



**FLEXIBLE BENEFITS PLAN  
SECTION 125  
ELECTION FORM**

Clarksville Montgomery County School System

**Employee Name:** \_\_\_\_\_ **Munis ID** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Pretax/Premium Only Plan**

**Group Medical** \_\_\_\_\_  
**Group Dental** \_\_\_\_\_  
**Group Vision** \_\_\_\_\_  
**Dependent Life** \_\_\_\_\_

I understand that as required by the Internal Revenue Service (IRS) regulations, contributions under this plan, shown on this form under the heading Pretax, will remain in effect and cannot be revoked or changed during the calendar year.

**I wish to have all eligible benefits pre-taxed.**

☐ **YES**

☐ **NO**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date