

PREMIUM CONVERSION PLAN

ELECTION FORM

EFFECTIVE DATE ___/___/___

1. Employee Data (Please Print)

ID # _____

Name _____ Soc. Sec. Number _____
 Last **First** **MI**

Address _____
 Street **City** **State** **Zip**

This agreement is designed to conform with Section 125 of the Internal Revenue Code, which allows employees to convert a taxable cost benefit (salary) into nontaxable benefits. If my required contribution for the elected benefits is increased or decreased, I understand my salary will automatically be adjusted to reflect the increase or decrease.

2. Place an (x) on the line next to the coverage(s) you carry through your Employer.

Medical Plan: ___Employee ___Children ___Spouse ___Family

Dental Plan: ___Employee ___Children ___Spouse ___Family

Vision Plan: ___Employee ___Children ___Spouse ___Family

3. Signature

I have read and I understand the Premium Conversion Plan Authorization and Agreement as outlined on the following page of this form.

Employee's Signature

Date

PREMIUM CONVERSION PLAN AUTHORIZATION AND AGREEMENT

I hereby authorize my employer to make the pre-tax payroll deductions I have indicated, if any, for the Plan Year indicated and each succeeding Plan Year unless I make a new election during an open enrollment period to replace this election. I understand I will not pay Federal, State or FICA taxes on these payroll deductions in accordance with my Employer's Section 125 Plan.

- Prior to each Plan Year, I will be given the opportunity to change my benefit elections for the upcoming Plan Year during an open enrollment period. Failure to notify my employer will be treated as having elected to continue the insurance coverage then in effect.
- I understand that I cannot change or revoke my coverage election or my contribution agreement mid-year, unless I have a change in status. Changes are only allowed when the change in coverage is consistent with the change in status and made on account of the gain or loss of coverage eligibility. Application for a coverage change must be made within 30 days following the qualified status change event. A change in status event may include:
 - A change in legal marital status including marriage, divorce, annulment, legal separation or death of a spouse.
 - A change in the number of tax dependents including birth, adoption, placement for adoption or death.
 - Termination or commencement of employment by the employee, spouse or a dependent.
 - A change in work schedule resulting in a reduction or increase in hours by employee, spouse or dependent including a switch between part-time and full-time, a strike or lockout, or commencement or return from an unpaid leave of absence.
 - An event in which a dependent satisfies (or ceases to satisfy) dependent eligibility requirements due to attainment of age, gain or loss of student status, marriage or similar circumstances as are provided in the accident or health plan.
 - Change in the residence or worksite of employee, spouse, or dependent, which affects the eligibility for coverage.
 - A judgment, decree or order resulting from a divorce, legal separation, annulment or change in legal custody (including QMCSO) requiring a coverage change for an employee's child.
 - Entitlement to Medicare or Medicaid.
 - Special enrollment rights under HIPAA allowing pre-tax deductions.
- My contributions under this agreement shall be in addition to any contribution under other agreements or benefit plans.
- The Plan Administrator may reduce, modify or cancel this agreement in the event the Plan Administrator believes such action is advisable in order to satisfy certain provisions of the Internal Revenue Code.
- I acknowledge that my social security benefits may be slightly reduced as a result of my election.
- Upon termination of my employment, my election of benefits shall cease unless I elect to continue with after-tax contributions, pursuant to my rights under COBRA.