

**FORM WILL NOT BE PROCESSED WITHOUT COMPLETION OF  
REQUIRED INFORMATION**

**COMPLETE THIS FORM ONLY IF YOU DO NOT WANT TO PAY PREMIUMS ON  
A PRE-TAX BASIS**

**WAYNE STATE UNIVERSITY  
PREMIUM CONVERSION PLAN  
WAIVER OF PREMIUM CONVERSION**

Name: **(Required)** \_\_\_\_\_

\*Banner I.D. **(Required)** \_\_\_\_\_

I have enrolled for coverage in a Medical Plan sponsored by Wayne State University.

I understand that I can have the employee's share of premiums for such Medical Plan coverage paid on a pre-tax basis under the Wayne State University Premium Conversion Plan.

I hereby waive the right to have my share of contributions paid on a pre-tax basis. I agree to pay my share of the contributions on an after tax basis.

I understand and agree that my pay will be reduced on an after tax basis (rather than pre-tax) by the amount of my required contribution for the premium payments under the Medical Plan and continue for each succeeding pay period until I elect to participate and have my share of premiums paid on a pre-tax basis.

I understand I can not change to a pre-tax basis until next January 1 unless I have a change in family status as defined in the Premium Conversion Plan. I also understand that in no case will the change be retroactive.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee **(Required)**

\_\_\_\_\_  
PRINT EMPLOYEE NAME **(Required)**

\*THIS IS THE SAME AS YOUR ONE CARD NUMBER