

**LAFAYETTE COLLEGE
MEDICAL/DENTAL PREMIUM PRE-TAX
AUTHORIZATION**

I agree to have my gross salary reduced in accordance with Section 125 of the Internal Revenue Code, to pay my employee contributions for the employer-sponsored health/dental benefits plans. I instruct my employer, Lafayette College, to make these contributions on my behalf.

_____ APPLICABLE TO HEALTH INSURANCE

_____ APPLICABLE TO DENTAL INSURANCE

NAME (PRINT) _____

SIGNATURE _____

SS# _____

DATE _____