

**Bay County  
Section 125 Plan**

**Waiver of Participation**

Employee Name \_\_\_\_\_ Dept. BOCC

Employee Address \_\_\_\_\_

City \_\_\_\_\_ State Florida Zip \_\_\_\_\_

Employee Social Security Number \_\_\_\_\_ Employee Number N/A

Plan Year January 1, 2017 – December 31, 2017

As an employee eligible to participate in the Section 125 Plan, I acknowledge that I have been explained the benefits available to me as well as the rights and obligations I have under the Plan.

This waiver will acknowledge that I have been informed of the terms of the above-referenced Plan, I hereby elect not to participate in the Plan. I understand that this waiver will remain in effect for the remainder of the plan year for which this election is effective, but that I may again decide to participate during the election period prior to each plan year.

This waiver is effective for the Plan year January 01, 2017 – December 31, 2017.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted and agreed to by Employer's Authorized Representative:

By \_\_\_\_\_ Date \_\_\_\_\_