

SMITHSONIAN ASTROPHYSICAL OBSERVATORY

Premium Conversion Waiver Form For Federal Employees

I have read the Premium Conversion description and I **do not** wish to contribute my medical plan premiums on a pre-tax basis.

I hereby authorize the Smithsonian Astrophysical Observatory to deduct the contributions from my salary after calculating Federal, State and Social Security tax amounts. I understand that my participation waiver in the Premium Conversion program will be effective on the first day of the pay period that begins on or after the Plan's effective date, Plan anniversary date, or the first day of the pay period during which medical coverage becomes effective. I understand that if this form is not completed and returned to the Department of Human Resources timely, I will be deemed to have elected to participate in the Plan on a pre-tax basis.

I understand that by waiving participation in this plan, I cannot subsequently become a participant until the Plan's anniversary date.

Employee Signature: _____ Date: _____

Employee Name: _____

Social Security Number: _____

Department: _____

Home Address: _____
