

**REFORMED BENEFITS ASSOCIATION
MASTER FLEXIBLE BENEFITS PLAN**

ELECTION FORM

**HEALTH PREMIUM PRE-TAX PAYMENTS AND
HEALTH SAVINGS ACCOUNT PRE-TAX CONTRIBUTIONS**

Plan Year ending December 31, 20__

EMPLOYEE INFORMATION:

Name (print):	
Address:	
Position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

<p>Reason for completing this Election Form:</p> <ul style="list-style-type: none"><input type="checkbox"/> Initial Election <u>Pre-Tax Premium Payments</u> (Election is effective on the date your participation in the RBA's Health Benefit Plan begins.) <u>Health Savings Account</u> (Election is effective the first of the month on or after the later of the date you become enrolled in a High Deductible Health Plan ("HDHP") made available by the RBA or the date of your election.)<input type="checkbox"/> Open Enrollment Elections are effective January 1 of the next plan year.<input type="checkbox"/> Election Change or Change in Status <u>Pre-Tax Premium Payments</u> (Election is effective on the date of the change. A completed Change in Status Form must be attached.) <u>Health Savings Account</u> (Election is effective on a prospective date in accordance with procedures established by the plan administrator.)

**Section A
Health Benefits Plan
Pre-Tax Premium Payments**

- I elect to pay, **on a pre-tax basis**, the applicable premium for the coverage I elected under a Health Benefit Plan made available through the RBA (the RBA Health Benefit Plan). I understand that my compensation will be reduced in equal amounts from my paychecks during the plan year according to the required premium contribution. **In addition to completing this form, I understand I must also complete the enrollment process in connection with the Health Benefit Plan.**
- This section does **not** apply to me because I elected to waive coverage under the RBA's Health Benefit Plan.

**Section B
Health Savings Account Contributions**

- I elect to reduce my pay and have the pay reduction contributed on a pre-tax basis to my Health Savings Account ("HSA"). I elect to reduce my pay by \$_____ for the plan year.
- I understand this pay reduction will be made in equal installments from my paychecks during the plan year (or the remaining portion of the plan year in the event of an initial election after the first day of the plan year).
- If this election form is being completed because I am making an election change after the first day of the plan year, any HSA pay reduction contributions I have already made up to this point in the plan year will be included in the amount indicated in the blank set forth above and the balance will then be made in equal installments from my paychecks during the remaining portion of the plan year.
- This section does **not** apply to me because I elected to waive coverage under the high deductible health plan option under the RBA's Health Benefit Plan or I do **not** elect to make pre-tax contributions to my HSA.

**Section C
Acknowledgment**

- I have received and read the Summary Plan Description for the **Reformed Benefits Association Master Flexible Benefits Plan.**

Health Premium Pre-Tax Payments

- I understand that my current election regarding the health premium pre-tax payments can only be changed during the plan year under the circumstances described in the Summary Plan Description.
- I understand that if I do not make a new election during a subsequent open enrollment period (December each year) that my current election regarding the health premium pre-tax payments will be continued. **However, I understand that the applicable premium for coverage under the RBA's Health Benefit Plan may be adjusted to the current rate for that plan year.**
- If I elected to waive coverage under the RBA's Health Benefit Plan as indicated under Section A above, I understand that the Employer is not liable for any expenses regarding a non-work related injury or illness relating to me or any injury or illness relating to my dependents.

Health Savings Account Pre-Tax Contributions

- I understand that I am only eligible to make pay reduction contributions to an HSA if I meet the following requirements:
 - I am enrolled in an HDHP made available by the RBA;
 - I am not covered by another health plan that is not an HDHP (including a medical flexible spending account that permits reimbursement for all types of medical claims); and
 - I cannot be claimed as a dependent on another individual's tax return.
- I understand that once I make an election, it will remain in force (including for subsequent plan years) unless I make a change.
- I understand that I may change my election at least monthly as of any prospective date based upon the procedures established by the plan administrator.
- I understand that the amount of my pay reduction contributions to my HSA, combined with any contribution Employer may make on my behalf, may not exceed the dollar limit established by federal law. (For 2014, the maximum annual contribution to your HSA if you are enrolled in single/employee-only coverage under the HDHP is \$3,300. If you are enrolled in two-person or family coverage under the HDHP, your maximum annual HSA contribution is \$6,550. These amounts can be increased by \$1,000 if you are at least age 55 by the end of 2014.)

Employee's Signature

Date

This form is accepted and received by _____ [print name of Employer Representative].

Signature of Employer Representative

Date

ADMINISTRATIVE USE ONLY:

<input type="checkbox"/> Initial Election: <ul style="list-style-type: none"><input type="checkbox"/> Hire Date: _____<input type="checkbox"/> Eligible Participation Date (Pre-Tax Premium Payments): _____<input type="checkbox"/> Eligible Participation Date (Health Savings Account): _____
<input type="checkbox"/> Current Participant: <ul style="list-style-type: none"><input type="checkbox"/> Open Enrollment Date: _____<input type="checkbox"/> Change in Status Date: _____
<input type="checkbox"/> Pay Date of 1 st Deduction: _____
<input type="checkbox"/> Deduction Amount: _____