20___/20___ Plan Year Open Enrollment Form for

_____

(This form is for the plan year __/__/20___ to __/__//20__)

Salary Reduction Agreement

Flexible Benefit Program

This agreement made between _____ hereafter called Employer, and_____hereafter called Employee for elections for the Section 125 Cafeteria Plan:

Pretax:

Initials	Benefit Description	Amount	Per	Carrier Name:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

After Tax Elections:

_____	_____	_____	_____	_____

Employee Information:

Last Name_____First Name_____MI____

Social Security #_____-_____-_____

Date of Birth_____ Effective Date:_____

See Reverse for Agreement and Signature

SALARY REDUCTION AGREEMENT

Whereas employee wishes to obtain the benefits of IRC Section 79, 105, 106, 125, 129 and other sections as amended, that provide benefits; and whereas Employer is willing to assist employee in obtaining said benefits; Now therefore it is mutually agreed as follows:

SALARY REDUCTION : Employee=s cash compensation per pay period shall be reduced effective the first pay period of the Plan Year following execution of this agreement and continue through the end of the Plan year. Employer will apply the amount by which cash compensation is reduced to provide benefits as selected by the employee on Page 1 of this agreement.

INDIVIDUAL TAX RETURNS: Select benefits claimed under this plan may not be claimed under any individual tax return.

SOCIAL SECURITY: Salary reductions made under this Plan can result in reduced Social Security benefits.

DISABILITY/ACCIDENT INSURANCE: If premiums for Disability Income or Accident Insurance are elected under this Plan, then the benefits paid to the employee will be taxable.

PLAN DESCRIPTIONS: Summary plan descriptions will be furnished to the Employee. Employee may during business hours review the Master plan documents which are held by the Employer, or may obtain copies of the Master plan documents for a reasonable charge.

CHANGE IN BENEFIT ELECTIONS : Employee will be offered the opportunity to change selected benefits prior to the beginning of each new Plan Year. Elections, other than for Flexible Spending Accounts will be assured to renew for ensuring Plan Years unless Employee specifically revokes these elections. _____(initial)

This agreement cannot be changed or revoked as on any date other than the beginning of each Plan Year unless there is a change in family status such as marriage, divorce, death of a dependent, birth or adoption of a child, change in employment of spouse, change of available coverage through spouse=s employment, change from part-time to full-time (or vice versa) status of Employee or spouse, or other events at the discretion of the Plan Administrator. The benefit election change must be consistent with and relevant to the change in family status.

In the event of a significant change in the cost or coverage provided by a health plan, the benefit election amount may be modified to reflect these changes; or an employee may elect to revoke the election amount upon demonstrating prospective replacement coverage has been provided.

NO AFREE LOOK@: Even if there is a Afree look@ provision in various insurance policies offered under this plan, Employee understands that, once elected, the reduction(s) will be in effect for the plan Year and cannot be changed unless there is a relevant change in family status. _____(initial)

FLEXIBLE SPENDING ACCOUNTS: If Flexible Spending Accounts for either/both Health or Dependent Care benefits are elected under this Plan, the elected amounts will be deducted from each pay check and held in a separate account. Upon submission of a completed voucher with attached receipts and documentation validating that the service was provided during the Plan Year, Employee will be reimbursed for the amount of the voucher (see respective maximum below). Any monies not claimed within 90 days after the end of the Plan Year will be forfeited. If termination of Employee=s service occurs, Employee will have 30 days after termination within which to submit claims for expenses incurred up to the date of termination. Remaining funds will be forfeited.

DEPENDENT CARE: Maximum reimbursement will be the balance in the Employee=s account when the voucher is received. Reimbursement is limited to care for dependents under age 13 or for certain older dependents stipulated in IRC Section 120. The maximum annual election amount is $5000 ($2500 in the case of a separate tax return filed by a married individual).

OUT OF POCKET MEDICAL: Maximum reimbursement will be the annual election amount for Health Benefits. The maximum annual election amount will be controlled by the Plan documents.

<u>I wish to participated</u> in the Plan and have indicated my election on page 1 of this document. I understand and will abide by the terms of this agreement.

_____ _____

EMPLOYEE=S SIGNATURE DATE

I understand that I am eligible to participate in the Plan. <u>I decline</u> to do so.

_____ _____

EMPLOYEE=S SIGNATURE DATE

_____ _____

ACCEPTED BY EMPLOYER=S REPRESENTATIVE DATE