



PREMIUM ONLY PLAN ENROLLMENT FORM

Company Name: _____

Employee Name: _____ Telephone: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Employee Social Security Number: _____ Plan Year: _____ through _____

Date of Birth: _____ Date of Hire: _____ Effective Date: _____

The Company and I hereby agree that my cash compensation will be redirected by the amounts set forth below for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement). I understand that if I do not return this form to my employer by my effective date, it shall constitute my election to waive participation in my employer's Flexible Benefits Plan.

EMPLOYEE'S FLEXIBLE BENEFIT PER PAY DEDUCTION/ALLOCATION

Health Benefits Premium

Per pay contribution \$ _____ Date of first payroll _____

Annual contribution \$ _____ Number of remaining pays _____

Dental Benefits Premium

Per pay contribution \$ _____ Date of first payroll _____

Annual contribution \$ _____ Number of remaining pays _____

Other Premium: _____

Per pay contribution \$ _____ Date of first payroll _____

Annual contribution \$ _____ Number of remaining pays _____

I UNDERSTAND THAT:

- (1)** If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my compensation redirected will automatically be adjusted to reflect that increase or decrease.
- (2)** I cannot change or revoke this taxable compensation redirection agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, or other such events as the Plan Administrator determines will permit a change or revocation of an election).
- (3)** The Plan Administrator may reduce or cancel my taxable compensation redirection or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.

This agreement is subject to the terms of the Company's Flexible Benefits Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior agreement relating to such plan(s).

By signing this form I agree to the terms and procedures listed herein.

I was given the opportunity to participate in this Flexible Benefits Plan, and I have decided not to participate at this time.

Employee Signature

Date