



PAY IN LIEU OF BENEFITS PLAN (PILB)
ELECTION FORM

REVISED FORM

Replaces original
on-line enrollment.

(employee initials)

Name: _____ Social Security #: _____

Employment Status (i.e. FT, PTL3, PTL2): _____ Employee #: _____ Effective Date: _____

- Only Full-time, PTL3 group health, Term Life Insurance and Accidental Death & Dismemberment,

Supplemental Term Life Insurance and Accidental Death & Dismemberment, Adoption Reimbursement, and PTO
Donations. In exchange, my base hourly rate will be increased based on my employment status as indicated above. I also
understand that if my employment status changes, my PILB differential will change. ☐ But I elect not to participate.

☐ Revoke: