

MEBS - SECTION 125 ENROLLMENT FORM

3809 Lake Eastbrook Blvd SE, Grand Rapids, MI 49546

(616) 458-6327 - FAX (616) 458-3495 - (800) 968-6327

BASIC INFORMATION	Company Name _____ Social Security Number _____ - _____ - _____
	Employee Name _____ Date of Birth _____ / _____ / _____ <small style="margin-left: 100px;">Last First Middle Initial</small>
	Home Address _____ <small style="margin-left: 100px;">Street City State ZIP</small>
	Home Phone Number (_____) _____ - _____ Sex _____ Marital Status _____
	Date of Hire _____ / _____ / _____ Job Title _____ Salary \$ _____

DEPENDENTS	Name	Date of Birth	Social Security Number	Sex	Relationship To Employee	Dependent's Employer

IMPORTANT	READ CAREFULLY BEFORE MAKING YOUR ELECTION
	<ul style="list-style-type: none"> ● The salary conversion will be considered an Employer contribution to a Dependent Care Assistance Account, Medical Care Reimbursement Account, or Premium Conversion Account, as the case may be, which may be used to pay the specified expenses of the Employee as described in this plan. ● Any balance in the Employee's Account(s) <i>will no longer be usable</i> by the Employee at the end of the Plan Year, except for claims incurred during the Plan Year and submitted within three and one-half (3½) months after the end of that Year. Unused amounts <i>cannot be carried forward</i> into the next plan year and <i>will be forfeited</i> for the current and all subsequent Plan Years. ● Once deduction amounts are elected, <i>the election is not revocable</i> except as provided in the Plan. ● Once an employee has elected to participate in the Plan, he/she shall be deemed to have continued his/her election in subsequent Plan Years, in the amounts and on the terms previously elected, unless he/she elects to change or discontinue his/her participation in the manner set forth in the Plan, or unless he/she is no longer eligible to participate.

PLAN YEAR DATES COMMENCING: _____ ENDING: _____
I HEREBY REQUEST PARTICIPATION IN OUR SECTION 125 PLAN AND ELECT THE FOLLOWING CONTRIBUTION AMOUNTS TO BE PAYROLL DEDUCTED IN THE CATEGORIES AS INDICATED:

CASH OPTION	<input type="checkbox"/> CASH OPTION: In lieu of the Employer Provided Group Medical Insurance, I elect the following amount: \$ _____
	<ul style="list-style-type: none"> ● I acknowledge that the coverage provided through my alternative medical plan may not be equal in all areas to the Employer's medical plan. I have had the opportunity to review the Employer's medical plan in detail.

SALARY REDUCTION	PREMIUM CONVERSION
	<input type="checkbox"/> PREMIUM CONVERSION ACCOUNT Medical \$ _____ Dental \$ _____ Vision \$ _____ Other \$ _____ Other \$ _____ Carrier _____ Carrier _____ Carrier _____ Carrier _____ Carrier _____ # of Pays _____ # of Pays _____ # of Pays _____ # of Pays _____ # of Pays _____ Total PLAN YEAR Premium Contributions: \$ _____ <ul style="list-style-type: none"> ● If, as, and when the insurance contributions increase in my Premium Conversion Account, I authorize the Employer to further reduce my salary by the corresponding amount to match my current level of coverage.

SALARY REDUCTION	REIMBURSEMENT ACCOUNTS
	<input type="checkbox"/> FLEXIBLE SPENDING ACCOUNT <input type="checkbox"/> MEDICAL CARE REIMBURSEMENT ACCOUNT Payroll Reduction Amount: \$ _____ Per Pay Period, X _____ Periods = \$ _____ <div style="text-align: right; margin-right: 50px;">Annually</div> <input type="checkbox"/> DEPENDENT CARE REIMBURSEMENT ACCOUNT Payroll Reduction Amount: \$ _____ Per Pay Period, X _____ Periods = \$ _____ <div style="text-align: right; margin-right: 50px;">Annually</div>
	TOTAL PLAN YEAR CONTRIBUTIONS \$ _____

PAYMENT OPTION	<input type="checkbox"/> DIRECT DEPOSIT: Your Section 125 reimbursements will automatically be deposited to your checking or savings account. By choosing this option I give MEBS the authorization to initiate credit entries to my personal bank account. This authority is to remain in effect until MEBS has received written notification of its termination.
	<ul style="list-style-type: none"> ● You MUST attach a voided check or savings withdrawal ticket to your enrollment form.

PLAN ELECTION	TO PARTICIPATE
	<input type="checkbox"/> YES <ul style="list-style-type: none"> ● I have read and understand the information provided, and wish to participate in the Section 125 Plan. Employee Signature _____ Date: _____

PLAN ELECTION	TO DECLINE
	<input type="checkbox"/> NO - SIGN THIS SECTION ONLY IF YOU ELECTED TO DECLINE THE SECTION 125 PLAN <ul style="list-style-type: none"> ● I have been given the opportunity to enroll in this plan, but I do <u>not</u> wish to participate during this Plan Year. Employee Signature _____ Date: _____