

Premium Conversion Election Form and Salary Reduction Agreement



You may elect to have your share of premiums under certain employer-sponsored Benefit Plan(s) paid with pre-tax dollars under the Premium Conversion Plan (the "Plan"). Simply check the first box in Section 2 and return this Election Form **prior to your employer sponsored group insurance coverage effective date**, to your employer's designated individual. Your compensation will be reduced before taxes to pay your share of the health premiums.

If you do not want to pay your premiums on a pre-tax basis, you may elect to pay for your share of the premium on an after-tax basis. If you fail to return the Election Form on time, and you are enrolled for a benefit, your share of the premium will be paid outside the Plan using after-tax dollars that will be deducted from your pay. Please check the second box in Section 2 if you wish to elect this after-tax option.

Sample

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. The primary exceptions are that you may change your election because of a valid change in status or a change in the cost or coverage of your benefits, as described in the Plan. The election change must be requested within 30 days of the event, and must be on account of and conform with a change in status, or change in cost or coverage, as defined in the Plan.

1. Employee Information

Name: _____ SS#: _____

Address: _____

2. Election Options (check one)

I elect to participate in the pre-tax option of the current Plan Year. I authorize my employer to reduce my annual compensation on a pre-tax basis to pay for my share of the premium for those benefits for which I am enrolled on the enrollment form(s).

Under the Plan, you may elect to contribute to a Health Savings Account identified in the Summary Plan Description. You may elect to contribute any annual amount up to the maximum annual amount set forth in the enrollment material and/or Cafeteria Plan summary.

I hereby elect to contribute the following amount to the Health Savings Account:	\$ _____
--	----------

I elect to pay for my health insurance plan premiums on an after-tax basis outside of this Plan, and I authorize appropriate after-tax payroll deductions

3. Employee Statement and Signature

I understand that the execution of this Salary Reduction Agreement does not enroll me for coverage under the health care benefit plans or policies (there are separate forms for that), and that pre-tax premiums paid under this Salary Reduction Agreement reduce my compensation for Social Security tax purposes. My election on this Form will remain in effect until the beginning of the next Plan Year. Before the beginning of each Plan Year, I will be offered the opportunity to re-elect to participate in the Plan. If my contribution for the benefit plan(s) is increased or decreased, I will be notified by the Plan Administrator to adjust my salary reductions to cover my revised share of the premium. This election will remain in force through subsequent Plan Years, unless I change my election by executing a new Election Form.

Sample

EMPLOYEE'S SIGNATURE

DATE