Richmond Fitness Premium Reduction Plan. I understand there could be some tax advantages with the plan but based upon my unique situation, I am opting not to enroll.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)