



Premium Conversion Plan Election Form and Salary Reduction Agreement

Irrevocable Election. If you elect the pre-tax option (compensation reduced before taxes), you cannot change or revoke your election until the open enrollment period for the next plan year or a Qualifying Mid-Year Event (QME).

If you do not want to pay your premiums with pre-tax dollars, or if you fail to return the Election Form on time, and you are enrolled for benefits under the Plan(s), your share of the premium will be paid outside the Plan using after-tax dollars that will be deducted from your pay.

The primary exceptions are that you may change your election because of a valid change in status or a change in the cost or coverage of your benefits, as described in the Plan. The election change must be requested within 30 days of the event, and must be on account of and conform with a change in status, or change in cost or coverage, as defined in the Plan.

1. Employee Information

Last Name	First	MI	Social Security #
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Address

City	State	Zip	Department
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Email (optional)

2. Election Options (check one)

I elect to participate in the pre-tax option of the Plan. I authorize my employer to reduce my annual compensation during the Plan Year on a pre-tax basis to pay for my share of the premium for those benefits for which I have enrolled on separate benefit enrollment form(s).

I elect NOT to participate in the Premium Conversion Plan and elect to pay for my health insurance plan premiums on an after-tax basis outside of this Plan, and I authorize appropriate after-tax payroll deductions.

3. Employee Statement and Signature

I have read and understand that the execution of this Salary Reduction Agreement does not enroll me for coverage under the health care benefit plans or policies (there are separate forms for that), and that pre-tax premiums paid under this Salary Reduction Agreement reduce my compensation for Social Security tax purposes. My election on this Form revokes any prior election under the Plan. Before the beginning of each Plan Year, I have the opportunity to change my election for the new plan year. If my contribution for the benefit plan(s) is increased or decreased during the Plan Year, I authorize the Plan Administrator to adjust my salary reductions to cover my revised share of the premium. This election will remain in force through subsequent Plan Years, unless I change my election by executing a new Election Form.

Employee Signature

Date