

SALARY REDUCTION AGREEMENT

Please sign and submit to Monroe Township Payroll Department for this agreement to take effect

<input type="checkbox"/> Correction <input type="checkbox"/> Change of Personal Information <input type="checkbox"/> Change of Family Status <input type="checkbox"/> Transfer (Effective Date: _____) <input type="checkbox"/> Termination (Effective Date: _____) <input type="checkbox"/> Division (_____)
--

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number
Home Address	Street	City	State Zip
Date of Birth: / / Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Date of Hire: / /			

AGREEMENT

I have read and understand the explanation I have received regarding the benefit option(s) available to me under the Monroe Township School District's Section 125 Plan. I understand that I have the right to allow the School District to reduce my compensation on a pretax basis during the plan year (or the part of it that remains) and to apply this reduced amount toward the cost of the option(s) that I have elected. I further understand that if the cost of my elected option(s) changes from time to time, my share of the cost, and the amount by which my compensation is reduced, may be automatically adjusted accordingly.

I acknowledge that this agreement is irrevocable unless there is a change in status. A change in status includes, but is not limited to, the following events: marriage; divorce or legal separation; death of a spouse or dependent; birth or adoption of a child; a change in the number of my dependents; a termination or commencement of employment; a strike or lockout; commencement of or return from an unpaid leave of absence; a change of worksite; a change in my or my spouse's employment status that affects eligibility for participation in this or another cafeteria plan; a change in my residence or in the residence of my spouse or dependents; or my dependent either satisfying or ceasing to satisfy eligibility requirements for a coverage due to attainment of an age, a change in student status or similar circumstances.

By signing below, I hereby authorize the School District to adjust my compensation based on the benefit option(s) that I have elected. I further understand that the benefit option(s) that I have elected and this Agreement will remain in force throughout the plan year (or the part of it that remains), unless there is a change in status, as described above.

Employee Signature

Date

School District Representative

Date