

FLEXIBLE SPENDING ACCOUNT

Election Form and Compensation Redirection Agreement

Employer Name: _____

Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Employee Social Security Number: _____

Date Of Birth: _____ E-Mail address: _____

Plan Year:

The Company and I hereby agree that my cash compensation will be reduced 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.

ELECTION AND COMPENSATION REDUCTION AGREEMENT FOR COVERAGE UNDER CERTAIN BENEFIT PLANS

I elect to receive the following coverage under the Cafeteria Plan:

Coverage	Annual (Plan Year) Amount	Amount Per Pay Check
Unreimbursed Medical	\$ _____	\$ _____
Child Care	\$ _____	\$ _____

Note: To complete the above, first determine your annual contribution for each benefit selected. Then, divide that amount by the number of pay checks left in the Plan Year and write that amount in the "amount per pay check" column.

With regard to my salary redirection agreement and my election of benefits, I understand that:

- I may not change elections during the plan year unless there is a change in my family status (e.g., marriage, divorce, death of my spouse or child, adoption or birth of my child, or termination of employment of my spouse.)
- The Administrator is authorized to adjust the amount of my salary redirections and benefits if it is necessary to satisfy certain provision of the Internal Revenue Code or as a result of changes on premiums for benefits that are insured.
- My election of salary redirections and benefits will remain in effect for the current Plan Years and all future Plan Years. A new election may be made at Plan Year and during re-enrollments if changes are to be made.
- Any amounts that are not used during a Plan Year to provide benefit will be forfeited and may not be paid to me in cash or used to provide benefits on a later Year Plan.
- My Social Security benefits may be slightly reduced as a result of my election.

This agreement is subject to the terms of the Company's Cafeteria Plan, Medical Reimbursement Plan, and Dependent Care Assistance Plan as amended from time in effect, shall be governed by and construed in accordance with Applicable Laws, shall take effect as a sealed instrument under Applicable Laws, and revokes any prior election and compensation reduction agreement to such Plan(s).

Employee's Signature _____ Date _____