

Note: This form is for the Employer's records. Do not submit to Employee Benefits Corporation.

Employee Information

Social Security or Identification Number (Required)

Last Name Suffix First Name MI

E-mail Address (we do not share your e-mail address) Employer

YES, I WANT TO SAVE TAX DOLLARS.

I agree this election cannot be revoked or changed during the plan year, unless there is a change in my status that justifies the revocation or change as authorized by the IRC and Regulations. I understand that my Social Security benefits may be affected by my participation in this plan.

I want the following insurance plan(s) taken from my paycheck on a pre-tax basis using the Section 125 Cafeteria Plan:

Coverage Type	Amount Deducted Per Paycheck
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
	Total Deducted Per Paycheck

NO, I DO NOT WANT TO PARTICIPATE.

I understand that I have been given the opportunity to enroll in the Section 125 Reimbursement Accounts with my employer on this date. I have elected not to do so in this plan year. I also understand that if I have a Change in Status that I may have the a right to sign on to the plan at that time.

Please Sign and Date the Document

X

Signature

Date (mm-dd-yyyy)