



Wellmark BlueCross BlueShield of Iowa  
 Wellmark BlueCross BlueShield of South Dakota  
 Independent Licensees of the Blue Cross and Blue Shield Association

# BluePriority<sup>SM</sup> FLEX

## ENROLLMENT FORM Pre-Tax Premium Payments

### Employee Information

Name		Social Security Number	
Home Address	City	State	Zip Code
Employer Name		Effective Date / /	

### Pre-Tax Premium Payment Agreement

I agree to have my gross salary redirected to pay my required contributions/premiums for employer provided benefits I elect which are payable through the flexible benefit plan. I instruct my employer to make these contributions on my behalf. If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, I understand that my salary redirection will automatically be adjusted to reflect that increase or decrease.

This salary redirection arrangement will continue until:

- I terminate employment with the employer listed above; or
- I have a qualifying status change (see Summary Plan Description) that makes it necessary for me to modify this agreement; or
- My employer terminates, suspends, or modifies this plan.

### Employee Authorization

I have read and understand the above agreement. I authorize my employer to redirect my salary according to this agreement.

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