



# TOWN OF BERKLEY

## MASSACHUSETTS

Wendy Cochrane  
1 NORTH MAIN ST  
BERKLEY, MA 02779  
OFFICE: (508) 822-3511  
FAX: (508) 828-6755

OFFICE OF THE  
TREASURER

### PRE-TAX PREMIUM PAYMENT PLAN

#### EMPLOYEE INFORMATION

Please print or type the information requested and return this form, SIGNED, to the Town of Berkley.

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_

#### PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS FORM

**I hereby authorize the Town of Berkley to deduct any Medical, Dental, Disability, Cancer, and Accident insurance from my paycheck prior to taxes under IRS Sec 125. I must remain on the plan for one year.**

