

# SECTION 125 EMPLOYEE BENEFIT ELECTION FORM

Employer:	
Location:	
Employee:	Social Security #
Plan Year Beginning: <b>JANUARY 1, 2018</b>	Ending: <b>June 30, 2018</b>

I have elected participation in the following benefits:

CARRIER	COVERAGE	Pre-Tax Monthly Premium	Per Pay Period
Anthem Blue Cross - PPO High	Medical		
Anthem Blue Cross - PPO Low	Medical		
Kaiser - DEPO High	Medical		
Kaiser - DEPO Low	Medical		
Delta Dental- High	Dental		
Delta Dental - Low	Dental		
VSP - Vision Service Plan	Vision		
	<b>Total Deductions</b>		

I have been advised by my Employer of my right to participate in the Section 125 Flexible Benefit Plan, and I understand that I can pay my portion of the Company's Group Medical and Dental premiums with pre-tax deductions. At this time, I decline to participate in the Plan. **I understand that by not electing to participate, I will not be eligible to participate until the start of the next plan year (unless a qualifying event occurs).**

**SIGNATURE**

**DATE**

**I understand that:**

- Maximum salary reduction amounts may not exceed 50% of employee's compensation.
- The election concerning Section 125 Plan participation and the benefits elected, if any, will remain in effect and cannot be revoked and changed during the plan year. The only exception is that you may change your election on account of and consistent with a change of family status (e.g. marriage, divorce, death of a spouse or child, birth or adoption of a child, change of employment status of spouse). For special rules affecting your plan, please contact your employer.
- FICA taxes are not paid on Section 125 salary reductions. Therefore, my Social Security benefits at retirement may be reduced.
- The selection of an insurance benefit and the indication that a premium is to be paid does not necessarily include me in the insurance portions of this program. The premium for the contract selected may be adjusted by the insurance company issuing the contract, and, in most instances, an application for insurance must also be completed. Should the premium for the contract selected be adjusted by the company, my income will be reduced or increased as necessary to pay the premium under the terms of Section 125 Flexible Benefit Plan.
- The coverage for which I am applying will take effect \_\_\_/\_\_\_/\_\_\_ provided the policy has been issued as applied for. Benefits will not be payable prior to this date.

**DATE:** \_\_\_\_\_ **Signature of Employee:** \_\_\_\_\_