**ARGONNE NATIONAL LABORATORY**
**ENROLLMENT APPLICATION**
**PRE-TAX HEALTH CARE CONTRIBUTIONS**

Employee Name: (Print) _____ Payroll Number: _____

Effective Date:_____

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## HEALTH CARE CONTRIBUTIONS

I hereby authorize Argonne National Laboratory to reduce my **basic salary** for my required contributions to Argonne's

☐ Medical/Dental Plan

I understand that by checking the box above that my contributions to this plan will be made with pre-tax dollars and these contributions will continue to be made in future years on a pre-tax basis until revoked by me.

Signature:_____ Date:_____

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**NOTE**: Your salary reduction is made on a pre-tax basis in accordance with the IRC Section 125 guidelines. This agreement, once entered into, is revocable only prior to the next plan year.

Return this completed form to Employee Benefits, Bldg.201, A/E: or Human Resources, Bldg.710, A/W.