

## SALARY REDIRECTON AGREEMENT

EMPLOYER: WHITMAN COUNTY  
 EMPLOYER TAX ID NUMBER: 91-6001384  
 CAFETERIA PLAN YEAR: \_\_\_\_\_

OPEN ENROLLMENT \_\_\_\_\_ NEWLY ELIGIBLE EMPLOYEE \_\_\_\_\_ ELIGIBILITY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE #: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

On a separate benefit enrollment form(s), I have enrolled for certain benefit(s) or insurance coverage(s) and understand that my required contribution election amounts will be deducted from by paycheck by my employer or Third Part Payroll Administrator. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage amount as prorated for each payroll period throughout the plan year. The amount of my required contribution has been provided to me. In the event of a rate change, I authorize a corresponding change in the amount deducted from my salary without signing a new Salary Redirection Agreement. 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 Flexible Benefits Plan as elected in the pre-tax column. Any previous election and Salary Redirection Agreement under the Flexible Benefits Plan relating to the same benefits as selected below are hereby revoked. My employer's deduction of any premium amounts hereunder shall evidence acceptance of this Agreement. **I understand that coverage not selected as pre-tax below will be deducted from my paycheck after-tax and may not be dropped mid-year.**

(Check the desired coverage(s) below)

COVERAGE	PRE-TAX	AFTER-TAX	COVERAGE	PRE-TAX	AFTER-TAX
Medical Coverage			Accident Insurance		
Dental Insurance			Short-Term Disability		X
Vision Insurance			Long-Term Disability		X
Cancer Insurance			Hospital Indemnity		
Intensive Care Insurance			Personal Sickness Indemnity		
Specified Health Event			Other		

### Required acknowledgement to participate in Flexible Benefits Plans:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. By initialing, I acknowledge that I understand the Important Information Regarding Participation in the Flexible Benefits Plan on the Back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan. \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE FLEXIBLE BENEFITS PLAN**

I understand and agree to the following:

- **Restrictions on Election Changes:** On or after the first day of the plan year, I cannot change or revoke this Salary Redirection Agreement with respect to pre-tax premiums before the next anniversary date of the plan unless a “change in status” occurs (as defined under the Plan and Internal Revenue Code), and the change is caused by and consistent with the “change in status.” I understand that I cannot revoke any pre-tax election based on a “Right to Examine” provision as may be contained in any insurance plan or policy issued to me.
- **Commencement of Coverage and Status of Prior Elections:** Execution of this Salary Redirection Agreement does not begin coverage under the component benefit plans or insurance policies. The terms and conditions and actual coverage effective date of the underlying coverage will be determined under the separate benefit plans or insurance policies. Prior to the anniversary date each year, I will be offered the opportunity to add, drop or change coverage for the following plan year. If I do not complete and return a new Salary Redirection Agreement form at that time, benefit plans or policies currently in effect will continue.