



P.O. Box 7809 \* Visalia, CA 93290

## Section 125 Election Agreement

I, the undersigned employee of \_\_\_\_\_ understand that effective \_\_\_\_\_ I am eligible to participate in the Section 125 Plan sponsored by my employer. I hereby make the following elections regarding the benefits available to me under the Section 125 Plan. I am further making election to have my taxable compensation reduced by an amount equal to the value of the benefits specified below, such amount to be deducted in equal sums from my regular paychecks commencing with my paycheck dated \_\_\_\_\_.

<b><u>PRE-TAX PREMIUM CONTRIBUTIONS:</u></b>		I elect to participate: Yes <input type="checkbox"/> No <input type="checkbox"/>
Group Medical	\$ _____	Per Pay Period
Group Dental	\$ _____	Per Pay Period
Group Vision	\$ _____	Per Pay Period
HSA	\$ _____	Per Pay Period
Other _____	\$ _____	Per Pay Period

Employee's Last Name		First Name		Mid. Int.	Social Security No.
Employee's Address		Street	City		State
					Zip
Sex	Date of Birth	Marital Status		Date of Hire	Monthly Gross Pay
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single			

This election form will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in family status (e.g., marriage, divorce, birth or death of spouse or child)

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

### Wavier of Participation

I acknowledge that I have been given the opportunity to participate in the Section 125 Plan and I choose not to participate at this time. By waiving participation, I realize that I will not again become eligible to participate until the next Plan Year.

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