



# Catholic Diocese of Toledo

## Premium Only Plan

### Election Form and Compensation Reduction Agreement July 1, 2011 - June 30, 2012

ACCOUNT HOLDER INFORMATION:			
Name:	SSN:	Date of Birth:	
Street Address:	City:	State:	Zip Code:
E-Mail Address:	Church/Parish/School:		
First Payroll Deduction Date:	Benefit Effective Date: July 1, 2011		

**With regard to my salary redirection agreement and my election of benefits, I understand that:**

In accordance with my rights under the plan, I elect the following benefits for the plan year specified above. The Employer and I agree that my cash compensation will be reduced by the amount of premium contribution required by my employer for each pay period and plan year (or during such portion of the year as remains after the date of this agreement).

ANNUAL ELECTION: Group Sponsored Insurance Premiums		
I elect to participate in the Employer sponsored group MEDICAL plan on a pre-tax basis	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
I elect to participate in the Employer sponsored group DENTAL plan on a pre-tax basis	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
I elect to participate in the Employer sponsored group VISION plan on a pre-tax basis	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
I elect to participate in the Employer sponsored Voluntary Benefits plan on a pre-tax basis	<input type="checkbox"/> Yes	<input type="checkbox"/> NO

**NOTE: Election amount is determined by the premium rate for your current benefit election.**

**With regard to my salary redirection agreement and my election of benefits, I understand that:**

1. I may not change elections during the Plan Year unless there is a qualified change in my family status. A change in group health plan coverage does not qualify as a change in family status. Terminated employees who are rehired during the same plan year may not participate in the in the premium conversion plan until the beginning of the next plan year.
2. The administrator is authorized to adjust the amount of my salary redirection if it is necessary to satisfy certain provisions of the Internal Revenue Code or as a result of changes in premiums.
3. My right to any benefits hereunder is subject to all terms and conditions of the Plan and the terms and conditions of any other Plan through which a particular benefit is provided.
4. By electing coverage under an Employer sponsored group health plan, I will automatically have my premium contribution payroll deducted on a pretax basis under the Plan.

Employee's Signature:  \_\_\_\_\_