



**TAX ADVANTAGE PREMIUM PLAN**

At CSUF, all employees who enroll in health insurance benefits may choose whether or not they wish to pay taxes on the portion of their salary that goes to pay their health insurance premium. If you choose to participate in TAPP (Tax Advantage Premium Plan), the money you pay toward your health insurance premiums each month will be excluded from your taxable income.

TAPP allows an employee's health insurance premium to be withheld from his/her pay warrants with no federal or state taxes applied. With TAPP pre-tax premium payments, federal, state, and Social Security taxes will be lower.

Enrollment in this plan is automatic, unless non-participation is specifically designated.

Enrollment in TAPP will not affect your options during the open enrollment period. HOWEVER, during the remainder of the year, TAPP enrollees may only make changes to coverage if a "family status change" occurs. Allowable family status changes are listed in the TAPP brochure. You would not, for example, be able to cancel health coverage (except during open enrollment) due to an increase in premiums.

Some people who have dependent children may be eligible for a **federal income tax credit** for health insurance and, as a result, save more money if they pay for health insurance premiums from after-tax salary (non-TAPP). Please check with the IRS or your tax advisor for specific information.

If you are nearing retirement age, keep in mind that your Social Security benefits at retirement will be affected (reduced) because of your TAPP participation. You will not be paying Social Security taxes on the portion of your salary that goes to health insurance premiums.

Do you wish to participate in the Tax Advantage Premium Plan (TAPP) program?  Yes  No

**ENROLLMENT CERTIFICATION**

I elect to enroll in (or change to) health benefits plan(s) as indicated on this form and I authorize deductions to be made from my salary to cover my share of the current/future cost of enrollment. I also certify that the names of all dependents listed above are eligible family members as defined in the Public Employees' Medical and Hospital Care Act and that they are not enrolled in another CalPers medical plan or State of California dental Plan.

**Before you sign this form, please double-check to be sure that you have provided all the information requested. Thank you!**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Human Resource  
Received Date

<b>HUMAN RESOURCES USE ONLY</b>				
CMS Keyed Date	Deduction Paid Pay Period	Comments	Documents on File	
Health			Marriage Certificate	
Dental			Domestic Partnership	
Vision, Life & LTD			Birth Certificate	
HCRA			Adoption Papers	
DCRA			Divorce Decree	
FlexCash			Affidavit of Eligibility	
ACES			HBD-12A	
			Initial Cobra	
Reviewed By:			Date:	