PRE-TAX DEDUCTIONS
Benefit Election Confirmation / Enrollment Form

Name:	
Address:	
City, State, Zip	
Social Security Number:	
Home Phone Number:	
Number of Pay Periods:	Site:
Email:	

Benefit Enrollment

This allows employees to have eligible insurance premiums taken out of their paycheck before taxes. Eligible insurance benefits include Medical, Dental, Vision and Life Insurance.

I elect to have the premiums for my eligible insurance benefits checked below under the Section 125 Plan (before-tax).

■ Medical $na_____ ■ Dental $na_____ ■ Vision $na_____ ■ Life $na_____

Terms and Conditions

I authorize the above payroll reductions as my contribution to my Employer's Section 125 Cafeteria Plan. I understand that:

1. Changes in the cafeteria plan elections can only be made at the end of the plan year unless due to and consistent with a valid status change (e.g., change in legal marital status; change in number of dependents; change in employment status; dependent satisfies or ceases to satisfy dependent eligibility requirements; residence change, cost or coverage changes) and such other events as would permit a revocation or change of election under IRC 125 regulations. Participation in this plan will automatically cease upon termination of employment. In most cases NO change may be made in the Medical Expense Reimbursement Account except for termination of participation of employment. For special rules affecting your plan, please contact your employer. Unused funds remaining in the flex spending accounts at the end of the current plan year will be forfeited.
2. Execution of this benefit election/salary reduction agreement does not automatically institute insurance coverage; in most instances an application for insurance must be completed. Premiums charged for insurance coverage may be adjusted by the carrier issuing the contract and my "take-home" pay may be higher or lower depending on the selections made.

This authorization replaces any previous authorization I have made. This Election Form shall remain in effect until the earlier of the following dates: the date the Participant terminates participation in the Plan; or, the effective date of a subsequently filed Election Form electing or changing any or all of the benefits listed on this form.

Employee Signature: **Date:**