

HAMILTON COUNTY DEPARTMENT OF EDUCATION FLEXIBLE BENEFITS PLAN
Plan Year Ending 12-31-2015

PLEASE PRINT

NAME:

SOCIAL SECURITY NO.:

The Flexible Benefits Plan makes it possible to pay your premium contributions for employer-sponsored coverage on a pre-tax basis. By converting the contributions from your pay into money that is not subject to taxes, the Plan gives you more spendable income.

You will be considered to have elected to pay your premium contributions through the Flexible Benefits Plan unless you elect otherwise by completing this form below, signing and dating it and returning it to your Employer.

_____ I elect not to have my premium contributions for my employer-sponsored **medical** coverage paid through the Flexible Benefits Plan. I understand that my premium contributions for that coverage will be subject to applicable income and Social Security taxes.

_____ I elect not to have my premium contributions for my employer-sponsored **vision** coverage paid through the Flexible Benefits Plan. I understand that my premium contributions for that coverage will be subject to applicable income and Social Security taxes.

I understand that my election will remain in effect for the entire Plan Year (absent a Change in Status) and also will apply for future years unless I notify the Plan in writing during the Plan's annual election period that I revoke this election for the following year.

Signature: _____

Date: _____