

MUHLENBERG
COLLEGE

SECTION 125 PLAN
Benefit Election Agreement
Plan Year Beginning: January 2009

Participant Name (Print)

Social Security Number

As an eligible participant in the Muhlenberg College Section 125 Plan, I hereby elect the following benefits. My share of the cost of these benefits will be paid through an adjustment to my taxable compensation beginning with the next payroll date subsequent to the date of my signature below.

Indicate selections by **placing your initials in the space provided:**

A. _____ Highmark Blue Shield PPO

- Individual
 Two-Party
 Family (3 or more)

B. _____ Concordia Preferred Dental

- Individual
 Two-party
 Family (3 or more)

I understand that:

- *I cannot change or revoke this agreement at any time during the Plan Year unless I have a change in family status, as defined by the Plan. I may make changes to my coverage and/or pre-tax election during the Open Enrollment period, to take effect the following January 1.*
- *Any reduction in my income subject to FICA taxes may affect my Social Security benefits at retirement and/or upon disability.*
- *This election will remain in effect for subsequent years unless changed by me prior to the first day of succeeding years.*

For the benefits initialed above, I (check one)

- Elect the pre-tax option
 Decline the pre-tax option

Signature

Date

PLEASE RETURN ALL FORMS TO HUMAN RESOURCES

**Complete the Spouse/Domestic Partner Form if you are covering your spouse
or domestic partner**