

**Section 125 - Premium Conversion Plan
Election Form**

Yes I want to use pre-tax dollars to fund selected benefit contributions under my employer's Section 125 Premium Conversion Plan. This election will go into effect on the plan effective date, or if the plan effective date has already occurred, on the date I become eligible to participate. You may reduce my income by an amount equal to my share of the cost of the employee and/or dependent benefits listed below and credit it to my plan account. I authorize payment of my share of the cost of the applicable checked benefits from my account.

Health

Dental

While a participant, I understand that I may not increase or decrease the amount of my income reduction until the next plan year except to reflect a change in my family status (i.e., marriage, birth of a child, divorce, etc.)

Signature _____

Print Name _____

Date Signed _____

No I do not wish to allow an income reduction under my employer's Section 125 Premium Conversion Plan.

Signature _____

Print Name _____

Date Signed _____