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District 101

# Batavia Public Schools

bps101.net

*Always Learning. Always Growing.*

## Tax Sheltering Agreement

I, the undersigned employee of Batavia Public School District 101, (the “District”) requests and agrees as follows:

1. I request participation in the Health/Dental/Vision Insurance sheltering program (the “Program”) per the BEA and BESP Negotiated Agreements with District.
2. I authorize the District to reduce my salary by an amount equal to the difference between the Board paid portion and the Employee’s cost for Health/Dental/Vision insurance premiums. This authorization applies to salary earned during the first full payroll period \_\_\_\_\_ (leave blank to be completed by payroll) and shall be irrevocable for the balance of the school year in which that first payroll period occurs. The initial payroll period specified above may not include any salary, which was earned by me before that start of that payroll period.
3. I hereby waive any claim against, and specifically agree to hold harmless, the District, the Board of Education and its employees and agents from any liability for all acts performed by the District in good faith relating to the Program. I agree that the District has not, and does not, assume any liability or make any warranties or representations to me with respect to any income tax consequences resulting from my participation in the Program.
4. This reduction option will remain in effect until employment is terminated or the employee sends notification, in writing, to the Payroll Department.

<b>AUTHORIZATION</b>	
<b>Name (please print)</b>	
<b>Check one:</b>	
_____ <b>I WANT</b> insurance deductions tax sheltered.	
_____ <b>I DO NOT WANT</b> insurance deductions tax sheltered.	
<b>Applicant Signature</b>	<b>Date</b>