



Premium Payment Plan (PPP) Election Form

The Federal Judiciary Benefits Program

The premium payment plan allows employees who are eligible for FEHB the opportunity to pay for their share of FEHB premiums with pre-tax dollars. Premium payment plans are governed by Section 125 of the Internal Revenue Code, and IRS rules govern when a participant may change his or her election outside of the annual open season. **All employees who enroll in the FEHB Program automatically receive premium payment plan pre-tax benefits, unless they waive participation.** When an employee experiences a qualified life event (QLE) to the employee's FEHB coverage (including change to self only and cancellation) and premium payment plan election may be permitted, so long as they are because of and consistent with the QLE.

Effective Date of Coverage: Changes will go into effect the beginning of the pay period that coincides with or immediately follows receipt of this form. If a change is requested due to the birth or adoption of a child, the change will be effective retroactively to the date of the birth or placement for adoption, based on the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Three ways to enroll:



Web*

<http://judiciary.adp.com>
*If you are enrolling via the web, please keep this form for your records. You do not need to return a copy of this form.



Fax

1-800-778-0045



Mail

Federal Judiciary Benefits Program
P.O. Box 35680
Louisville, KY 40232

A. Personal Information (Please Print or Type)

| | | | |
|---------|-------------|---------------|----------|
| Name | Employee ID | Date of Birth | |
| Address | City | State | Zip Code |
| Email | | | |

B. Election Information (Please Print or Type)

Event: New Hire Open Season Qualified Life Event (QLE)

Event Date: _____ QLE reason** _____

****Please review the SF2809 Table of Permissible Changes in FEHB Enrollment and Premium Payment Plan Election. A QLE reason must be permissible in accordance with these guidelines.**

PPP Election:

- Post-tax** - I wish to have my premiums for health insurance deducted on an after-tax basis.
- Pre-tax** - I wish to have my premiums for health insurance deducted on a pre-tax basis.

Please read the following carefully before completing your election:

- I understand as a new hire or newly eligible employee that PPP is defaulted to Pre-tax. If I want to make an election to post-tax I must make a PPP election within sixty (60) days of my eligibility date.
- I understand that by submitting this election due to a QLE, I am certifying that this is a valid QLE in accordance with Table of Permissible Changes in FEHB Enrollment and Premium Payment Plan Election within the SF2809.
- I understand that I cannot change or revoke any of these elections as of any date prior to the end of the plan year, unless I experience a QLE (e.g., marriage, divorce, birth or adoption of a child, death of a spouse or child, termination or commencement of employment by my spouse or other such events allowed under the Internal Revenue Code) and the election change is caused by and consistent with the Qualified Life Event.
- I understand that any pre-tax elections I have made will reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased.
- I understand that, each year, this election will continue into each following Plan Year until I choose to change it during an Open Season period, or as a result of a QLE.

Signature _____

Date _____