



## SECTION 125 CAFETERIA PLAN ELECTION FORM:

Employer Name:		Plan Year:
Employee Name:		SSN:
Address:	Phone #:	Birth Date:
City:	State:	Zip:

Pay Cycle:	Weekly: <input type="checkbox"/> 52 <input type="checkbox"/> 48	Bi-Weekly <input type="checkbox"/> 26	Semi-Monthly <input type="checkbox"/> 24	Monthly <input type="checkbox"/> 12
If new employee, provide benefit eligibility date:				

PRE-TAX BENEFIT ELECTION CHOICES:		Pre-Tax Election <i>(per pay period)</i>	Pre-Tax Election <i>(per plan year)</i>	Initial
<b>Group Medical Insurance Categories:</b> (Premium paid through the employer)				
<i>Group Health/Medical</i>	<input type="checkbox"/> YES	\$	\$	
<i>Dental</i>	<input type="checkbox"/> YES	\$	\$	
<i>Vision</i>	<input type="checkbox"/> YES	\$	\$	
<b>Combined Total:</b>		\$	\$	
<b>Flexible Spending Account Categories:</b>				
Dependent Care Expenses		\$	\$	
Medical Out-Of-Pocket Expenses		\$	\$	
Commuter: Parking Expenses		\$	\$	
Mass Transit Expenses		\$	\$	
<b>Processing Fee:</b>				
Flexible Spending Accounts		\$	\$	
Take Care: FSA Debit Card	<input type="checkbox"/> YES, I want a debit card	\$	\$	
<b>Total Pre-Tax Contribution Amount</b>		\$	\$	

### Flex-Advantage Plan Election Agreement

I understand that by signing below, I am making a binding election of the benefit(s) indicated on this form and hereby authorize my employer to re-direct each pay-period the contribution(s) listed in the above election section. I further understand that IRS requires forfeiture of any unused contributions (use-it-or-lose-it-rule) that remain unclaimed after the end of the plan year. There is a 90 day grace period to submit eligible expenses **incurred** during the current plan year.

Once this election form is signed, I understand that my contribution(s) cannot be revoked or changed during the plan year, unless I have a qualifying "Status Change", which includes marriage, divorce, death of spouse or child, birth or adoption of a child, and termination of employment of spouse which justifies the revocation. (See SPD's for Rules)

Each year I have the option to make changes to my **Flex-Advantage** plan election amount(s) during the Open Enrollment Period (OEP). In the event of a change in my cost for the employer sponsored group insurance premium(s), I authorize my employer to adjust my **Flex-Advantage** plan contribution(s) accordingly. I have examined this agreement and to the best of my knowledge, it is true and complete.

I choose not to participate in the section 125 cafeteria plan.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_