

Saratoga Hospital Post-Tax Deduction Form 2023 Plan Year

	After-Tax Yes/No	Circle Benefit Option		
Medical/Rx		Individual	2-Person	Family
Dental		Individual	2-Person	Family
Vision		Individual	2-Person	Family

I elect to waive all Before-Tax benefits under the Before-Tax Premium Plan, but understand that I may elect similar coverage(s) on an after-tax basis. Except for a qualified change in family status, I understand that I cannot elect Before-Tax Premiums until the next Annual Change Period.

This change will apply to the following plan year: 2023

Employee (please print) _____

Date: _____

SS# _____

Signature _____

New Election _____ **OR** Change _____