



CITY OF WESTFIELD

SECTION 125 BENEFIT ENROLLMENT ELECTION

Employee Name: _____
(Print Name)

Employee Number: _____

SALARY REDUCTION AGREEMENT FOR COVERAGE UNDER CERTAIN BENEFITS

(Please complete all sections that apply)

I **ELECT** to receive the following coverage under the Cafeteria Plan (Pre-tax deduction):

Level of Coverage:	<u>Individual</u>	<u>Family</u>
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>

Flexible Spending Account (FSA):

Health Care Reimbursement Account (HCA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dependent Care Assistance Account (DCA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I **DECLINE** to participate in the following benefits:

Health Insurance * Dental Insurance Flexible Spending Account

***I understand that I and my eligible dependent(s), if applicable, have been offered group health insurance by the City of Westfield, MA and I am electing not to enroll myself or my dependents**

I understand the following:

Changes in the cafeteria plan elections/benefit elections can only be made at open enrollment or due to a qualifying event (e.g., change in family status; child obtaining age 26; change in employment status; loss of coverage; cost or coverage changes) and/or other events as would permit a revocation or change of election under IRS 125 regulations.

Execution of this benefit election/salary reduction agreement does not automatically institute insurance coverage; in most instances an application for insurance must be completed. Premiums charged for insurance coverage may be adjusted by the carrier issuing the contract and my "take home" pay may be higher or lower depending on the sections made.

This election shall remain in effect until the earlier of the following dates: the date the Participant terminates participation in the Plan; or the effective date of the subsequently filed election form.

I hereby authorize the above payroll reductions as my contribution to my Employer's Section 125 Cafeteria Plan.

This authorization replaces any previous authorization I have made.

Signature

Date