

**SCHOOL DISTRICT OF RIB LAKE**  
**(FOR PRE-TAX GROUP INSURANCE PREMIUM ACCOUNT ONLY)**

**SELECT OPTION A OR B:**

- A.     I wish to pay my group insurance premium on a pre-tax basis
  
- B.     I wish to pay my group insurance premium on an after-tax basis

**SIGN BELOW AND RETURN TO MARY LOU.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**PLEASE NOTE:**    We will assume that you choose the pre-tax premium account if this form is not turned in to Mary Lou.

**IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CONTACT MARY LOU.**