

NEW _____
CHANGE _____

**ROSWELL ISD
EMPLOYEE ELECTION FORM
FLEXIBLE BENEFIT PLAN
NEW / CHANGE FORM**

NAME: _____ **EFFECTIVE DATE** _____ / _____ / _____

SS # _____ **For the Plan Year : 03/01/2015 to 02/29/2016**

I wish to participate in the flexible benefit plan and have my portion of the following benefits paid with before tax dollars:

Medical	Dental	Vision	Heart/Stroke Cancer	AD&D	Disability	Supplemental Medical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Per Pay Period- Dependent/Elder Care: _____ Medical Spending Acct: _____						ANNUAL MSA MAX. \$2550

I understand that if I participate:

- My Social Security benefits may be slightly reduced as a result of this election.
- My annual withholding (W-2) form will reflect my reduced taxable income.
- **I cannot change or revoke this election during the Plan Year unless an exception applies. The primary exceptions described in the Plan Document include that I may change the election if there has been a significant increase in the cost of coverage or change in status.**
 1. **A significant increase in the cost of coverage includes:**
 - ___ A significant cost increase
 - ___ A significant curtailment of coverage
 - ___ Addition/elimination of a benefit package option
 - ___ Change in coverage of spouse/dependent under another employer's plan.
 2. **A change in status includes:**
 - ___ Change in my legal marital status
 - ___ Change in the number of my tax dependents
 - ___ Change in my employment status or that of my spouse/dependent
 - ___ Change in residence that affects eligibility in my plan
 - ___ Change in a dependent satisfying/ceasing to satisfy eligibility requirements
 - ___ Open Enrollment for spouse's employer – premiums only
- My employer may cancel this election, if necessary, to comply with the provisions of the IRS Code.
- My portion of the cost of the Benefit Plan paid with before-tax dollars will automatically increase or decrease, as the case may be, to reflect the change in the cost of benefits.
- Any disability income insurance premiums paid with before-tax dollars will result in taxable benefits from the disability policy.

I do not wish to participate in the flexible benefit plan.

EMPLOYEE SIGNATURE _____
DATE