



MSAD No. 75
50 Republic Ave.
Topsham, ME 04086

**PREMIUM ONLY
FLEXIBLE BENEFITS PLAN
ELECTION FORM AND SALARY REDUCTION AGREEMENT**

I, _____, have been informed of my right to participate in the M.S.A.D. No.75 Premium Only Flexible Benefits Plan (the "Plan").

With respect to Plan benefits for the period 7/01/2024 through 6/30/2025, I hereby make the following elections, pursuant to Article IV of the Plan:

- A.** I have enrolled for medical benefit coverage. I elect to receive my medical coverage under the MSAD. No. 75 Premium Only Flexible Benefits Plan. Any previous election and compensation reduction agreement under the Flexible Benefits Plan relating to the same benefits is hereby revoked. I authorize the Employer to make aggregate pre-tax payroll deductions in the amount of my required contributions for the benefit option I have elected under the Flexible Benefits Plan, in equal installments.
- B.** I have enrolled for dental benefit coverage. I elect to receive my dental coverage under the MSAD. No. 75 Premium Only Flexible Benefits Plan. Any previous election and compensation reduction agreement under the Flexible Benefits Plan relating to the same benefits is hereby revoked. I authorize the Employer to make aggregate pre-tax payroll deductions for the benefit option I have elected under the Flexible Benefits Plan, in equal installments.
- C.** I do not elect to participate in the Plan at this time and thus no payroll deductions for the above purposes shall be made.

I recognize that the above election(s) is (are) *irrevocable* for the period stated above (except as may be allowed by IRS regulations) and that I will not be entitled to receive any non-elective portion of the amount(s) specified above as cash compensation.

Signature: _____

Date: _____

OFFICE USE ONLY:

INITIAL ELECTION NEW EMPLOYEE STATUS CHANGE

Rec'd By: _____

STATUS CHANGE REASON: _____

Date Rec'd: _____

DATE OF STATUS CHANGE: _____