

# CAFETERIA PLAN ELECTION FORM

Employer Name: America's Thrift Stores

Store Location : \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code \_\_\_\_\_

Employee Social Security #: \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

As an eligible participant in the 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 elect 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 (or during such portion of the year as remains after the date of this agreement).

## ELECTION OF BENEFITS

On the appropriate benefit enrollment form(s), I have enrolled for certain insurance coverages. (check the appropriate boxes & list deduction amounts)

Group Health \$\_\_\_\_\_ Per pay period

Group Dental/Vision \$\_\_\_\_\_ Per pay period BI WEEKLY

Group Cancer \$\_\_\_\_\_ Per pay period

Group Accident \$\_\_\_\_\_ Per pay period

I understand that:

If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my compensation redirection will automatically be adjusted to reflect that increase or decrease. These elections will remain in effect as long as I have the coverages selected.

OTHER TERMS AND CONDITIONS

I understand that:

I cannot change this compensation redirection agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse or such other events as the Plan Administrator determines will permit a change of an election).

The amount of my compensation redirection will be credited to an insurance/account and such amount will be paid on my behalf for the applicable expenses incurred during the year.

My social security benefits may be slightly reduced as a result of my tax savings.

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S CAFETERIA PLAN, AS AMENDED FROM TIME TO TIME IN EFFECT, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS, SHALL TAKE EFFECT AS A SEALED INSTRUMENT UNDER APPLICABLE LAWS, AND REVOKES ANY PRIOR ELECTION AND COMPENSATION REDIRECTION AGREEMENT RELATING TO SUCH PLAN(S).

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

Date: \_\_\_\_\_