



SECTION 125 CAFETERIA PLAN

Employee Election /Waiver Form and Compensation Reduction Agreement

This form must be completed when an employee elects to either a) enroll in a pre-tax medical plan with premiums to be deducted from their compensation or b) waive all pre-tax medical benefits.

Employee Name	
Employee Address	
Employee Social Security Number	
Plan Year	July 1, 2016 through June 30, 2017

<u>Medical Plan Election</u>	<u>Dependent Coverage</u>	I elect and authorize ServiceNet, Inc. to make deductions from my pay necessary to cover the premiums for Medical Insurance I have enrolled in under the Company's Section 125 Premium Only Plan.
Health New England Essential \$2,000 Plan	<input type="checkbox"/> Employee Only	
	<input type="checkbox"/> Double	
	<input type="checkbox"/> Family	
Health New England Wise HMO High Deductible HSA Plan	<input type="checkbox"/> Employee Only	
	<input type="checkbox"/> Double	
	<input type="checkbox"/> Family	
Health New England Wise Plus PPO High Deductible Health Plan	<input type="checkbox"/> Employee Only	
	<input type="checkbox"/> Double	
	<input type="checkbox"/> Family	
<input type="checkbox"/> Waive Medical Coverage	Reason:	

<u>Dental Plan Election</u>	<u>Dependent Coverage</u>	<u>Bi-Weekly Employee Contribution</u>
Delta Dental PPO Plus Premier Plan 2 Passive Calendar Year Maximum \$1,750	<input type="checkbox"/> Employee Only	\$ 18.44
	<input type="checkbox"/> Family	\$ 56.38
Delta Dental Premier PPO Plan 3 Calendar Year Maximum \$1,250	<input type="checkbox"/> Employee Only	\$ 14.48
	<input type="checkbox"/> Family	\$ 42.58
<input type="checkbox"/> Waive Dental Coverage	Reason:	

Election of Pre-Tax Benefits

I understand that an amount equal to the annual contributions for the coverage I have elected, divided by the number of pay periods in the Plan Year, will be deducted on a pre-tax basis from each of my paychecks (unless another method is prescribed by the Plan Administrator) to pay for the coverage that I elect.

Waiver of Pre-Tax Benefits

I elect to waive all pre-tax benefits under the Section 125 Cafeteria Plan. I understand that if I have enrolled for medical care coverage on a separate benefit enrollment form, I will pay the required contribution with after-tax payroll deductions. I understand that I cannot elect pre-tax benefits except and until as described below and any after-tax medical care coverage is outside the Plan. Prior to each Plan Year I will be offered the opportunity to make a new benefit election for the coming 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 this election to waive participation as indicated above.

Election for Medical/Dental Coverage

On a separate enrollment form(s), I have enrolled in medical care and/or dental care coverage and I have received a schedule showing my share of the contributions for such coverages.

I understand that:

- If my required contributions to pay premiums for the elected benefits are increased or decreased while this agreement remains in effect, my compensation reductions will automatically be adjusted to reflect that increase or decrease.
- The Plan Administrator may reduce or cancel my compensation reduction or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.
- The reduction in my cash compensation under this agreement shall be in addition to any reductions under other agreements or benefits programs maintained by my employer.
- Pre-tax contributions are not subject to federal income or Social Security ("FICA") taxes. This could result in a reduction in the Social Security benefits I receive at retirement if I earn less than the annual FICA "taxable wage base" (\$118,500 for 2015).
- Prior to the first day of each Plan Year I will be offered the opportunity to make a new benefit election for the coming 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 this benefit election for the new Plan Year. In addition, this compensation reduction agreement will continue by its terms in the amount of the required contribution for the benefit option for the new Plan Year.
- I also understand that due to federal regulations, I cannot change my medical/dental elections or stop participation in the plan during the plan year unless I have a qualified change in family or employment status, i.e., marriage, divorce, birth/adoption of a child, death in my immediate family, etc. I understand that I must notify Human Resources within 30 days should such a change occur.
- This Agreement is subject to the terms of the employer's Section 125 cafeteria plan, as amended for 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.

Employee Signature

Date

Accepted and agreed to by the Employer's Authorized Representative:

By

Date