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BENEFIT ELECTION FORM **PAYROLL DEDUCT AUTHORIZATION**

Employee Name: _____ Social Security #: _____

Plan Year: December 1, _____ through November 30, _____

A. Election to Participate

As an eligible employee of Nickle’s Section 125 Plan and having been given a copy of the Plan’s Summary Plan Description, I hereby elect to participate in the plan.

B. Payroll Deduction Authorization

I hereby authorize my Employer to deduct amounts from my periodic paychecks sufficient to cover my share of premiums for the insurance coverage’s elected below on either a pre-tax or after-tax basis, as indicated:

Employee Coverages

- | | | |
|---|----------------------------------|------------------------------------|
| <input type="checkbox"/> Medical Insurance (Including Prescription) | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> After-Tax |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> After-Tax |
| <input type="checkbox"/> Voluntary Accident Insurance | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> After-Tax |
| <input type="checkbox"/> Voluntary Cancer Insurance | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> After-Tax |
| <input type="checkbox"/> Voluntary Disability Insurance | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> After-Tax |

Dependent Coverages

- | | | |
|---|----------------------------------|------------------------------------|
| <input type="checkbox"/> Medical Insurance (Including Prescription) | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> After-Tax |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> After-Tax |
| <input type="checkbox"/> Voluntary Accident Insurance | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> After-Tax |
| <input type="checkbox"/> Voluntary Cancer Insurance | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> After-Tax |

C. Other Terms and Conditions

I understand that:

- a. If my required contributions to pay premiums for elected benefits are increased or decreased while this agreement remains in effect, my payroll deduction will automatically be adjusted to reflect that increase or decrease
- b. I cannot change or revoke any of my benefit elections or this payroll deduction agreement at any time during the plan year unless I have a change in status, resulting from one of the following events:
 - i. Marriage

- ii. Divorce
 - iii. Death of a spouse or child
 - iv. Birth or adoption of a child
 - v. Termination or commencement of employment of a spouse
 - vi. Change in my or my spouse's employment status from full-time to part-time or from part-time to full-time
 - vii. My spouse or I taking an unpaid leave of absence
 - viii. A substantial change in my family's health coverage due to a change in my spouse's employer-sponsored health coverage
 - ix. Such other events as the Plan Administrator determines will permit a change or revocation of an election
- c. The Plan Administrator may redirect or cancel my compensation redirection (premium conversion) or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy provisions of the Internal Revenue Code
 - d. If I elect to pay my portion of premiums with pre-tax contributions, my participation in the Plan may result in lower contributions being made to Social Security (OASDI) by me and by Nickle. As a result, I may experience a modest reduction in the ultimate benefits I receive from the Social Security System
 - e. The redirection in my cash compensation (premium conversion) under this agreement shall be in addition to any reductions under other agreements or benefit programs maintained by Nickle.
 - f. Prior to the first day of each plan year, I will have the opportunity to change my benefit elections for the following plan year. If I do not complete and return a new Enrollment Form at that time, I will be treated as having elected to continue my benefit elections then in effect for the new Plan Year.

This agreement is subject to the terms of Nickle Electrical's Section 125 premium conversion plan, as amended from time to time. This agreement revokes any prior elections relating to the plan.

Employee's Signature

Date

Accepted and agreed to by Nickle Electrical's Authorized Representative

Nickle Authorized Representative

Date