BRUNSWICK SCHOOL DEPARTMENT
46 Federal Street - Brunswick ME 04011
319-1900

SECTION 125 CAFETERIA PLAN BENEFIT ELECTION FORM

This Cafeteria plan allows participants to make payments for certain employer-sponsored benefit plans with pre-tax dollars. By agreeing to reduce your salary by the amount of your contribution, you will generate Benefit Account Dollars which are not subject to FICA or Federal and State Income Taxes. Any election you make to fund your benefits under the provisions of this plan will remain in effect until the end of the plan year unless one of the following family status changes occurs, in which event, an election may be revoked or changed:

- legal marital status including marriage, divorce, legal separation or annulment
- death of spouse or death of a dependent child
- birth, adoption or placement of a child for adoption
- change in employment status (employee, spouse or dependent) from commencement of work full time to part time or vice versa, unpaid leave of absence, strike or lockout or termination of employment affecting eligibility under an employee benefit plan
- a change in residence of the employee, spouse or dependent that affects eligibility coverage
- dependent satisfies or ceases to satisfy dependent eligibility requirements

SALARY REDUCTION AGREEMENT
I agree to have my gross salary reduced in accordance with Section 125 of the Internal Revenue Code to generate Benefit Account Dollars which will be used to pay my contributions for employer-sponsored plans indicated below.

I agree that this salary reduction agreement is irrevocable during any plan year and will automatically renew from year to year until my employment with my present employer terminates or a qualifying change in my family status occurs: I change my election at the end of any plan year or my employer terminates, suspends, or modifies the plan.

The benefit plans covered by this Agreement are: **MEDICAL and DENTAL**

The plan year is the twelve-consecutive month period ending on August 31st of each year.

****

I have read and understand the above agreement. I authorize my salary to be reduced by amounts necessary to pay my portion of premium contributions for the benefit plans covered by this agreement. Even though my contribution may change from time to time, this Agreement will remain in force until further notice.

Brunswick School Department
Name of Employer

_____ _____
Employee Name (print) Social Security Number

_____ _____
Employee Signature Date

_____The benefits of the plan have been explained to me and I decline to participate.

_____ _____
Employee Signature