

## CHEIBA Trust Employee Benefit Plan

*Adams State University  
Auraria Higher Education Center  
Colorado School of Mines  
Colorado State University – Pueblo Fort  
Lewis College  
Metropolitan State University of Denver  
University of Northern Colorado  
Western State Colorado University*

### SECTION 125 PREMIUM ONLY PLAN Enrollment/Change Form

Employee Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Type of Enrollment: \_\_\_\_\_ New Enrollment  
(Check One) \_\_\_\_\_ Annual Enrollment  
\_\_\_\_\_ Status Change  
Effective Date: \_\_\_\_\_

☐ I authorize the employer to use a portion of my salary; before taxes are calculated, for coverage of the following insurance premiums (if applicable at your institution). I understand this election will continue automatically until the agreement is amended or terminated. I agree not to deduct insurance premiums on my tax return. I further understand that in the absence of a status change, this election is irrevocable for the plan year (January 1 – December 31).

☐ Medical and Dental

☐ Vision

☐ I do not wish to participate in the Section 125 premium only plan.

#### FOR STATUS CHANGE ONLY

☐ I wish to terminate the reduction of my salary for insurance premiums. A change, unless due to a status change, can only take place at the beginning of the plan year. A change must be requested within 31 days of the change and be consistent, necessary and appropriate as a result of the status change which occurred. My status changed on \_\_\_\_\_ as a result of:

\_\_\_\_\_ Change in legal marital status

\_\_\_\_\_ Change in Employee's number of tax eligible dependents

\_\_\_\_\_ Attainment or loss of dependent eligibility as defined by the plan

\_\_\_\_\_ Commencement of/or return from a Family and Medical Leave Act (FMLA) or other approved unpaid leave of absence

\_\_\_\_\_ Termination/Commencement of employment (employee, spouse or eligible dependent)

\_\_\_\_\_ Change in the place of residence or worksite (employee, spouse or eligible dependent)

\_\_\_\_\_ Change in employment status (employee, spouse or eligible dependent)

\_\_\_\_\_ Significant change in available benefits and/or their costs, when imposed by a third party

\_\_\_\_\_ Entitlement to/or loss of Medicaid or Medicare coverage (employee, spouse or eligible dependent)

\_\_\_\_\_ Open enrollment for benefits of spouse or eligible dependent

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: If you joined the Colorado PERA Defined Benefits Plan before July 1, 2019, pre-tax premiums may reduce your highest average salary calculation. If you joined the Mines Defined Contribution plan prior to July 1, 2019, pre-tax premiums will decrease the amount of includable salary by the amount of your pre-tax contributions. Please contact Colorado PERA or the Mines Benefits Office with questions.**