

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:* _____

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

Medical coverage (Select One)

PPO		HDHP	
	\$121.80/mo employee-only		\$111.78/mo employee only
	\$334.89/mo two-person		\$307.04/mo two-person
	\$408.03/mo family		\$374.10/mo family

Dental coverage (Select One)

High Dental		Low Dental	
	\$36.65/mo employee-only		\$24.86/mo employee only
	\$71.73/mo two-person		\$48.05/mo two-person
	\$122.09/mo family		\$79.35/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