

JUNIATA COLLEGE  
PREMIUM CONVERSION PLAN  
ELECTION OF BENEFITS

PARTICIPANT (Please Print)

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Last Name	First	Middle Initial	Social Security No.
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**Salary Redirection Agreement**

I understand the explanation I have received regarding my options under the Juniata College Premium Conversion Plan, and I hereby elect to have the College redirect my salary on a pretax basis during the Plan Year and apply this amount toward the purchase of the benefits I have designated below. I understand that my share of the cost of these benefits may be adjusted from time to time to reflect the change in rates charged by the carriers. I acknowledge that my election is irrevocable unless there is a change in my family status (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or assumption or termination of my spouse's employment).

**Benefit Election**

\_\_\_\_\_ *Check here if this election represents a change from last year's enrollment. Indicate change here:* \_\_\_\_\_

I understand my share of the current cost for coverage is:

\_\_\_\_\_ \$47.62/mo for employee-only coverage.

\_\_\_\_\_ \$153.67/mo for two-person dependent coverage.

\_\_\_\_\_ \$206.85/mo for family dependent coverage.

\_\_\_\_\_ \$2.04/mo for vision dependent coverage.

\_\_\_\_\_ \$\_\_\_\_\_ for dental coverage.

My signature indicates that I require coverage and that my share of the cost shall be contributed on a pretax basis.

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Signature

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Date

**Waiver of Salary Redirection Agreement**

I have read and understand the explanation I have received regarding my options under the Juniata College Premium Conversion Plan, and I hereby elect to waive my right to pretax salary redirection.

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Signature

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Date

**Return to the Office of Human Resources**