



SECTION 125 CAFETERIA PLAN ELECTION FORM:

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|---|----------|--------------------|
| Employer Name: THE UNIVERSITY CORPORATION | | Plan Year: 2011 |
| Employee Name: | | SSN: |
| Address: | Phone #: | Birth Date: |
| City: | State: | Zip: |

| | | | | |
|--|---|---------------------------------------|---|-------------------------------------|
| Pay Cycle: | Weekly: <input type="checkbox"/> 52 <input type="checkbox"/> 48 | Bi-Weekly <input type="checkbox"/> 26 | Semi-Monthly <input checked="" type="checkbox"/> 24 | Monthly <input type="checkbox"/> 12 |
| If new employee, provide benefit eligibility date: | | | | |

| PRE-TAX BENEFIT ELECTION CHOICES: | Pre-Tax Election (per pay period) | Pre-Tax Election (per plan year) | Initial |
|--|--------------------------------------|-------------------------------------|---------|
| Group Medical Insurance Categories: (Premium paid through the employer) | | | |
| <i>Group Health/Medical</i> <input type="checkbox"/> YES | \$ | \$ | |
| <i>Dental</i> <input type="checkbox"/> YES | \$ | \$ | |
| <i>Vision</i> <input type="checkbox"/> YES | \$ | \$ | |
| Combined Total: | \$ | \$ | |
| Flexible Spending Account Categories: | | | |
| Dependent Care Expenses <i>(\$5,000 per year maximum)</i> | \$ | \$ | |
| Medical Out-Of-Pocket Expenses <i>(\$2,500 per year maximum)</i> | \$ | \$ | |
| Commuter: Parking Expenses <i>(\$230 per month maximum)</i> | \$ | \$ | |
| Mass Transit Expenses <i>(\$230 per month maximum)</i> | \$ | \$ | |
| Processing Fee: | | | |
| Flexible Spending Accounts | \$ PAID BY | \$ EMPLOYER | |
| | \$ | \$ | |
| Total Pre-Tax Contribution Amount | \$ | \$ | |

Flex-Advantage Plan Election Agreement

I understand that by signing below, I am making a binding election of the benefit(s) indicated on this form and hereby authorize my employer to re-direct each pay-period the contribution(s) listed in the above election section. I further understand that IRS requires forfeiture of any unused contributions (use-it-or-lose-it-rule) that remain unclaimed after the end of the plan year. There is a 90 day grace period to submit eligible expenses incurred during the current plan year.

Once this election form is signed, I understand that my contribution(s) cannot be revoked or changed during the plan year, unless I have a qualifying "Status Change", which includes marriage, divorce, death of spouse or child, birth or adoption of a child, and termination of employment of spouse which justifies the revocation. (See SPD's for Rules)

Each year I have the option to make changes to my Flex-Advantage plan election amount(s) during the Open Enrollment Period (OEP). In the event of a change in my cost for the employer sponsored group insurance premium(s), I authorize my employer to adjust my Flex-Advantage plan contribution(s) accordingly. I have examined this agreement and to the best of my knowledge, it is true and complete.

I choose not to participate in the section 125 cafeteria plan.

Signature: _____

Date: _____