

THE MUSKINGUM COLLEGE 125 FLEXIBLE BENEFITS PLAN
(To tax exempt employees' share of health and dental insurance contributions)

Election and Compensation Reduction Agreement

Name: _____

Address: _____

Social Security Number: _____

I have enrolled for certain medical benefit coverages.

I elect to receive this coverage under the Muskingum College 125 Flexible Benefit Plan. Any previous election and compensation reduction agreement under the Plan relating to the same benefits is hereby revoked.

I and the College agree that my pay will be reduced by the amount of my required contribution for the benefit I have elected under the Plan, effective _____*, and continuing for each succeeding pay period until this agreement is amended or terminated. The amount of my required contribution for each benefit option selected is set forth on a schedule that has been provided to me.

I understand that:

- I cannot change or revoke this benefit election or compensation reduction agreement as of any date prior to the next January 1, unless I have a change in family status (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse and such other events as the Plan Administrator determines will permit a change or revocation of an election).
- If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my pay reduction will automatically be adjusted to reflect that increase or decrease.
- Prior to January 1 each year I will be offered the opportunity to change my benefit election for the following Plan Year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my benefit coverage then in effect for the new Plan year (January 1 to December 31). In addition, this compensation reduction agreement will continue by its terms in the amount of the required contribution for these benefit options.
- The Plan Administrator may reduce or cancel the amount of my pay reduction or otherwise modify this agreement in accordance with the Plan if he believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.
- The reduction in my cash compensation under this agreement will be in addition to any reductions under other agreements or benefit plans.

* The pay reduction may not be effective for any pay period that begins before you have signed this form and returned it to the Plan Administrator.

Employee's Signature

Date: _____

Accepted and agreed to by Muskingum College

By: _____

Date: _____