

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Member ID (which may be your SSN): \_\_\_\_\_ Plan Year: \_\_\_\_\_ through \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Effective Date: \_\_\_\_\_

The Company and I hereby agree that my cash compensation will be redirected by the amounts set forth below for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement). I understand that if I do not return this form to my employer by the deadline established by my employer, my employer shall deem this as an election to waive participation in the plan.

**EMPLOYEE'S PER-PAY DEDUCTION**

**Health Benefits Premium**

Per pay contribution: \$ \_\_\_\_\_ Date of first payroll: \_\_\_\_\_

Annual contribution: \$ \_\_\_\_\_ Number of remaining pays: \_\_\_\_\_

**Dental Benefits Premium**

Per pay contribution: \$ \_\_\_\_\_ Date of first payroll: \_\_\_\_\_

Annual contribution: \$ \_\_\_\_\_ Number of remaining pays: \_\_\_\_\_

**Other Premium**

Per pay contribution: \$ \_\_\_\_\_ Date of first payroll: \_\_\_\_\_

Annual contribution: \$ \_\_\_\_\_ Number of remaining pays: \_\_\_\_\_

**I U N D E R S T A N D T H A T :**

(1) If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my compensation redirected will automatically be adjusted to reflect that increase or decrease.

(2) I cannot change or revoke this taxable compensation redirection agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse), or other such events as the Plan Administrator determines will permit a change or revocation of an election.

(3) The Plan Administrator may reduce or cancel my taxable compensation redirection or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy the Internal Revenue Code. This agreement is subject to the terms of the Company's benefit plan(s), as may be amended from time to time, which shall be governed under applicable laws, and revokes any prior agreement relating to such plan(s).

By signing this form I agree to the terms and procedures listed herein.

I was given the opportunity to participate in this Flexible Benefits Plan, and I do NOT want to participate in the plan.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please present completed forms to your human resources representative.