

AMERICAN FIDELITY ASSURANCE COMPANY  
 NORTHEASTERN STATE UNIVERSITY  
 Benefit Election Confirmation and Enrollment Form  
 For Plan Year 01/01/2016 through 12/31/2016

Name:
Address:
City, State, Zip:
Social Security Number:
Home Phone Number:
Number of Pay Periods:

**Section 125 Flexible Benefit Enrollment**

A Section 125 Plan allows employees to have eligible insurance premiums taken out of their paycheck before taxes. Eligible insurance benefits include medical, dental, vision, short disability income insurance (available before or after tax), cancer and individual term life insurance.

I elect to have all of my eligible insurance premiums under the Section 125 Plan\*

The premium amount for coverages which you elect to have under the section 125 Plan: (Before-tax)

<input type="checkbox"/> Medical \$	<input type="checkbox"/> Dental \$	<input type="checkbox"/> Vision \$	<input type="checkbox"/> GAP \$	<input type="checkbox"/> Accident \$
<input type="checkbox"/> Short Term Disability Income Insurance \$	<input type="checkbox"/> Cancer \$	<input type="checkbox"/> Term Life \$		

The premium amounts for coverages which you elect to have outside the Section 125 Plan: (After-tax)

<input type="checkbox"/> Life \$	<input type="checkbox"/> American Fidelity Life \$
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**Flexible Spending Accounts**

This part of Section 125 allows employees to set aside pre-tax dollars for unreimbursed medical expenses and dependent care expenses. However, any expense dollars not used for expenses incurred during the period of coverage are forfeited. This is known as the “use it or lose it” rule. It is very important you be conservative and accurate when estimating your expenses for the year.\*\*\*

- Medical Expense Reimbursement:                      Total Plan Year Election: \$\_\_\_\_\_ (min \$100, max \$2,500)
- Dependent Care Expense Reimbursement:            Total Plan Year Election: \$\_\_\_\_\_ (min \$120, max \$5,000)
- I have questions regarding these accounts.

**American Fidelity Insurance Benefits Available**

If you would like additional information, please check the appropriate box(es).

- |   |  |
|---|--|
| <input type="checkbox"/> Short Term Disability Income Insurance**                 | <input type="checkbox"/> Cancer/Intensive Care       |
| <input type="checkbox"/> Long Term Care <sup>1</sup>                              | <input type="checkbox"/> Life Insurance <sup>1</sup> |
| <input type="checkbox"/> Accident Only  | <input type="checkbox"/> 403(b) <sup>1</sup>         |
| <input type="checkbox"/> I need additional information, or wish to make a change. |  |

<sup>1</sup>Coverage is not available for purchase under the Section 125 plan.

**SIGNATURE REQUIRED ON BACK**

\* SECTION 125 FLEXIBLE BENEFIT PLAN

I understand that the premiums under Section 125 cannot be revoked or changed during the Plan year. The only exception is that you may change your election on account of and consistent with an IRS approved change of status (e.g. marriage, divorce, death of a spouse or child, birth or adoption of a child, change of employment status of a spouse, cost or coverage changes) and such other events as would permit a revocation or change of election under IRC 125 regulations. The election change must be requested within 30 days of the event and must be on account of and consistent with the change in status as defined in the Plan. My participation in this Plan terminates on the last day of the Plan year. Before the beginning of each Plan year, I will be offered the opportunity to change my election for the following Plan year.

\*\*\*FLEXIBLE SPENDING ACCOUNTS  
REIMBURSEMENT RULES FOR PARTICIPATION

I understand that if the dollars allocated to be reimbursed to me under the provisions of this plan are not used for such benefits, the balance of the unused amounts must be forfeited to my Employer ("Use it or lose it").

Medical expenses reimbursed under this plan are not eligible as tax deductions on my federal income tax return.

Medical expenses for reimbursement include certain expenses incurred during the period of coverage plan year for the diagnosis, cure, mitigation, treatment, or prevention of disease for which there has been no other reimbursement through insurance, damages, or otherwise. Certain cosmetic surgery expenses and medical insurance premiums are not eligible for reimbursement.

I understand that during an unpaid leave of absence, in order to continue participation, contributions to the medical expense reimbursement account must be made on an after-tax-basis just like any insurance premiums. When I return to work, the pre-tax contribution will resume. In most cases, no change may be made in the medical expense reimbursement account except for termination of the plan due to termination of my employment. For special rules affecting your plan, please contact your employer.

If I terminate my employment and do not elect to continue my medical expense account payments on an after-tax basis, only expenses incurred during the period of coverage will be reimbursed. Coverage under the reimbursement account ceases when the payments cease.

Dependent care expenses reimbursed under this plan are not eligible for the dependent care tax credit on my federal income tax return.

Dependent care expenses eligible for reimbursement must be provided by third parties meeting both applicable state law requirements and federal tax law requirements. Claims may only be made for dependent care that has already been provided. The amount allocated by federal tax law is \$5,000 (or \$2,500 each if married and filing separately) for the calendar year.

I understand that I will receive expense vouchers to assist in filing for the expense reimbursement and in keeping track of eligible expenses under the plan. I also understand that I must complete one of these vouchers and submit it with proper documentation in order to be reimbursed for any expenses on a timely basis.

I understand that I must submit documentation as requested by American Fidelity for all expenses reimbursed under this plan.

I understand that no reimbursement will be made until the first contribution is received and posted to my account.

I agree to notify my Employer if there is reason to believe that any item for which reimbursement has been made is not allowable under the terms of the Plan.

Employee Signature:

Date: