

**City of Boulder**  
**2019 Post Taxing Program**

Plan Year: 2019

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Department/Division

\_\_\_\_\_  
Work Phone Number

***The purpose of this form is to Post-Tax your Medical, Dental, Vision and Aflac premiums.  
Please be sure you understand your tax and PERA implications before signing this form.***

**PERA RETIREMENT:** Pre-Taxing premiums will reduce the base for determining Public Employees' Retirement Association (PERA) contributions. This in turn may reduce PERA retirement benefits, which are based on the employee's highest three years of earnings. Conversely, using this form to post-tax premiums will help you maximize your highest average salary for PERA purposes.

**Action Desired:**    Begin Post-Tax    Terminate Post-Tax (begin Pre-Tax)

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_