

# SECTION 125 PLAN

## Election Form

Name (please print): \_\_\_\_\_

I elect the following with respect to the coverage for which I am eligible:

\_\_\_\_\_ Option A. I elect medical, dental and vision insurance for myself and eligible dependents, and also group term life with AD&D for myself.

\_\_\_\_\_ Option B. I elect dental and vision insurance (no medical insurance) for myself and my eligible dependents and also group term life with AD&D for myself. **I understand that my compensation will be increased each payroll for electing this option.** I further understand that I may use/receive the additional compensation in the following manner:

\_\_\_\_\_ **Purchase voluntary insurance options\*** on a before-tax basis (as indicated below).

\_\_\_\_\_ **Receive the additional compensation** on an after-tax basis through the District's payroll system.

### Acknowledgement

As a participant in the Belding Area School Section 125 Plan, I acknowledge the following to be true statements:

**\*All or a portion of the additional compensation may be used to purchase voluntary insurance options or be contributed to a Section 403(b) tax-sheltered annuity** (see below and page 2 of this form).

1. I have received and read the Summary Plan description for the Belding Area Schools Section 125 Plan.
2. I understand that my election cannot be changed during the plan year unless I have a change in family status.
3. I understand that my election can be changed as of the first day of any subsequent plan year by completing a new Election Form and returning it to the District during the applicable open enrollment period.
4. I understand that my pay reductions will automatically be adjusted if my required contributions for coverage increase or decrease during the time period this Election Form is in effect.
5. I understand that any additional compensation paid to me as a result of my waiver of coverage will be paid to me in my paycheck(s) during the plan year for which the waiver applies unless I direct that all or a portion of the additional compensation be contributed to a Section 403(b) tax-sheltered annuity, as indicated on page 2.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Received by:

**Belding Area Schools**

Return this Election Form to:

By \_\_\_\_\_

Belding Area Schools  
850 Hall Street  
Belding, MI 48809

Date \_\_\_\_\_

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### Section 403(b) Tax-Sheltered Annuity

Federal law does not permit Belding Area Schools to offer a Section 403(b) tax-sheltered annuity ("TSA") contribution as a benefit under the Section 125 Plan. However, if you receive additional compensation for waiving coverage (as described on the first page of this election form), you may make a special election, outside of the Plan to contribute all or a portion of the additional compensation to a TSA. The contribution will be considered your own salary reduction contribution for purposes of each calendar year elective deferral limit. The contribution will be deducted from your compensation on a before-tax basis (except for FICA and FUTA) as part of the District's regular payroll system.

**Please indicate whether any additional compensation you will receive for waiving health coverage (see first page of this election form) should be contributed to a TSA:**

\_\_\_\_\_ Check here if you elect that all or a portion of any additional compensation to which you are entitled on page 1 of this election form should be contributed to a TSA. The amount indicated below should be contributed to the following investment provider(s):

Amount of TSA contribution: \_\_\_\_\_

Investment Company Provider(s): \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature