





CAFETERIA PLAN- Election Form and Compensation Reduction Agreement

Employer: Oak Ridge Schools
Employee Name:
Employee Address:
Employee SSN: Eligibility Date:
Plan Year: through
☐ I accept the following benefits under the Cafeteria Plan (premiums deducted pre- tax):
☐ Health Insurance ☐ Dental Insurance ☐ Vision Insurance
TO BE COMPLETED BY PAYROLL
COVERAGE TYPE Premium PPP # PP Annual Amount
Health \$ = \$
Dental \$ x = \$
Vision \$ = \$
\Box I decline to participate in the Cafeteria Plan (benefit premiums deducted post-tax).
 I understand all of the benefit options available under the Plan I decline to participate in the Plan and elect to pay for my eligible benefits with after tax compensation for the current plan year. I understand that prior to each plan year I will be offered the opportunity to change my benefit election for the plan year.
THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE COMPANY'S CAFETERIA PLAN AS AMENDED FROM TIME TO TIME IN EFFECT, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS, SHALL TAKE EFFECT AS A SEALED INSTRUMENT UNDER APPLICABLE LAWS, AND REVOKES ANY PRIOR ELECTION AND COMPENSATION REDUCTION AGREEMENT RELATING TO SUCH PLAN(S).
Employee Signature Date

Cafteria Plans allow employees to choose the benefits they want or need from a package of programs offered by an employer. Cafteria plans may include health, dental or vision insurance and reimbursement accounts that employees can use to pay for out-of-pockent health or dependent care expenses. In a cafeteria plan, employees contribute to the cost of these benefits through a payroll deduction of their before-tax income, reducing the employer's contribution. In addition, the ability to pay for benefits with pre-tax income lowers an employee's taxable income while raising the amount of their take-home pay-an added "benefit."

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TASC