

## COMPANY CAFETERIA PLAN – SALARY REDUCTION AGREEMENT

I have reviewed the terms of the Company Cafeteria Plan (“the Plan”). I understand that I may elect the benefits offered by my employer.

### ELECTION OF BENEFITS

I elect to pay my required contributions for any health coverage, dental and vision I have elected to receive on a pre-tax basis under the Company Cafeteria Plan. I understand my paycheck will be reduced by an equal amount each pay period to cover the cost of my required contributions during the plan year. This election replaces any prior election(s) I have made.

I have previously been provided the amount of the deductions.

I understand that except for a Change in Status for the applicable coverage under the Plan, I cannot change my benefits election until the next Annual Enrollment period.

### AGREEMENT

I agree that my paycheck (wages/salary) will be reduced by the amount of my required contribution for health benefits I have selected under the Plan, and that salary reductions will continue for each pay period until this election is changed or terminated. I understand that:

- I cannot change or revoke my election prior to the next Annual Enrollment period, unless I experience a Change in Status as defined in the Plan (e.g., birth of a child, divorce, marriage, etc.), and my election change (or revocation) is on account of and is consistent with the Change in Status, as described in the Plan.
- I must complete any separate health insurance enrollment form(s) provided by the insurance company(ies).
- In the event I receive funds from my Flexible Spending Account and it is determined such was improper or is unsubstantiated, I authorize the Company to deduct such amount from my paycheck.
- Under current law salary reduction contributions are not counted when determining FICA earnings. If an employee earns less than the Social Security base wage, his/her eventual Social Security benefits could be slightly reduced. The value of income and FICA tax savings will normally exceed any eventual reduction in Social Security benefits.
- Each year during the Annual Enrollment period, I will have an opportunity to change my election. If I do not complete and return a new Salary Reduction Agreement at that time, this election will continue unchanged until I make a new election under the terms of the Plan.

**I have read and agree to the terms in this Agreement**

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Print Employee Name

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Employee Signature

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Date



ENERGY, MATERIALS, RECYCLING AND DISPOSAL DONE RIGHT.