

**SULLIVAN COUNTY BOCES
SECTION 125 ELECTION FORM**

January 1, 2008 through December 31, 2008

Name (print) _____

Address _____

A. PREMIUM ONLY

- In accordance with coverage previously selected by me, I hereby elect to have my authorized payroll deductions for such premiums deducted on a pre-tax basis.
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B. FLEXIBLE SPENDING ACCOUNTS

1. HEALTH REIMBURSEMENT ACCOUNT (Health related expenses for Employees & Dependents)

- I hereby elect to make the following annual contribution to my Health Care Flexible Spending Account under the Plan and hereby agree that the annual contribution will be made in equal amounts each pay period through payroll deduction:

\$ _____ total for the plan year. \$ _____ for each pay period

Note: The maximum amount you can contribute to your Health Reimbursement Account is **\$3,000**.

2. DEPENDENT CARE ACCOUNT (Child Care and Dependent Care Centers, Etc.)

- I hereby elect to make the following contribution to my Dependent Care Flexible Spending Account under the Plan and hereby agree that the annual contribution will be made in equal amounts each pay period, through payroll deduction:

\$ _____ total for the plan year. \$ _____ for each period.

Note: The annual deposit in your Dependent Care Flexible Spending Account cannot exceed \$5,000 for married. (\$2,500 for married participants who file separate returns).

I understand that the above elections will remain in effect until that last day of the Period of Coverage noted above. I understand further that if there is a significant change in the cost of Health coverage under the Plan, the District may increase automatically during the Plan Year the payroll deduction **if any** I am required to make per pay period to purchase the Health Benefits I have elected above. I understand further that the payroll deduction elections set forth above will continue in effect notwithstanding any reduction in the Health Benefits I have elected above. In addition, I understand that except in certain cases involving a significant reduction in Health coverage or a significant increase in the cost of Health coverage under the Plan for which the District permits me to change my Health coverage elections, I may change the above elections during the Period of Coverage noted above only if I experience a "status change", as defined under applicable law, and I may change my elections only in a manner consistent with that "status change". Finally, I understand that the elections noted above may need to be modified by the District to ensure that the Plan complies with applicable tax rules.

Date

Signature of Participant