

**Section 125 Plan Salary Redirection/Reduction Agreement
Miami Trace Local School District - Tax ID #31-6006819**

The Board of Education of the Miami Trace Local School District provides a Section 125 Plan for its employees. A Section 125 Plan operates under the guidelines of the Internal Revenue Service and provides employees the choice of cash (taxable wages earned) or qualifying benefits (i.e., insurance and HSA benefits). Through this plan, employees may enter into a salary redirection/reduction agreement which allows the employer to deduct the employee's share of said qualifying benefits on a pre-tax basis. Otherwise, all wages of the employee will be taxed and any payroll deductions for an employee's share of insurance benefits will be paid with after-tax dollars.

Plan Year – January 1 through December 31

Employee Name: _____

Employee Address: _____

Social Security Number: _____ Date of Birth: _____

I agree that my compensation will be reduced by the amount of my required contribution for any qualified benefits I have selected under the Plan, excluding disability, continuing each pay period until this agreement and/or benefits are amended or terminated. The amount of my required contribution for each benefit is set forth per board action and has been provided to me. I understand that:

- I cannot change or revoke any of my benefits at any time during the Plan year unless I have a qualifying change in status (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse and such other events as will permit a change or revocation of an election under the Internal Revenue Code, as amended) and the change is caused by and consistent with the change of status.
- Each year during the open enrollment period of benefits, I will be provided the opportunity to add or drop coverage for the following Plan year and to change my Section 125 status. If I do not complete and return a new election form to change my Section 125 status, I will be treated as having elected to continue participation in the Plan on the same pre-tax basis with the same coverage.

I elect to participate in the above-referenced Plan and therefore authorize the appropriate pre-tax salary redirection for Section 125 benefits, excluding disability. This agreement is subject to the terms of my employer's Plan, as it may be amended from time to time, shall be governed by and construed in accordance with and shall take effect as a sealed instrument under applicable laws, and revokes any prior Plan election.

Employee Signature: _____ Date: _____

Waiver of Participation

I elect not to participate in the above-referenced Plan and therefore elect to receive my full compensation in cash for the following Plan year. I understand that I cannot change or revoke this election to receive full compensation in cash at any time during the Plan year, unless I have a qualifying change in status.

Each year during the open enrollment period of benefits, I will be provided the opportunity to add or drop coverage for the following Plan year and to change my Section 125 status. If I do not complete and return a new election form to change my Section 125 status, I will be treated as having elected to continue to receive full cash compensation in effect for the new Plan year.

Employee Signature: _____ Date: _____