

Post-Tax Deductions Acknowledgement

Employee Name: _____

Employee ID: _____

Plan Year: 1/1/2026-12/31/2026

Certification of Post-Tax Payroll Deductions

I acknowledge and certify the following:

- I am enrolling in a Northwestern sponsored medical plan for 2026 coverage.
- I submitted my enrollment election during the limited enrollment period ending March 31, 2026.
- My enrollment in the medical plan is not related to a qualifying change in status.
- I authorize Northwestern to deduct from my pay the premiums required for the 2026 medical plan coverage I elected, including the premiums for coverage retroactive to January 1, 2026.
- I understand that all payroll premiums for 2026 medical plan coverage will be deducted on a post-tax basis.

Employee Certification

By signing below, I confirm that I have read and understand the information above and hereby authorize the post-tax payroll deduction of premiums for medical plan coverage from January 1, 2026 through December 31, 2026.

Employee Signature: _____

Date: _____