

Cafeteria Plan Pre-tax Salary Reduction Agreement

Select only one of the following options.

Election of Pre-tax Benefits—I elect to receive benefit coverage under the SC Campaign to Prevent Teen Pregnancy’s benefit plans. I understand that an amount equal to the annual contributions for the coverage I elect, divided by the number of pay periods in the Plan Year, will be deducted on a pre-tax basis from each of my paychecks to pay for my elected coverage.

Waiver of Pre-tax Benefits—I elect to waive all pre-tax benefits under the SC Campaign to Prevent Teen Pregnancy’s benefit plans. Except for a Change in Election Event for the applicable benefit, I understand that I cannot elect pre-tax benefits until the next Open Enrollment Period, and any after-tax coverage permitted by SC Campaign to Prevent Teen Pregnancy shall be outside the plan.

Election Irrevocable Unless Exception Applies

I understand that I cannot change or revoke this agreement as of any date prior to the next Plan Year, unless a Change in Election Event occurs as defined in the Plan (e.g., termination of employment, divorce, marriage), and the election change is on account of and consistent with the Change in Election Event, as described in the Plan. However, any HSA contribution election can be changed at any time, for any reason, effective no later than the first day of the calendar month after the change request is filed.

Additional Terms

I agree that my compensation will be reduced by the amount of my required contribution for the benefits that I have elected under the Plan and that such salary reductions will continue for each pay period until this agreement is amended or terminated. I understand that my contributions for Medical and Dental Insurance Benefits may be automatically increased or decreased for changes by the Plan Administrator.

I have read and agree to the terms of participation and to any applicable certifications set forth in this agreement. Any previous election and agreement under the Plan relating to the same benefits, including any prior Cafeteria Plan Pre-tax Salary Reduction Acknowledgement Agreement, is hereby revoked.

Employee Signature	Date

Plan Administrator Signature	Date