

City of Delano
Section 125 Election Agreement
Plan Year: July 1, 2020 – June 30, 2021



This form authorizes the City to deduct pre-tax benefit dollars for the purpose of Medical Reimbursement and or Dependent Care Expenses. Also, all Premier Access High Plan Dental Participants and Employees with dependent coverage must elect to have the insurance premiums deducted pre-tax otherwise they will be deducted post-tax.

STEP 1: ARE YOU ENROLLING OR RE-ENROLLING IN: [No – go to Step #2/Yes – go to Step #3]
 Medical Reimbursement Dependent Care Account Premier Access High Plan Dependent Coverage

STEP 2: WAIVER – NOT ENROLLING OR RE-ENROLLING

I acknowledge that I have been given the opportunity to participate in the Section 125 Flexible Benefit Plan sponsored by the City of Delano. I choose not to participate in the Plan at this time. By waiving participation for this plan year (2020/21), I understand that I will not become eligible to participate until the succeeding plan year (2021/22).

Name (print): _____ Date: _____

Signature: _____

STOP HERE IF WAIVING PARTICIPATION - RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES

STEP 3: PLAN CHOICES

a) **Medical Reimbursement** [Annual Plan Maximum: \$2,750.00]

\$ _____ / Annual \$ _____ / Per Pay Period* Initials: _____

b) **Dependent Care Expenses**

Tax Status – check one: Single/Married filing jointly – Annual Maximum: \$5,000.00
 Married filing separately – Annual Maximum: \$2,500.00

\$ _____ / Annual \$ _____ / Per Pay Period* Initials: _____

c) **Dental Insurance – Premier Access High Plan – Semi-monthly Rates**

Status – check one: Employee Only (\$8.42/semi-monthly) Employee+ Spouse Only (\$17.26/semi-monthly)
 Employee+ Children Only (\$17.51/semi-monthly) Employee+ Family (\$27.27/semi-monthly)

\$ _____ / Annual \$ _____ / Semi-monthly* Initials: _____

d) **Dependent Coverage** [Premiums deducted semi-monthly]

Initials: _____

The annual cost is the monthly rate x 12***** The amount semi-monthly is the annual cost divided by 24

Election Authorization

I, the undersigned employee of the City of Delano, hereby make the following election regarding the benefits available to me under the Section 125 Flexible Benefit Plan. I am further making an election to have my taxable compensation reduced by an amount equal to the value of the benefits specified below, such amount to be deducted in approximately equal sums from my regular paychecks during the coming Plan Year. I understand that this election form cannot be revoked or changed during the plan year, unless there is a change in family status. I understand that salary reductions must be reimbursed for qualified expenses incurred during the plan year and may not be carried over into future plan years. If at the end of the plan year, my total contributions exceed my qualified expenses, the difference in amounts will be forfeited per IRS Code.

Name (print): _____ Date: _____

Signature: _____

