

Flexible Benefit Plan Enrollment and Changes

Name _____ SS# ____/____/____ Effective Date: _____

☐ New Participant Application☐ Request for Change

My family status has changed as follows: _____

Plan 1 - Employee Premium Plan (Health Insurance Plans)

I understand I am automatically enrolled in the Premium Plan unless I return this form rejecting participation. My wages will be reduced by the amount of my premium contribution required for medical and dental insurance benefits. My contribution amount is _____.

☐ I am rejecting participation in the Employee Premium Plan. By rejecting participation, my premium contributions will be made on an after-tax basis.

Plan 2 - Dependent Care Plan (DCA Plan)

I elect the following deduction: _____ Per Paycheck

\$5,000 Annual Maximum _____

☐ I certify that my spouse is working in a paying job, a full-time student, or disabled.

**** Dependent Care Provider Tax ID # must be provided on all reimbursement requests.****

☐ I am rejecting participation in the Dependent Care Plan. By rejecting participation, I will not be eligible to participate until the earlier of the first day of the next calendar year or the date of a change in my family status.

Plan 3 - Unreimbursed Medical Expense Plan (FSA Plan)

I elect the following deduction: _____ Per Paycheck

\$2,550 Annual Maximum _____

☐ I am rejecting participation in the Unreimbursed Medical Plan. By rejecting participation, I will not be eligible to participate until the earlier of the first day of the next calendar year or the date of a change in my family status.

The Company reserves the right at any time to amend, suspend or terminate the Plans, in whole or in part for any reason, and to adopt any amendment without the consent of any employee or other person. The Pro-gram does not give any participant the right to be retained in the employment of The Company or affect the right of The Company to dismiss any employee. The adoption and maintenance of the Plans shall not constitute a contract between The Company and any participant.

Employee Signature _____ Date _____