Office of Human Resources

University System of Georgia –
Section 125 Payroll Authorization Form

__________________________________________  _____________________________
Employee’s Name                                                                       Employment Date

The University System of Georgia has established a Flexible Benefits (Premium Conversion) Plan for the employees participating under the University System’s benefits plans as authorized by Section 125 of the Internal Revenue Code. By your participation in this program, your employer can purchase your health and/or dental benefits plans with money that would have been paid to you in gross salary, avoiding the paying of federal & state taxes on these premiums.

By enrolling in any or all of these plans, you are authorizing your Employer to reduce your salary by the amount necessary to pay the premiums due for the coverages selected by you on the proper enrollment form. The coverages selected by you under the Section 125 Plan may not be changed by you except during an open enrollment period of within 31 days of:

• Acquiring eligible dependents for the first time.
• Losing eligible dependent(s) by death, divorce, marriage, or attainment of the maximum age of being eligible for coverage.
• Terminating employment or retirement.
• Your spouse losing coverage under the University System Plan because of his/her change in employment status.
• Your spouse losing coverage under another plan because of a layoff, reduction in force or plant/company closing.

I hereby understand the provisions of this Plan and realize that if I make application for health benefits and/or dental benefits, my premiums for such coverage will be pre-taxed. I hereby authorize the University System of Georgia to reduce my salary in the amount necessary to pay for such coverages for which I am eligible and for which I have made proper application. I further understand that such reductions shall remain in force for 12 months or until an open enrollment period except as provided for otherwise, and I authorize further reductions in my salary if the premiums for these plans increase.

__________________________________________  _____________________________
Signature                                                                                  Date

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