

# Plan Participation Form

## 2013 Cafeteria Plan



Employer: Jeffers Handbell Supply, Inc

Employee Name: \_\_\_\_\_ Social Sec#: \_\_\_\_\_

First Name Last Name

Mailing Address: \_\_\_\_\_  
 Street city St Zip

Birth Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Email: \_\_\_\_\_

### PREMIUM ONLY PRE-TAX DEDUTCTIONS

Request to PARTICIPATE

A.) Medical / Dental

These costs will be deducted from your check pre-tax with no State, Federal or Social Security or Medicare tax's taken out of the premiums.

HSA Contribution per pay period \_\_\_\_\_

Request to WAIVE

The Cafeteria Benefit Plan has been explained and I elect to waive participation in this plan. My premiums will be taken out after tax. I understand that without a Change in Status or other event described in the Plan, my next opportunity to enter the Plan will be at the start of the next plan year; however, if not changed, this waiver will continue in effect indefinitely.

**ACKNOWLEDGMENTS:**

1. I cannot change or revoke my elections prior to the start of the next plan year, unless I have a Change in Status or other event described in the Plan. (Examples: Marriage, divorce, birth or adoption of a child, or termination of a spouse's employment.)
2. My portion, if any, of insurance premiums for eligible employer-sponsored insurance plans elected for myself and my dependents will be automatically pre-taxed unless I request to waive above. My employer may adjust pre-tax premiums if rates change, but I may not be able to change my election during the Plan Year.
3. Signing this form does not initiate my coverage under any insurance policy.
4. Participation in this Plan may mean paying less Social Security tax, which could reduce my Social Security

**I agree to the terms of participation on this form and in related Plan Documents. I authorize my employer to adjust my compensation by the amount of my Benefit Elections of the eligible plans.**

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

For Completion by the employer's Benefits Administrator:

Initial to Indicate Approval	Effective Date of Election	

*If left blank, we will assume any election requiring rounding will be rounded down.*