



**FAIRFIELD  
PUBLIC SCHOOLS**

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TO: Fairfield Public Schools Staff

FROM: Insurance Department

DATE: April 4, 2017

**SUBJECT: Pre-Tax or Post-Tax Option for Insurance Premium Cost Share**

The purpose of the Pre-Tax Employee Contribution Option is to help you reduce your Federal and State Income Tax and reduce your Medicare/FICA liability (if any). Under the plan, all payroll deductions for **employee health insurance premiums** will be taken from your gross salary BEFORE TAXES are calculated. This process reduces your gross income (for tax purposes) by the pre-tax deduction, thus reducing the taxes you pay. The Pre-Tax Employee Contribution Option is available for all employees who are enrolled in Medical/Rx and/or Dental insurance.

**PAYMENT WITH PRE-TAX SALARY REDUCTION IS NOT BENEFICIAL TO EVERYONE. YOU SHOULD BE AWARE OF THE FOLLOWING IMPORTANT INFORMATION:**

1. Your eventual Social Security benefit may be slightly reduced. The impact is greater as you near retirement age. For certain individuals, the current tax savings may be worth more than the lost Social Security benefit.
2. **Because the Pre-Tax Contribution Option is governed by IRS regulations, you will not be able to change the tax status of your medical deductions after the plan year begins unless you have a change in family status, or there is a change in your spouse's employment.**

#### **Compensation Reduction Agreement**

I authorize Fairfield Public Schools to reduce my compensation by the amount of my required contribution for the benefit options that I have elected under the Pre-Tax Employee Contribution Option, effective July 1, 2017, and continuing for each succeeding pay period until this agreement is amended or terminated. The amount of my required contribution and the period that it is effective is set forth on a schedule that has been provided to me.

**I understand that:**

I cannot change or revoke this compensation reduction agreement, unless I have (a) a change in status as set forth in the Pre-Tax Employee Contribution Option (b) the cost to me to receive the benefits significantly increases, (c) or the benefits, insofar as they are provided through insurance or health maintenance organizations, are significantly curtailed or cease during the Plan Year. If my required contributions are increased or decreased my pay reduction will automatically be adjusted to reflect that increase or decrease. However, if such increase is significant within the meaning of Internal Revenue Service regulations, then I will have the right to change or revoke this compensation reduction agreement.

Prior to the start of each plan year, I will be offered the opportunity to change my enrollment forms for the following Plan Year.

The Plan Administrator may reduce or cancel the amount of my compensation reduction or otherwise modify this compensation reduction agreement in accordance with the Pre-Tax Employee Contribution Option if it believes it is advisable in order to satisfy certain provisions of the Internal Revenue Code.

The reduction in my cash compensation under this compensation reduction agreement will be in addition to any reductions under other agreements or benefits plans.