

Flexible Benefits Plan

Terms and Conditions of Participation

Through completing and signing an Enrollment Form, I hereby certify that I have been informed of and understand the terms of my employer's Flexible Benefits Plan ("Plan"). Furthermore, I hereby certify that I understand and agree to be bound to the following:

Elections

- I may elect coverage under any or all of the Plan components offered by my employer.
- I hereby revoke any previous election and/or agreement under the Plan relating to the same benefits, including elections made pursuant to any prior enrollment form.
- I may not change or revoke my elections under the Plan prior to the first day of the next plan year unless I experience a "change-in-family-Status" event and all conditions required for such change or revocation have been satisfied, as provided under the Plan.
- Completing and signing an enrollment form does not initiate coverage under any insurance policy; there is a separate enrollment for each coverage.
- Prior to the last day of the plan year, I will be offered the opportunity to elect coverage(s) for the upcoming plan year.

Funding

- I will pay my portion of the cost of the coverage I elect through pre-tax salary redirection.
- My portion of the cost of coverage will be (1) calculated through dividing the annual cost of coverage, less any applicable employer contribution, by the number of pay periods remaining during the applicable plan year and (2) deducted pre-tax from each of my paychecks.
- The amount by which I agree to reduce my salary to pay for the coverage(s) I have elected will be indicated on my enrollment form.
- The Plan Administrator automatically may increase or decrease reductions for insurance premiums in response to corresponding premium rate increases or decreases.
- Salary reduction will reduce my compensation for Social Security tax purposes. Accordingly, my Social Security benefits may be decreased due to the decreased amount of compensation considered for Social Security purposes.
- Amounts remaining in any flexible spending account (health care, dependent day care or adoption assistance) at the end of the plan year, or the 2½ month grace period, after reimbursing all eligible expenses, will be forfeited in accordance with current plan provisions and tax law.