

ELECTION AND SALARY REDUCTION AGREEMENT

(PLEASE PRINT)

EMPLOYER: Bosque County

PLAN YEAR: _____ thru _____

ELIGIBILITY DATE: _____ FIRST PAY DATE: _____

PAY MODE (M-Monthly, S-Semi Monthly, Bi-Biweekly or W-Weekly): _____

LOCATION NAME & NO.: _____

NAME: _____

SSN: _____

ADDRESS: _____

DOB: _____

DOH: _____

SALARY (Per Pay Period): S _____

The purpose of this agreement is to authorize the election of eligible benefits and the reduction in salary necessary to facilitate the employer providing the employee with selected benefits. This agreement is designed to conform with a cafeteria plan in accordance with Sections 125, 79, 105, 106 and 126 of the Internal Revenue Code.

INSURANCE ELECTIONS:	CAFETERIA (Per Deduction)	NON CAFETERIA (Per Deduction)	Deduction Mode	M - Monthly = 12 S - Semi Monthly = 24 Bi - Bi Weekly = 26 W - Weekly = 52
PRE-TAXED				
_____	_____		_____	
_____	_____		_____	
_____	_____			
_____	_____			
POST TAXED				
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
FLEXIBLE SPENDING:	AMOUNT	PLAN YEAR		
	(Per Deduction)	AMOUNT		
Dependent Care Expenses:	_____			
Unreimbursed Medical Expenses:	_____			
Premium Reimbursement:	_____			

Please sign only one line.

YES

I WISH TO PARTICIPATE - I agree that my salary will be reduced by the amount(s) shown for the benefit option(s) I have elected under the Cafeteria Plan. I have read and understand the information on the reverse side of this document.

EMPLOYEE SIGNATURE: _____ DATE: _____

NO

I DO NOT WISH to Participate - I have been explained the benefits of the Cafeteria Plan and given the opportunity to participate, but I DECLINE. I understand that I may only participate at the start of the next Plan Year or in the event of a Status Change.

EMPLOYEE SIGNATURE: _____ DATE: _____