

NEEDS TO BE COMPLETED BY TIME OF CHARGE CONFERENCE

PREMIUM CONVERSION PLAN

(Payroll Adjustment Agreement for Family Portion Only)

Last Name _____ First _____ M _____

Social Security # _____

I understand that:

As an eligible participant in the Salary redirection (Cafeteria) Plan, I acknowledge that I have received the Summary Plan Description. I have read the Summary Plan Description and understand the benefits available to me as well as the other rights and obligations which I have under the Plan.

In accordance with my rights under the Plan, I select the following benefits and designate the following amounts for each benefit I have selected. The Employer and I agree that my cash compensation will be redirected by the amounts set forth below for the Plan Year (15 months) or during such portion of the year as remains after the date of this agreement.

I cannot change or revoke this election to receive full compensation in cash at any time during the plan year, unless I have a change in status: marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse and such other events as the Plan Administration determines will permit a change or revocation of an election.

If my required contributions for the elected benefits are increased or decrease while this agreement remains in effect, my payroll adjustment agreement will automatically be adjusted to reflect that increase or decrease.

Prior to each plan year I will be offered the opportunity to change my benefit election for the following plan year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my election for the insured or self-insured benefits only.

PLAN ELECTION (check one Option)

_____ I ELECT to participate in the Premium Conversion Plan and have the appropriate premiums deducted from my salary on a PRE-TAX basis for 2011.

Health Care Amount \$ _____ Dental Amount \$ _____ Vision Amount \$ _____

_____ I ELECT NOT to participate in the Premium Conversion Plan and therefore elect to have my premium deducted on an AFTER-TAX basis for 2011.

Signature _____ Date _____
Participant

Accepted and agreed to: Church Name _____

Signature _____ Date _____
Church Treasurer

Please give this completed form to your church treasurer or salary paying unit and keep a copy for your tax preparer.