

EDUCATOR QUALIFIED PREMIUMS  
(PREMIUM CONVERSION)  
AGREEMENT FOR GAINESVILLE ISD

I pay (Insurance Company) \_\_\_\_\_

\$\_\_\_\_\_ by below method (please check one) for health related insurance premiums issued by the above named Insurance Company. This information is provided in conjunction with my employer's "OPTION 125" CAFETERIA PLAN. *Should my amounts change from that indicated above it is my responsibility to inform my employer.* Otherwise you may rely on the above information for issuing my monthly reimbursement for this premium.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

Monthly Direct / Bank Draft

Quarterly Direct / Bank Draft

Annual Direct / Bank Draft

***\*\*\*Reimbursements will not be issued  
without a completed contract &  
PROOF OF PAYMENT attached\*\*\****