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1. Click on Individual or Business.
2. Click on the E-Filer Attachment button under **AccessNow**.



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EMPLOYEES ELECTION REGARDING CATASTROPHIC HEALTH INSURANCE

Employee's Name (print)	Employee's SSN
Employer's Name	
Employer's Address	
<p>I hereby certify that I am an employee of the above listed employer who has offered catastrophic health insurance to its/his employees under the provisions of Section 10-16-116 Colorado Revised Statutes. I further certify that I reside in the State of Colorado and that the above listed employer does not offer to provide me with any other form of health insurance.</p> <p>I hereby elect to have this catastrophic health insurance withheld from my wages by my employer on a Colorado pretax basis.</p> <p>This election will continue in effect until cancelled by myself, by my employer or by the insurance carrier, or until I cease to be employed by this employer.</p>	
Signature	Date