

Pre-Tax Plan

Election Form

Yes, I do elect to participate in the Pre-Tax Plan. My employer is authorized to reduce my income as necessary to pay my share of the cost for the employer's benefit plans with pre-tax dollars, in accordance with the terms of the Plan.

This election takes effect on the plan anniversary that coincides with or next follows the date of this election.

I understand that I may not change this election during a plan year unless my family status changes. Unused amounts in my account as of the end of the plan year will be forfeited.

Applicant _____

Print Name

Signature _____ Date _____

Waiver Form

Pre-Tax Plan

Coverage Declined

No, I do not wish to enroll for the Pre-Tax Plan. Deduct my premium contributions for the employer's benefit plans after state and federal taxes have been withheld.

I also understand that I will be able to elect coverage under the Pre-Tax Plan in the future only during the annual open enrollment periods.

Applicant _____

Print Name

Signature _____ Date _____