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A division of Educators Financial Services, Inc.

Section 125 Flexible Benefits Plan – Waiver Form

For Plan Year Ending: _____ Employer: _____

Name: _____ SSN: _____

Address: _____

INSTRUCTIONS: This form is to be submitted prior to the first day of the Plan Year only if you **DO NOT** wish to receive payroll-deduction insurances as tax-free benefits under the Flexible Benefits Plan. *It is recommended you consult your tax advisor before you make this election.*

1. **ACKNOWLEDGEMENT:** I am aware that if I sign and submit this waiver, I may lose valuable tax-free benefits and may correspondingly lose the opportunity to decrease my Federal Income, State Income and FICA Taxes. I understand that only if I have a “Change Event” as described in the “Change Events and Election Modification” section of the Summary Plan Description, may I be able to revoke this election and make changes consistent with the Change Event.
2. **WAIVER:** I elect to waive receipt under the Plan of reimbursement of payroll-deduction costs for all Employer-provided insurances, which I receive and pay for through payroll deductions effective the _____ day of _____ during the Plan Year. Instead, I elect to receive full taxable compensation from such date through the end of the Plan Year, which I understand to be subject to full income taxation and FICA contributions.

Signature

Date

This form must be submitted to the employer prior to the first day of the plan year