

Benefit Election Form

Through BerniePortal online, you'll choose insurance coverage for yourself & family. If you waive (decline) medical coverage for yourself or your dependents now, you will NOT be able to get coverage until the next open enrollment period or within 31 days of a status change (e.g., death, birth, marriage, etc.) and there may be extensive waiting periods. All amounts are based on payroll frequency **calculations** and will be deducted from your pay.

Section 125 – Pre-tax Payroll Deduction of Premiums

Any Medical, Dental, Vision insurance premiums and HSA contributions you elect for the next plan year will be treated as pre-tax premiums according to Section 125. If you do not want them treated this way, you must contact the Human Resources Department before your effective date.

Important Information on the Section 125 – Flexible Benefit Plan

If you elect any of the Section 125 – Flexible Benefit Plan options, please read and be aware of the following terms and conditions. In choosing any of the Section 125 options, I understand that:

1. **I cannot change or revoke this benefit election or salary reduction** before the next plan year, unless I have a significant change in benefits or cost of coverage, or a change in status (including marriage, divorce, death of a spouse or a child, birth or adoption of a child, termination or commencement of employment of a spouse, change in my or my spouse's employment status from full-time to part-time or from part-time to full-time, my spouse or I take an unpaid leave of absence, dependent becomes eligible/ineligible for coverage due to age, a change in worksite or residence of employee, spouse, or dependent that would affect the availability or current elected benefits) or other such events as the Plan Administrator determines will permit a change or revocation of an election.
2. If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my salary reduction will automatically be adjusted to reflect that increase or decrease.
3. **Before the plan year ends, I will be offered the opportunity to change my benefit election(s) for the following Plan Year.** If I **do not** complete and return a new election form at that time, my previous insured benefit choices will continue in effect for the new Plan Year **but not my non-insured benefits**. In addition, this salary reduction agreement will continue by its terms in the amount of the required contribution for the insured benefit option.
4. The Plan Administrator may reduce or cancel the amount of my salary reduction or otherwise modify this agreement in accordance with the Section 125 – Flexible Benefit Plan if he believes it is advisable to satisfy certain provisions of the Internal Revenue code or other applicable law.
5. The reduction in my salary under this agreement is in addition to any reductions under other agreements or benefit plans maintained by my employer.

This agreement is subject to the terms of the employer's Section 125 – Premium Conversion Plan, as amended from time to time, and shall be governed by and construed in accordance with applicable laws. This agreement revokes any prior election and salary reduction agreement relating to the Section 125 – Premium Conversion Plan.