Attach this form to your account now through Revenue Online.

Visit **www.Colorado.gov/RevenueOnline** today!

1. Click on Individual or Business.

2. Click on the E-Filer Attachment button under **Access***Now.*

Scroll down to view your form.

Note: Fill-in forms are **not** saveable and will **not** file the return for you. You must print the return and mail it. We recommend you file through Revenue Online. Return to the Form Web page and click on eFile.

DR 0811 (11/94)

EMPLOYEES ELECTION REGARDING CATASTROPHIC HEALTH INSURANCE

Employee's Name (print)	Employee's SSN
Employer's Name	
Employer's Address	

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.

I hereby elect to have this catastrophic health insurance withheld from my wages by my employer on a Colorado pretax basis.

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.

Signature	Date