

**WINDHAM CENTRAL EDUCATION
ASSOCIATION CAFETERIA PLAN**

Election of Benefits Form

Name (Last, First, MI)		Date
Mailing Address		City, State, Zip Code
Social Security #	Plan Year	School District
e-mail address		Phone
ELECTION OF HEALTH CARE REIMBURSEMENT		
<input type="checkbox"/> I elect to participate in the Health Care Reimbursement Account for the plan year. (See the "Health Care Reimbursement Worksheet" and list on "Qualifying Expenses") NOTE: Your contribution to the Health Care Reimbursement Account is limited to \$_____.		
1. Amount to be deducted each pay period: \$ _____ 2. Number of pay periods in the Plan Year: x _____ 3. Total for Plan Year (1 x 2): \$ _____		
<input type="checkbox"/> I elect NOT to participate in the Health Care Reimbursement Account.		
ELECTION OF DEPENDENT CARE ASSISTANCE		
<input type="checkbox"/> I elect to participate in the Dependent Care Assistance Account for the plan year. The maximum amount which may be allocated to the Dependent Care Assistance Account is \$5,000. (This limit may be reduced if you are married and you or your spouse are not employed full time or your spouse is a full-time student or your spouse is unable to care for him/herself. Please see the Plan Administrator for details.)		
1. Amount to be deducted each pay period: \$ _____ 2. Number of pay periods in the Plan Year: x _____ 3. Total for Plan Year (1 x 2): \$ _____		
<input type="checkbox"/> I elect NOT to participate in the Dependent Care Assistance Account.		
WAIVER OF PREMIUM CONVERSION		
All employee-paid health and dental insurance premiums will automatically be paid through the Windham Central Education Association Cafeteria Plan unless you elect not to participate.		
STOP : Consider your response. Checking this box may not do what you think it will do. Most employees elect to participate in this part of the plan by NOT checking the box. Check this box only if you do not want your insurance premiums deducted on a pre-tax basis.		
<input type="checkbox"/> I elect NOT to participate in the Premium Payment part of this Plan. This means that all employee-paid health and dental insurance premiums will be paid with after-tax dollars, thus receiving no payroll tax savings.		
I have read and understand the "Other Terms and Conditions Statement" (found on page 2) before signing below.		
Employee's Signature:		Date: