



3125 Airport Parkway, Cambridge, MN 55008
 Metro: 763-552-6053 Toll Free: 888-507-6053 Fax: 763-552-6055
 www.ebcsolutions.com

A division of Educators Financial Services, Inc.

Section 125 Flexible Benefits Plan – Employee Worksheet

Directions: Use this form to help you compute your Flex Plan elections. Consider each category independently. Be conservative in your estimates. Please refer to the Summary Plan Description (SPD) to answer your questions. If you have any questions not answered in the SPD, you may call Educators Benefit Consultants.

Complete the gold Benefit Election Form by entering your election amounts in the appropriate categories, and submit the completed form to your employer. This is the amount on which you will save taxes.

- Guidelines:** The expenses you elect in any category must:
- Not be reimbursed by insurance or your employer,
 - Be incurred during the Plan Year,
 - Be incurred after you have submitted your gold Benefit Election Form.

Expenses are “incurred” when the services are provided or the products are received. It doesn’t matter when you pay for them.)

DEPENDENT CARE

The maximum amount you may elect for employment-related dependent care is : The lesser of (1) \$5,000 (\$2500 if married filing separately), (2) your income, or (3) your spouse’s income.

- Do not include (1) payments made to a person for whom you or your spouse claim a dependency exemption on your taxes or to a child of yours who is under 19 years old as of the end of the year, or (2) amounts you wish to use for the dependent care credit.
- Compute how much you will incur for dependent care, taking in to account days you do not pay your provider (summers off, holidays, sick days, etc.)
- Enter your election amount on line A. of your gold Benefit Election Form.
- Obtain a taxpayer identification number from each provider.

GROUP-TERM LIFE INSURANCE

Insurance must be employer-provided and coverage must be on the employee only. You may elect the actual premium or the amount shown on the table on the other side of this sheet.

- | | |
|---|----------|
| a. Maximum coverage amount available tax free..... | \$50,000 |
| b. Less: Amount of coverage already provided by your employer..... | _____ |
| c. Net available tax-free (line a minus line b)..... | _____ |
| d. Amount coverage you elect, subject to availability (no more than line c)..... | _____ |
| e. Cost of insurance elected under line d. Enter premium cost for such insurance both here and on the gold Benefit Election Form..... | _____ |

GROUP LIFE INSURANCE	AGE	COST/MO.	COST/YR.
Table Rates: Cost per \$1000 of Protection	UNDER 25	.05	.60
	25-29	.06	.72
	30-34	.08	.96
	35-39	.09	1.08
	40-44	.10	1.20
	45-49	.15	1.80
	50-54	.23	2.76
	55-59	.43	5.16
	60-64	.66	7.92
	65-69	1.27	15.24
	70+	2.06	24.72

OUTSIDE HEALTH INSURANCES

Calculate individually-purchased premiums (other than payroll-deducted premiums from your spouse’s paycheck) you, your spouse and dependents will incur during the Plan Year for the following types of insurance.

- Medical..... _____
- Dental..... _____
- Vision..... _____
- Cancer (other than for build-up of cash value)..... _____
- Other..... _____
- Enter your election amount here and on your gold Benefit Election Form..... _____

HEALTH FSA EXPENSES (out-of-pocket health expenses)

Consult the list of Flex Plan Eligible Expenses to determine what expenses you may elect. The following list offers only limited examples of eligible expenses. Calculate your family’s expected health expenses, other than premiums listed in the other categories, for the Plan Year and enter that amount on gold Benefit Election Form.

- Co-payments and deductibles..... _____
- Vision Care (glasses, contacts, contact solution and optical exams)..... _____
- Dental Care..... _____
- Orthodontia..... _____
- Chiropractic..... _____
- Prescription and certain over-the-counter drugs..... _____
- Other..... _____
- Enter your election amount here and on your gold Benefit Election Form..... _____