

**REFORMED BENEFITS ASSOCIATION  
MASTER FLEXIBLE BENEFITS PLAN**

**ELECTION FORM**

**HEALTH PREMIUM PRE-TAX PAYMENTS**

Plan Year ending December 31, 20\_\_

**EMPLOYEE INFORMATION:**

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

Reason for completing this Election Form:
<input type="checkbox"/> <b>Initial Election</b> (Election is effective on the date your participation in the RBA's Health Benefit Plan begins.)
<input type="checkbox"/> <b>Open Enrollment</b> (Election is effective January 1 of the next plan year.)
<input type="checkbox"/> <b>Change in Status</b> (Election is effective on the date of the change.) A completed Change in Status Form must be attached.

<b>Section A Health Benefit Plan Premium Pre-Tax Payments</b>
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- 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  
Acknowledgment**

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

\_\_\_\_\_  
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	<input checked="" type="checkbox"/> Hire Date: _____ <input checked="" type="checkbox"/> Eligible Participation Date: _____
<input type="checkbox"/> Current Participant	<input type="checkbox"/> Open Enrollment Date: _____ <input type="checkbox"/> Change in Status Date: _____
<input checked="" type="checkbox"/> Pay Date of 1 <sup>st</sup> Deduction: _____ <input checked="" type="checkbox"/> Deduction Amount: _____	