

Benefit Election/Salary Reduction Agreement-Enrollment Form
Plan Year January 1, 2008 through December 31, 2008
(Please Print Legibly)

Last Name	First Name (Or Initial)	Middle Name (Or Initial)	Social Security Number - -
Home Address	City	State	Zip Code Home Phone () -
Sex <input type="radio"/> Male <input type="radio"/> Female	Marital Status <input type="radio"/> Single <input type="radio"/> Married	Date of Birth - (MM/DD/YY) / /	Date of Hire - (MM/DD/YY) / /

PRE-TAX PREMIUM PAYMENT PROGRAM

I hereby authorize the "Employer" to reduce in the amount of my salary, my share of the premium for the coverage(s), (Medical and/or Dental), under the group health plan sponsored by the Employer by the method indicated below:

- I elect to participate in the Pre-Tax Premium Program and pay for my required share of the premium for the coverage(s) I have elected under the group health plan sponsored by the Employer.
- I decline to participate in the Pre-Tax Premium Payment Program. I understand I will not be eligible to participate in Pre-Tax Premium Payment Program until the next Plan Year. I understand that my required share of the premium for the coverage(s), under the group health plan of my Employer that I have elected, will be deducted on an after-tax basis.

I hereby authorize the "Employer" to reduce my salary the amount designated below for contributions to my **Health Savings Account**.

\$ _____ per pay period

I hereby agree my salary will be reduced by the amount of any required contribution for the programs in which I have elected to participate. I understand that:

- This agreement will automatically terminate if the Plan is terminated or discontinued, or if I cease to receive compensation from the Employer.
- The Employer may reduce or cancel my benefit election/salary reduction agreement in order to satisfy provisions of the Internal Revenue Code.
- The reduction in my salary for this election(s) is in addition to any other reductions under other agreements of benefit plans.

This agreement is subject to the terms of the Plan, as from time to time in effect, shall be governed by and construed in accordance with the applicable state laws, to the extent they are not preempted by federal law, and revokes any prior benefit election/salary reduction agreement I have executed to the Plan.

Employee's Signature	Date
Received by-(Employer)	Date
Effective date if other than January 1, 2008	