

**JUNIATA COLLEGE  
PRE-TAX ELECTION OF BENEFITS FORM  
(Section 125 Form)**

PARTICIPANT (Please Print)

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:*

**Medical Coverage ( Select One)**

PPO		QHDHP	
	\$169.25 Base Rate or \$126.93 Wellness Rate/ mo employee only		\$155.32 Base Rate or \$116.49 Wellness Rate/mo employee only
	\$391.31 Base Rate or \$349.00 Wellness Rate/mo two-person		\$358.80 Base Rate or \$319.97 Wellness Rate/mo two-person
	\$467.53 Base Rate or \$425.22 Wellness Rate/ mo family		\$428.68 Base Rate or \$389.85 Wellness Rate/ mo family

**Dental Coverage ( Select One)**

High Dental		Low Dental	
	\$37.75/mo employee-only		\$26.85/mo employee only
	\$73.88/mo two-person		\$51.89/mo two-person
	\$125.75/mo family		\$85.70/mo family

**Vision Coverage ( Employee Only is employer paid)**

Vision	
	\$2.04/ mo for two person or family Coverage

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to the Office of Human Resources