

**CAFETERIA PLAN**

**SALARY REDUCTION AGREEMENT**

\_\_\_\_\_  
(Employer)

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

On separate benefit enrollment form(s), I have enrolled for certain insurance coverages and understand that an amount equal to the total amount of premium for coverage(s) elected less any Nonelective Contribution allocated thereto, will be withheld from my salary. I elect to receive (check coverage(s) desired):

	Pre-tax	After-tax	Employee Only	One Dependent	Two or More Dependents
<b>Medical Insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dental Insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vision Care Insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

under the Cafeteria Plan as elected in the Pre-tax column. Any previous election and Salary Reduction Agreement under the Cafeteria Plan relating to the same benefits as selected above is hereby revoked.

I agree that my Compensation will be reduced by the amount of my required contribution for the Benefit Plans or Policies I have elected under the Cafeteria Plan, continuing for each pay period until this agreement is amended or terminated. The amount of my required contribution for each Benefit Plan or Policy selected is set forth on a schedule that has been provided to me. I understand that: **(initial all)**

**Initial** **After the first day of the Plan Year, I cannot change or revoke this Salary Reduction Agreement with respect to Pre-tax Premiums before the next Anniversary Date of the Plan** unless a Change in Family or Work Status occurs (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse and such other events as will permit a change or revocation of an election under the Internal Revenue Code, as amended and the change is caused by and consistent with the Change of Family or Work Status. Due to federal tax law, an election for a Pre-tax Benefit is irrevocable, except as otherwise indicated in the preceding sentence. If my required contributions for the coverage I have elected are increased or decreased while this Agreement remains in effect, my pay reduction will automatically be adjusted to reflect that increase or decrease provided, however, if there is a contribution increase or a reduction in benefits which is deemed "significant" under applicable law, I will be permitted to revoke my election and receive coverage under any other group benefit plan offered to me.

**Initial** The administrator of the Plan may reduce or cancel the amount of my pay reduction or otherwise modify this Agreement in accordance with the Cafeteria Plan if the administrator believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.

**Initial** Execution of this Salary Reduction Agreement does not begin coverage under the component Benefit Plans or Policies. The terms and conditions and actual coverage Effective Date of the underlying coverages will be determined under the separate Benefit Plans or Insurance Policies.

**Initial** Prior to the Anniversary Date each year I will be offered the opportunity to add or drop coverages for the following Plan Year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue the coverages then in effect for the new Plan Year and as having elected to continue this Salary Redirection Agreement for such period.

**Initial** A premium will be charged for any coverages elected under this Plan, and my actual take home pay may be higher or lower depending on the coverages I select. In addition, Pre-Tax Premiums paid under this Salary Redirection Agreement reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased because of the decreased amount of compensation which is considered for Social Security purposes.

**WAIVER OF PRE-TAX BENEFITS UNDER THE CAFETERIA PLAN**

[Initial box if applicable] I elect to waive all Pre-tax Benefits under the Cafeteria Plan, but understand that I may elect similar coverage(s) on an After-tax basis. Except for a Change in Family or Work Status, I understand that I cannot elect Pre-tax Benefits until the next Anniversary Date, and any After-tax coverages shall be outside the Plan.  **Initial**

Employee: \_\_\_\_\_ Accepted and Agreed to  
Signature \_\_\_\_\_ By: \_\_\_\_\_  
Employer

Date: \_\_\_\_\_ Date: \_\_\_\_\_