

NEW \_\_\_\_\_  
CHANGE \_\_\_\_\_

**ROSWELL ISD  
EMPLOYEE ELECTION FORM  
FLEXIBLE BENEFIT PLAN  
ANNUAL ENROLLMENT**

**NAME:** \_\_\_\_\_ **EFFECTIVE DATE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SS #** \_\_\_\_\_ **For the Plan Year : 03/01/2021 to 02/28/2022**

I wish to participate in the flexible benefit plan and have my portion of the following benefits paid with before tax dollars:

Medical	Dental	Vision	Heart/Stroke Cancer	AD&D	Disability	Supplemental Medical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANNUAL

**Per Pay Period**      **Dependant/Elder Care:** \_\_\_\_\_ **Medical Spending Acct:** \_\_\_\_\_ **MSA MAX. \$2750**

I understand that if I participate:

- My Social Security benefits may be slightly reduced as a result of this election.
- My annual withholding (W-2) form will reflect my reduced taxable income.
- **I cannot change or revoke this election during the Plan Year unless an exception applies. The primary exceptions described in the Plan Document include that I may change the election if there has been a significant increase in the cost of coverage or change in status.**
  - 1. **A significant increase in the cost of coverage includes:**
    - \_\_\_\_\_ A significant cost increase
    - \_\_\_\_\_ A significant curtailment of coverage
    - \_\_\_\_\_ Addition/elimination of a benefit package option
    - \_\_\_\_\_ Change in coverage of spouse/dependent under another employer's plan.
  - 2. **A change in status includes:**
    - \_\_\_\_\_ Change in my legal marital status
    - \_\_\_\_\_ Change in the number of my tax dependents
    - \_\_\_\_\_ Change in my employment status or that of my spouse/dependent
    - \_\_\_\_\_ Change in residence that affects eligibility in my plan
    - \_\_\_\_\_ Change in a dependent satisfying/ceasing to satisfy eligibility requirements
    - \_\_\_\_\_ Open Enrollment for spouse's employer – premiums only
- My employer may cancel this election, if necessary, to comply with the provisions of the IRS Code.
- My portion of the cost of the Benefit Plan paid with before-tax dollars will automatically increase or decrease, as the case may be, to reflect the change in the cost of benefits.
- Any disability income insurance premiums paid with before-tax dollars will result in taxable benefits from the disability policy.

☐ I do not wish to participate in the flexible benefit plan.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**