



University of North Alabama

APPLICATION FOR PARTICIPATION Flexible Benefits Plan

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____
First Name, MI, Last Name
 DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

FLEXIBLE BENEFITS PLAN OPTION

I hereby elect to participate in the University's Flexible Benefits Plan, under Section 125 of the Internal Revenue Code of 1954, for the tax year starting on March 1st following the date of this form. I request that the premiums for the following insurance coverages, which I pay by payroll deduction, be deducted on a pre-tax basis under the Flexible Benefits Plan until I elect otherwise:

- | | |
|----------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Employee + Children Health/Vision Insurance | <input type="checkbox"/> Accident Insurance |
| <input type="checkbox"/> Employee + Spouse Health/Vision Insurance | <input type="checkbox"/> Hospital Indemnity Insurance |
| <input type="checkbox"/> Family Health/Vision Insurance | <input type="checkbox"/> Vision Insurance |
| <input type="checkbox"/> Family Dental Insurance | <input type="checkbox"/> Cancer and Intensive Care Insurance |
| <input type="checkbox"/> Flexible Spending Account | |

I understand that my participation in the Flexible benefits Plan will result in a reduction in my taxable income. In addition, pre-tax deductions reduce my compensation for Social Security tax purposes; therefore, my Social Security benefits could be decreased.

I understand that I cannot change this election during the plan year, unless the change is due to a qualified family status change (e.g. marriage, divorce, childbirth, spouse employment change, death), or my termination of employment. These elections will automatically renew at the end of each plan year unless I make a written change.

EMPLOYEE SIGNATURE: _____ DATE: _____

WAIVER OF PRE-TAX BENEFITS UNDER THE FLEXIBLE BENEFITS PLAN

I elect to waive all pre-tax benefits under the Flexible Benefits Plan. Except for a change in status, I understand that I cannot elect pre-tax benefits until the next anniversary date, and that any after-tax coverage shall be outside of the plan.

EMPLOYEE SIGNATURE: _____ DATE: _____

OFFICE OF HUMAN RESOURCES USE ONLY

Employee qualifies for participation in Flexible Benefits Plan: Yes No

Received by HR on: _____

EMPLOYER SIGNATURE: _____

DATE: _____