

Sec. 125 Cafeteria Plan Benefit Election Form

Employee Name: _____ Social Security: _____

Employee Birth Date: _____

I hereby authorize and direct my employer to reduce my salary in the amount necessary to pay for the coverages shown under the Premium Conversion and Reimbursement Accounts and to deduct from income the pre-tax items shown below. Such reductions, considered as elective contributions under the plan, will start with my first paycheck dated after the Plan Year begins. I understand that the purpose of this program is to allow employees to select their qualified benefits within the guidelines of the Internal Revenue Code.

Listed below are the benefits that may be available under the plan. Please indicate which benefits you wish to select by completing the total per deduction-period cost and the amount paid by the pre-tax reduction. The selections will remain in effect until a subsequent election form is filed, in accordance with the plan.

Reimbursement Accounts	Deduction per pay period	Number of pay periods remaining	Annual election amount
Medical expenses	_____	x _____	= _____
Dependent daycare expenses	_____	x _____	= _____
Total Deductions		x _____	= _____

I understand the regulations of the plan above. I further understand that the Summary Plan Description and the Plan Information Summary is available to me upon request. This election form will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in family status.

To Authorize Participation: I hereby certify the above information to be correct and true and choose to participate.

Signature _____ Date _____

To Decline Participation: The benefits of the plan have been thoroughly explained to me, but I choose not to participate.

Signature _____ Date _____