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Salary Reduction Plan
Enrollment Form/Salary Reduction Agreement

(please print in ink or type)

Employer	Work Phone #	Plan #
Name (First, MI, Last)	Home Phone #	Soc Sec #
Home Address		

On a separate benefit enrollment form(s), I have enrolled for certain benefit coverage(s) and authorize that any required contributions be withheld from my salary. I understand that my actual take-home pay may be higher or lower depending on the coverage I select. In addition, pre-tax contributions reduce my compensation for Social Security tax purposes, therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Premium Conversion Plan as elected in the pre-tax column. Any previous election and Salary Redirection Agreement under the Premium Conversion Plan relating to the same benefits as selected below are hereby revoked.

Complete for all applicable coverage(s) below	**Pre-tax**	**After-tax**
Medical Coverage	❑	❑
Dental Coverage	❑	❑
Vision Coverage	❑	❑
Employee Group Term Life Insurance (pre-tax may be limited to $50K)	❑	❑
Additional Employee Group Term Life Insurance	❑	❑
Dependent Term Life Insurance (pre-tax may be limited to $2K)	❑	❑
Additional Dependent Term Life Insurance	N/A	❑
Short Term Disability Coverage	❑	❑
Long Term Disability Coverage	❑	❑
Other _____	❑	❑

Complete the following elections only if participating in a qualifying Plan:

Plan	Deduction per pay period	x	Number of deductions	=	Annual Election	
HSA Contribution	($_____)	x	(_____)	=	$_____	
Dependent Care FSA Plan	($_____)	x	(_____)	=	$_____	(Max of $2,500)
Medical FSA Plan	($_____)	x	(_____)	=	$_____	(Max of $2,550)
Limited Purpose FSA Plan (HSA Compatible)	($_____)	x	(_____)	=	$_____	

Prior to the first day of each plan year, I will be offered the opportunity to participate in the plan. If I do not complete and return a new election form at that time, I will be treated as having elected not to reduce my salary for the new plan year.

On or after the first day of the plan year, I cannot change or revoke this Salary Redirection Agreement with **respect to pre-tax contributions before the next anniversary date of the plan** unless a "change in status" occurs (as defined under the Internal Revenue Code), and the change is caused by and consistent with the "change in status".

Paying for disability income coverage with pre-tax contributions will cause the benefits payable thereunder to be taxable. Such coverage may be funded on an after-tax basis to preserve the excludability of policy benefits.

The company may reduce or cancel the amount of my salary reduction or otherwise modify this agreement, if it is believed advisable to satisfy certain provisions of the Internal Revenue Code.

Signature	Date