“CAFETERIA” PLAN ELECTION FORM

Name:_____SS#_____

PLAN OPTIONS

I agree that my pay will be reduced by the employee’s contribution set forth in the Collective Bargaining Agreement to the cost of either single or family coverage under the Medical Care Plan contained in the “Cafeteria” Plan, and continuing for each succeeding pay period until this agreement is amended or terminated. The amount of my required contribution for the Medical Plan for each pay period is set forth on a schedule that has been provided to me.

I hereby elect to **participate** in the cafeteria plan for my health coverage.

I agree that my pay will be reduced by the employee’s contribution set forth in the collective Bargaining Agreement to the cost of the Dental Plan contained in the “Cafeteria” Plan, and continuing for each succeeding pay period until this agreement is amended or terminated. The amount of my required contribution for the Dental Plan for each pay period is set forth on a schedule that has been provided to me.

I hereby select to **participate** in the cafeteria plan for my dental coverage. I understand that:

I cannot change or revoke this benefit election or compensation reduction agreement as of any date prior to the next January 1, unless I have a change in family status (i.e., 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 Administrator determines will permit a change or revocation of an election).

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

Prior to January 1 of each year, I will be offered the opportunity to change my benefit election(s) for the following Plan Year. If I do not complete and return a new election form a that time, I will be treated as having elected to continue my benefit coverage then in effect for the new Plan Year (January 1 to December 31). In addition, this compensation reduction agreement will continue by its terms in the amount of the required contribution for these benefit options.

The Plan Administrator may reduce or cancel the amount of my pay reduction or otherwise modify this agreement in accordance with the “Cafeteria” Plan if he/she believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.

The reduction in my cash compensation under this agreement will be in addition to any reductions under other agreements of benefit plans.

I accept this option _____ **Employee’s Signature** _____ **Date** _____

I decline this option _____ **Employee’s Signature** _____ **Date** _____

Accepted and agreed to by the Board of Cooperative Educational Services of Nassau County

By _____ **Date** _____