

**NORTH CAROLINA TEACHERS' AND STATE EMPLOYEES'  
COMPREHENSIVE MAJOR MEDICAL PLAN**

**BENEFIT REJECTION FORM**

Employing Unit: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Election for Benefit Period: Plan Year ending September 30, 20 \_\_\_\_\_  
Effective Date: \_\_\_\_\_

I do not want the contributions I am currently paying to the North Carolina Teachers' and State Employees' Comprehensive Major Medical Plan {or to the optional Health Maintenance Organization (HMOs)} withheld from my earnings on a "before tax" basis.

\_\_\_\_\_  
Employee's Signature Date

NOTE: If you do not return this form to your Health Benefits Representative prior to October 1, or if you are a new employee, prior to the effective date of your coverage under the health benefits plan, you will have your contributions for health coverage made on a "before tax" basis.