

**COLOMA COMMUNITY SCHOOLS
FLEXIBLE BENEFITS PLAN**

ELECTION FORM

FOR CLASSIFIED EMPLOYEES AND BUS DRIVERS

Plan Year: September 1, 2009 through August 31, 2010

EMPLOYEE INFORMATION:

Name (print):	Social Security No.:	
Address:		
Position:	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time

Reason for completing this Election Form:
<input type="checkbox"/> New Employee (election is effective on the day you become eligible to participate in the District's group health plan)
<input type="checkbox"/> Open Enrollment (election is effective September 1, 2009)
<input type="checkbox"/> Change in Status (election is effective on date of change) - A completed Change in Status form must be attached.

Section A Health Premium Pre-Tax Payments
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This section of the Flexible Benefits Plan applies only to employees who are required to contribute to a premium, or portion of a premium, for individual and/or dependent coverage under Employer's health benefit plan.

- I elect to pay, on a pre-tax basis, the applicable premium for the health coverage I elected through Employer. I understand that my compensation will be reduced in equal amounts from my paychecks during the plan year according to the required premium contribution.

- I elect to waive health coverage for myself and my dependents that is made available by Employer.

I understand that my election can only be changed during the plan year under the circumstances permitted by federal regulations (for example, a change in family status). The Business Office has more information regarding the events for which a mid-plan year election is permitted.

I also understand that if I do not make a new election during a subsequent open enrollment period that my current election regarding the health premium pre-tax payments will be continued. **However, I understand that the applicable premium for the health coverage will be adjusted to the current rate for that plan year.**

**Section B
Medical Spending Account
Maximum Election - \$2,500**

- I elect to reduce my pay and have the pay reduction credited to my medical spending account for the reimbursement of **qualified** medical expenses. I elect to reduce my compensation by \$ _____ for the plan year of September 1, 2009 through August 31, 2010. I understand that this pay reduction will be made in equal amounts from my paychecks during the plan year.

I understand that any balance remaining in my medical spending account will be forfeited after all qualifying medical expenses for the plan year have been paid.

- I do NOT elect to participate in the medical spending account.

**Section C
Dependent Care Spending Account
Maximum Election - \$5,000**

- I elect to reduce my pay and have the pay reduction credited to my dependent care spending account for the reimbursement of **qualified** dependent care expenses. I elect to reduce my compensation by \$ _____ for the plan year of September 1, 2009 through August 31, 2010. I understand that this pay reduction will be made in equal amounts from my paychecks during the plan year.

I understand that any balance remaining in my dependent care spending account will be forfeited after all qualifying dependent care expenses for the plan year have been paid.

I do NOT elect to participate in the dependent care spending account.

**Section D
Acknowledgment**

I have received and read the Summary Plan Description for the **Coloma Community Schools 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 I must complete a new election form each plan year in order to have amounts allocated to my medical spending! account and my dependent care spending account.

Employee's Signature

Date

This form is accepted and received by Coloma Community Schools.

District Representative

Date

ADMINISTRATIVE USE ONLY:

New Participant

Hire Date: _____

Eligible Participation Date: _____

Current Participant

Open Enrollment Date: _____

Change in Status Date: _____

Pay Date of 1st Deduction: _____

Deduction Amount: _____