

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

SECTION I: EMPLOYEE DATA

Name of Employee:	_____	Last Name	First	Middle
Social Security Number:	_____			
Department:	_____			
Position Title:	_____			

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 June 1st 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>Employee qualifies for participation in Flexible Benefits Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ADMINISTRATIVE ACTIONS:</p> <p><input type="checkbox"/> Copy forwarded to BUSINESS OFFICE</p> <p><input type="checkbox"/> Copy filed in PERSONNEL FILE</p> <p>COMMENTS: _____</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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