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| <input type="checkbox"/> New/Open Enrollment<br><input type="checkbox"/> Change of personal information<br><input type="checkbox"/> Change in family status<br><input type="checkbox"/> Termination |
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## PREMIUM CONVERSION PLAN ELECTION FORM

### Personal Information

Last Name	First Name	M.I.	Social Security No.	
Street Address		City	State	Zip
Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Hire: ____/____/____	

### Pre-Tax Benefit Elections (please select one box for each section)

#### Health/Dental Plan:

- Employee Only
- Employee + One
- Employee + Family
- I choose not to tax shelter premiums for this benefit
- I am not enrolled for this coverage

#### Vision Plan:

- Employee Only
- Employee + One
- Employee + Family
- I choose not to tax shelter premiums for this benefit
- I am not enrolled for this coverage

#### Cancer Plan:

- Employee Only
- Employee + One
- Employee + Family
- I choose not to tax shelter premiums for this benefit
- I am not enrolled for this coverage

#### Accident Plan:

- Employee Only
- Employee + One
- Employee + Family
- I choose not to tax shelter premiums for this benefit
- I am not enrolled for this coverage

### Salary Reduction Agreement

I have read and understand the explanation I have received regarding my options under the Harding University Premium Conversion Plan. I understand I have the right to have Harding University reduce my salary on a pre-tax basis during the plan year and apply this amount toward the purchase of the coverages I have designated above. I understand that my share of the cost of these coverages may be adjusted from time to time to reflect the change in rates charged for these benefits. I acknowledge that my election is irrevocable unless there is a change in my family status. A change in family status includes but is not limited to: marriage; divorce; loss of eligibility; death of a spouse or dependent; birth or adoption of a child; or a change in my or my spouse's employment status.

If I selected not to participate in any or all of the available tax sheltered premium options, I understand that I will not be allowed to participate until the annual enrollment date of January 1.

I hereby authorize Harding University to reduce my pay based on the elections above. I understand that the benefit options that I have elected will remain in force from January 1 to December 31, unless my family status changes.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date