

# PREMIUM ONLY FLEXIBLE BENEFITS PLAN

## INITIAL PARTICIPANT INFORMATION AND ENROLLMENT FORM

| PARTICIPANT INFORMATION  |                 |                                 |                                  |
|--|-----------------|---------------------------------|----------------------------------|
| Name:  |                 | Social Security Number:         |                                  |
| Home Street Address:   |                 | Phone:                          |                                  |
| City, State, Zip:  |                 | Date of Birth:                  |                                  |
| Date of Hire:  | Marital Status: | <input type="checkbox"/> Single | <input type="checkbox"/> Married |
|  |                 |                                 | Effective Date:                  |
| <p><i>I hereby acknowledge receipt of the Summary Plan Description of the above-noted plan.</i></p>  |                 |                                 |                                  |
| <p><b>Declination:</b></p> <p><input type="checkbox"/> I hereby certify that I have had the terms and provisions of Section 125 explained to me and that I have been offered the privilege of participating. I hereby waive participation in the Plan and agree to pay all my expenses outside of the Plan, on an after-tax basis.</p> |                 |                                 |                                  |
| Signature:   |                 |                                 | Date:                            |

***This form must be received by the Human Resources Department in advance of the Effective Date noted above. If received after that date, the declination will be effective as of the next following Plan Entry Date.***