



Health Care Contribution Authorization

New

Change

Per Payroll Deduction Amount

A. Medical Plan Coverage:

- Individual RiteNet
- Family \$112.13
- I do not wish to contribute

B. I authorize RiteNet Corp., to deduct the following amount(s) from my paychecks for health care coverage. I further understand that the total pre-tax authorized reduction will be in effect for the plan year and cannot be revoked unless I experience a “major life event” as described in the summary plan description.

Employee’s Signature: _____

Date: _____

C. If you Decline To Participate:

The benefits of the plan have been thoroughly explained to me and I decline to participate.

Employee’s Signature: _____

Date: _____