



ICHRA CONTRIBUTION AGREEMENT

Group Name: _____

Type	Management	Salary	Hourly
Employee	\$ _____	\$ _____	\$ _____
Employee/Spouse	\$ _____	\$ _____	\$ _____
Employee/Child	\$ _____	\$ _____	\$ _____
Family	\$ _____	\$ _____	\$ _____

Contributions listed above must be a dollar amount NOT a percentage.

OR

Job Title Classification <i>*Specify Below (Example: <u>Supervisor</u> <u>Lineworker</u> <u>Office Staff</u>)</i>				
Type*	_____	_____	_____	_____
Employee	\$ _____	\$ _____	\$ _____	\$ _____
Employee/Spouse	\$ _____	\$ _____	\$ _____	\$ _____
Employee/Child	\$ _____	\$ _____	\$ _____	\$ _____
Family	\$ _____	\$ _____	\$ _____	\$ _____

Authorized Representative:

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ ICHRA Effective Enrollment Start Date: _____

All information should be submitted to:

Karen Scherrer, Premier One Administrator

Phone: 260-755-3585 ext. 102

Fax: 260-444-4212

Email: Kscherrer@pmgagency.com