

BERING STRAIT SCHOOL DISTRICT
CAFETERIA (FLEXIBLE BENEFIT) PLAN - ELECTION FORM
 FOR THE PLAN YEAR SEPTEMBER 1, 2012 through AUGUST 31, 2013

Last _____ First _____ MI _____ / _____ / _____
Employee Name **Soc. Sec. Acct. No.**
 Number & street _____ City _____ State _____ Zip _____
Home Address

I understand that the rules of IRC Section 125 allow me to use part of my salary on a pretax basis to purchase one or more of the following benefits. I hereby elect to participate in Bering Strait School District's Section 125 Flexible Benefit Plan as indicated below.

<i>Benefit Election Options (Avoids Federal Taxes and F.I.C.A.)</i>		<i>Salary Reduction Amount</i>
HEALTH INSURANCE COVERAGE I Wish to elect the Health Coverage and have my premiums deducted from my payroll	YES [] NO []	- \$ _____ per year
PREMIUM CONVERSION GROUP MEDICAL** Group medical premiums deducted from payroll monthly.	YES [] NO []	- \$ _____ per year

** BSSD will implement this plan on an ongoing basis unless notified to the contrary.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT Maximum of \$500.00 per month (\$5,000 per year).	YES [] NO []	- \$ _____ per year
CHILD (DEPENDENT) CARE FLEXIBLE SPENDING ACCOUNT Maximum of \$500.00 per month (\$5,000 per year).	YES [] NO []	- \$ _____ per year

GROUP TERM LIFE INSURANCE Premiums are valued at \$26 per \$10,000 of term life insurance coverage per year.	YES [] NO []	
Options 1: \$25,000 insurance.	[] []	
Options 2: \$10,000 insurance and receive \$39.00 per year.	[] []	+ \$ _____ per year
Options 3: \$50,000 insurance and pay \$65.00 per year.	[] []	- \$ _____ per year

This election form will remain in effect and cannot be revoked or changed during the plan year unless the revocation and new election are on account of, and consistent with current regulations. I hereby authorize and direct Bering Strait School District to reduce or increase my salary in the amount necessary to pay for the benefits as shown above, for the plan year of September 1, 2012 through August 31, 2013.

Yes, the benefits of this plan have been explained to me and I elect to participate as indicated above.

X _____ Total salary increases/reductions requested. \$ _____
Employee's signature **Date**

Business Office Use Only

Prem: _____

Flex 2: _____

Flex 3: _____

Add-On: _____

Flex 1: _____