



### Cafeteria Plan – Election of Benefits Form

**Option 1 - ELECTION OF HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)**

Health Flexible Spending contributions are limited to \$2,750 per employee per calendar year. Up to \$550 of your year-end (12/31) balance will be added to your new Plan Year election. Over-The-Counter (OTC) benefits are limited to Doctors' Prescriptions only, not needed during COVID.

I elect to participate in the FSA (**complete form B**)  I do not elect to participate in the FSA.

**Option 2 - ELECTION OF DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCAP)**

The maximum amount which may be allocated to the Dependent Care Flexible Spending Account is \$5,000 per family per calendar year. (This limit may be reduced if you are married and you or your spouse are not employed full time or your spouse is a full-time student or your spouse is unable to care for him/herself.)

I elect to participate in the DCAP (**complete form B**)  I do not elect to participate in the DCAP.

**Option 3 - ELECTION OF HEALTH SAVINGS ACCOUNT (HSA)**

For employees on the Silver CDHP plan only. In addition to the District contribution to an HSA, if you elected it, you can elect to contribute to your account also. Limits are \$3,600 for single and \$7,200 for all other tiers, employee/employer contributions combined.

I elect to participate in the HSA (**complete form H**)  I do not elect to participate in the HSA.

**Option 4 - ELECTION TO RECEIVE EMPLOYER CONTRIBUTION AS CASH (HEALTH INSURANCE BUYOUT)**

I am eligible for the Employer contribution because I am not electing health insurance benefits. I have completed the required forms and submitted a copy of my health insurance card; therefore, I will receive the employer's contribution to be paid to me on a date(s) chosen by my Employer; this contribution will be taxed as regular income.

I elect to participate in the buyout (**complete forms C&G**)  I do not elect to participate in the buyout.

**Option 5 - WAIVER OF PREMIUM CONVERSION**

All employee-paid health and dental insurance premiums will automatically be paid through the Lamoille North Supervisory Union Cafeteria Plan unless you elect not to participate. **STOP:** Consider your response, checking this box may not do what you think it will do. Most employees do not elect to participate in this part of the plan by NOT checking the box. Check this box **ONLY** if you **DO NOT** want your insurance premiums deducted on a pre-tax basis.

I **do not elect** to participate in the Premium Payment part of this Plan. This means that all employee-paid premiums will be paid with after-tax dollars. I understand that I will not be receiving any payroll and income tax savings.

I have read and understand the "Other Terms and Conditions Statement" on page 2 before signing below.

\_\_\_\_\_

Printed name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

