DR 0811 (08/30/13)
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

130811 19999

Employees Election Regarding Catastrophic Health Insurance

Employee's Last Name	First Name	Middle Initial	SSN
Employer's Name			
Employer's Address	City	State	Zip

I hereby certify that I am an employee of the above listed employer who has offered catastrophic health insurance to employees under the provisions of §10-16-116, C.R.S. 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 canceled by myself, by my employer or by the insurance carrier, or until I cease to be employed by this employer.

Signature	Date (MM/DD/YY)