

**Flexible Spending Plan
Salary Redirection Agreement**
(please print in ink or type)

Employer	Work Phone #	Plan #
Name (First, MI, Last)	Home Phone #	Soc Sec #
Home Address		

On a separate benefit enrollment form(s), I have enrolled for certain benefit coverage(s) and authorize that any required contributions be withheld from my salary. I understand that my actual take-home pay may be higher or lower depending on the coverage I select. In addition, pre-tax contributions reduce my compensation for Social Security tax purposes, therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Premium Conversion Plan as elected in the pre-tax column. Any previous election and Salary Redirection Agreement under the Premium Conversion Plan relating to the same benefits as selected below are hereby revoked.

Complete for all applicable coverage(s) below	Pre-tax	After-tax
Medical Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Dental Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Vision Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Group Term Life Insurance (if family coverage, must be after-tax)	<input type="checkbox"/>	<input type="checkbox"/>
Short Term Disability Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Disability Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Complete the following elections only if participating in a Medical or Dependent Care FSA Plan:

<u>Plan</u>	<u>Deduction per pay period</u> x	<u>Number of deductions</u>	=	<u>Annual Election</u>
Medical FSA Plan	(\$ _____)	x (_____)	=	\$ _____
Dependent Care FSA Plan	(\$ _____)	x (_____)	=	\$ _____

<p>Prior to the first day of each plan year, I will be offered the opportunity to participate in the plan. If I do not complete and return a new election form at that time, I will be treated as having elected not to reduce my salary for the new plan year.</p>	
<p>On or after the first day of the plan year, I cannot change or revoke this Salary Redirection Agreement with respect to pre-tax contributions before the next anniversary date of the plan unless a "change in status" occurs (as defined under the Internal Revenue Code), and the change is caused by and consistent with the "change in status".</p>	
<p>Paying for disability income coverage with pre-tax contributions will cause the benefits payable thereunder to be taxable. Such coverage may be funded on an after-tax basis to preserve the excludability of policy benefits.</p>	
<p>The company may reduce or cancel the amount of my salary reduction or otherwise modify this agreement, if it is believed advisable to satisfy certain provisions of the Internal Revenue Code.</p>	
Signature	Date