

# APPLICATION FOR PARTICIPATION in *UNA's Flexible Benefits Plan*

## SECTION I: EMPLOYEE DATA

<b>Name of Employee:</b>	_____	Last Name	First	Middle
<b>Social Security Number:</b>	_____			
<b>Department:</b>	_____			
<b>Position Title:</b>	_____			

## SECTION II: 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 1<sup>st</sup> 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"/> Family Health/Vision Insurance	<input type="checkbox"/> Accident Insurance
<input type="checkbox"/> Family Dental Insurance	<input type="checkbox"/> Hospital Indemnity Insurance
<input type="checkbox"/> Cancer and Intensive Care Insurance	<input type="checkbox"/> Vision Insurance

*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.*

Signature of Employee	Date
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## SECTION III: 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 the plan.*

Signature of Employee	Date
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## SECTION IV: OFFICE OF HUMAN RESOURCES AND AFFIRMATIVE ACTION USE ONLY

<p><b>Employee qualifies for participation in Flexible Benefits Plan:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>ADMINISTRATIVE ACTIONS:</b></p> <p><input type="checkbox"/> Copy forwarded to BUSINESS OFFICE</p> <p><input type="checkbox"/> Copy filed in PERSONNEL FILE</p> <p><b>COMMENTS:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><i>Received by Office of Human Resources and Affirmative Action on:</i></p>
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