



Rolling Cafeteria 125 Plan Enrollment Form

Effective Date: _____ New Change/Reason: _____

| | | | |
|--|--|--------------------------|--------------------------|
| Employee Name (Last, First, M.I.) | | Social Security # | Date of Birth |
| Mailing Address | | | |
| Department | Date of Hire | E-mail Address | |
| Pre-Tax Deduction Option: Electing this option ensures that monthly health and/or dental insurance premiums being deducted from your paycheck will not be taxed. | | | |
| Election Option | Monthly Deduction(s)* | | |
| | Health | Dental | |
| No, I decline to enroll <input type="checkbox"/> | Employee Only <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Employee Spouse <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, I elect to enroll <input type="checkbox"/> | Employee Child <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Employee Children <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Employee Family <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|---|--------------------|--|
| Flexible Spending Arrangement Option: Electing this option allows you to set aside (pre-tax) money for reimbursement of dependent care expenses and/or expenses not covered by the group health, prescription drug or dental insurance. *** *** | | | |
| Election Option | Monthly Deduction(s) | | |
| | See limitations and/or exclusions as listed below | | |
| No, I decline to enroll <input type="checkbox"/> | **Dependent Care** | ***Medical Care*** | |
| | \$ | \$ | |
| Yes, I elect to enroll <input type="checkbox"/> | | | |

*Monthly deduction amounts as established by the Botetourt County Board of Supervisors for the Plan Year in effect as of the Effective Date noted above, and any subsequent Plan Year unless and until a new election is made in writing by the employee.

** Annual Limit as authorized by Federal Regulations \$5000; \$2500 if married and filing separate tax returns. Refer to plan document for additional plan information.

*** Reimbursement for over the counter drugs is prohibited by provisions of the Patient Protection and Affordable Care Act (PPACA) of 2010 unless accompanied by a copy of the prescription as authorized by the treating physician.

*** January 1, 2013 PPACA imposes an annual maximum limit of \$2500 for medical expenses

This Rolling Election Form, authorized by Section 1.2 of the Plan, will remain active until such time Human Resources is notified that a change should be made. I understand that these designations cannot be changed during a Plan Year unless specifically authorized by Section 4.2 of the Plan. I also understand that the participation in the Plan is voluntary and any funds remaining in the Flexible Spending Arrangement following the final disbursement after the close of the plan year will be forfeited.

My signature below authorizes payroll deduction on a pre-tax basis of premium dollar amounts established for each "Yes" election above. If my election choices above are "No", then my signature indicates that I do not wish to participate in the Cafeteria 125 Plan and any premium deductions will be made on an after-tax basis.

Employee Signature

Date