

UL Lafayette Cafeteria Election Form

1. Personal Information (Complete all information. Please print)

Employee Social Security Number _____ Department _____ 12MO, 10MO or BW Employee _____

Last Name _____ First Name _____ Initial _____

Full Address (Street or P.O. Box, Apt. Number, City, State and Zip Code) _____ Phone Number _____

2. Salary Conversion Plan

I choose to pay my medical, dental and life contributions through the Salary Conversion Plan on a before-tax basis. I choose not to participate in the Salary Conversion Plan and my contributions should remain on an after-tax basis.

If you DO NOT return this form, your contribution will remain on an after-tax basis.

3. Health Care Spending Account

I choose to participate in a Health Care Spending Account (Maximum - \$10,000). I choose not to participate in a Health Care Spending Account.

My total election for the Plan Year is \$_____.

4. Dependent Care Spending Account

I choose to participate in a Dependent Care Spending Account (Maximum - \$5,000 or \$2,500, if married and filing separately). I choose not to participate in a Dependent Care Spending Account.

My total election for the plan year is \$_____.

I understand that my election cannot be more than my annual salary or my spouse's (if married), whichever is less, and that reimbursement from all employer plans CANNOT exceed \$5,000.

5. Signature

By signing this form, I understand that:

- My elections for the year cannot be changed unless my family circumstances change.
- Any money remaining in my account(s) at the end of the year will be forfeited.
- The deductions I have elected are made in accordance with the Plan Document and will be deducted in equal installments from my paychecks.
- There is a small monthly fee for the handling and processing of claims related to your account(s).

Signature _____

Date _____

Insurance Effective Date: _____
Employment Date: _____

For the Plan Year beginning _____, 20_____.

Please return this form to the Personnel Office, Martin Hall, Room 170