

**SARAH LAWRENCE COLLEGE**

**PRE-TAX PREMIUM PLAN**

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

\_\_\_\_\_ Yes I wish to have my Health Care/Dental Premiums  
deducted Pre-Tax from my paychecks.

\_\_\_\_\_ No I do not wish to have my Health Care/Dental Premiums  
deducted Pre-Tax from my paychecks.

I hereby authorize reductions from my earnings in the amount of the College required  
premium deductions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date