



Premium Conversion Election Form and Salary Reduction Agreement

You may pay for employer-sponsored benefit plan premiums with pre-tax dollars under the Premium Conversion Plan (the "Plan"). Simply check the first box and return this Election Form by _____, to your employer's designated individual.

Failure to comply with the above instructions will result in any premiums being paid outside the Plan with after-tax dollars. Please check the second box for the after-tax option.

Irrevocable Election. If you elect the pre-tax option, you cannot change or revoke your election until the open enrollment period for the next Plan Year. Your Summary Plan Description (SPD) has details on the limited circumstances in which an election may be changed. The primary exception involves a change in status (e.g., marriage, divorce). Any election change must be requested within 30 days of the event.

Employee Information

Name: _____ SS#: _____

Address: _____

Phone: _____

Election Options (check one)

I elect the pre-tax option for the current Plan Year. I authorize my employer to make appropriate pretax payroll deductions to pay for benefits available under the Plan.

If applicable, you may elect to make pre-tax contributions to a Health Savings Account (HSA) as described in the SPD. By indicating the amount of the contribution below, you certify that you are eligible to contribute to an HSA and represent that you will revoke your HSA election if you are no longer eligible to contribute to an HSA.

I elect to pay for my benefit premiums on an after-tax basis. I authorize my employer to make appropriate after-tax payroll deductions.

Employee Statement and Signature

I understand the contents of this Election Form and agree to the following:

This Election Form does not enroll me in any benefit plans or options available under the Plan

Pre-tax premiums reduce my compensation for Social Security tax purposes

My election revokes any prior election under the Plan and remains in force through subsequent Plan years, unless I revoke the election or execute a new Election Form

During the open enrollment period, I may change my elections for the next Plan year

If my contribution for any benefit changes, I authorize my employer to change my salary reductions accordingly

Employee's Signature

Date