

**Baylor University Salary Redirection Agreement
Flex Plan (IRC Section 125 Plan)
Election Period: Calendar Year**

Employee Name: _____	Effective Date: _____
Street Address: _____	*Social Sec. #: _____
City/State/Zip: _____	Baylor ID #: _____
Department: _____	Campus ext.: _____

*Full social security number if new participant or last four digits if returning participant.

MONTHLY PRE-TAX INSURANCE CONTRIBUTIONS:

I will retain my current insurance plan(s) with no changes.

Authorize deduction of premium *Required Application/Enrollment Form*

- | | |
|------------------------------------|---|
| Group Health Plan | Enrollment Application/Change Form |
| Group Dependent Dental Plan | DR Dental Application/QCD Enrollment Form |
| Voluntary Accident | Voluntary Products Information |
| Voluntary Cancer | Voluntary Products Information |
| Voluntary Intensive Care | Voluntary Products Information |

Completion of this form does not enroll you or your dependents in any of your employer's insurance coverages.

FLEXIBLE SPENDING ACCOUNTS (FSA) - PRE-TAX:

Flexible Spending Account values must be re-established each year.

Health/Dental Care Reimbursement

- \$5,500 Annual Limit

\$_____ per month X _____ number of deductions = \$_____ annual election

Dependent Day Care Expenses

\$5,000 Annual Limit, Single or Married Filing Jointly

\$2,500 Annual Limit, Married Filing Separately

\$_____ per month X _____ number of deductions = \$_____ annual election

AUTHORIZATION AND REQUEST FOR PARTICIPATION:

I hereby authorize my employer to make periodic salary redirections from my paycheck to be deposited in my Flex Plan, for the Election Period specified above in an amount equal to the premiums required for insurance coverages elected above plus the specific dollar amounts, if any, elected for Health/Dental or Dependent Day Care Reimbursement. The salary redirections shall be made in substantially equal amounts to the extent administratively feasible. I further authorize Baylor's third party administrator to disburse funds from my account in accordance with the Plan and my elections.

I hereby verify that I know a copy of the Flex One Summary is available and understand the operations and benefits of the Plan. I will abide by the Plan Document and Summary Plan Description. I further understand that I may **not** revoke or change my participation in this plan until the next plan anniversary (open enrollment) unless I experience a change of status (30 day window) or within the first 31 days of full time employment as listed in the Summary Plan Description.

Employee Signature _____ Date _____

PARTICIPATION DECLINED:

The benefits of the plan have been explained to me. I decline participation.

Employee Signature _____ Date _____