

# SECTION 125 FLEXIBLE BENEFIT CAFETERIA PLAN

NAME: \_\_\_\_\_

SS NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ For the Plan Year \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_ I elect to participate in the Section 125 Plan

\_\_\_\_ I decline to participate in the Section 125 Plan

PROVIDER / BENEFIT	PRE-TAX	AFTER-TAX	TOTAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

-CHANGES AND CANCELLATIONS-

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

-With regard to my salary redirection agreement and my election of benefits, I understand that:

- #1-- I may not change elections during the plan year unless there is a change in my family status (i.e. marriage, divorce, death of my spouse or child, adoption or birth of my child, change in job status of myself/spouse/dependent (full/part-time, termination/beginning of employment), change in my spouse's/dependent's insurance coverage, a significant change in premiums, my dependent no longer eligible for insurance coverage, a legal separation/annulment.) I UNDERSTAND THAT I HAVE 30 DAYS FROM THE DATE OF ONE OF THE ABOVE OCCURRENCES TO MAKE A CHANGE IN MY PLAN.
- #2--I understand that these elections do not constitute an enrollment for any of the insurance coverage listed nor does the cafeteria plan dates listed have any correlation to the effective date of insurance coverage.
- #3-- The administrator is authorized to adjust the amount of my salary redirection's and benefits if it is necessary to satisfy certain provisions of the Internal Revenue Code or as a result of changes in premiums for benefits that are insured.
- #4-- Any amounts that are not used during a Plan Year to provide benefits will be forfeited and may not be paid to me in cash or used to provide benefits in a later Plan Year.
- #5--I hereby release my employer, its officers, agents, and employees, from any legal liability or obligation for any cause or reason in connection with this Plan, except for willful misconduct or gross negligence.
- #6--My election or salary redirection's and benefits remains in effect for later Plan Years unless I file a new election during the election period for such later Plan Years. This includes the medical or dependent care reimbursement accounts.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Conference Time \_\_\_\_\_ Location \_\_\_\_\_