

Florida Resource Management

Employee Benefit Payroll Deduction Form

This form must be signed in either Section I or Section II depending upon your tax preference.

Client Name: _____

Client ID: _____

Employer Name: _____

Social Security #: _____ - _____ - _____

Type	Provider	Tax		Per Pay Period EE Deduction	Type	Provider	Per Pay Period EE Deduction	
<input type="checkbox"/> Health		<input type="checkbox"/> Before	<input type="checkbox"/> After	\$	<input type="checkbox"/> 401k/403B		\$	%
<input type="checkbox"/> Dental		<input type="checkbox"/> Before	<input type="checkbox"/> After	\$	<input type="checkbox"/> Roth			
<input type="checkbox"/> Vision		<input type="checkbox"/> Before	<input type="checkbox"/> After	\$	<input type="checkbox"/> IRA/Simple IRA			
<input type="checkbox"/> Other		<input type="checkbox"/> Before	<input type="checkbox"/> After	\$	<input type="checkbox"/> Other			

➤ **SECTION I** – I hereby elect to participate in the FRM Flexible Benefits Plan and to PAY FOR MY LISTED BENEFIT OPTION(S) WITH BEFORE-TAX DOLLARS. I authorize FRM to withhold this deduction(s) from my paycheck every pay period. Any previous benefit election and payroll deduction under the Flexible Benefits Plan relating to the same benefit options is hereby revoked. I understand that:

- I cannot change or revoke the benefit election and compensation reduction agreement as of any date prior to the next participation year, unless I have a change in status.
- I will be considered to have a “change in status” if (1) there is an event that changes my legal marital status, including marriage, death of a spouse, divorce, legal separation or annulment; (2) there is an event that changes the number of my dependents including birth, adoption, placement for adopting or death of a dependents; (3) there is a change in my employment status or that of my spouse or dependent resulting from a termination or commencement of employments, strike or a walkout a commencement of or return from an unpaid leave of absence, or a change of worksite as well as any other change to my employer; (4) there is an event that causes my dependent to satisfy or cease to satisfy eligibility requirements for coverage due the attainment of age, student status or any similar circumstance; or (5) there is a change in my place of residence or the place of residence of my spouse or dependent.
- Any election to change or revoke the Benefits Election and Payroll Deduction must be consistent with the change in status as required by the IRS regulations.
- I may be able to make a change during the Participation Year if a new benefit option is made available under the Flexible Benefits Plan. In addition, I may be able to make a change during the Participation year that corresponds to election changes permitted under a plan maintained by my spouse’s or dependents’ employer. I must notify FRM within 30 days of the date I, my spouse or dependent receive notice of an event described in this paragraph in order to modify my benefit election during the Participation Year.
- Election changes during the Participation Year may also be available when they are on account of (1) special health insurance plan enrollment rights established by the Health Insurance Portability and Accountability Act, (2) certain health plan continuation coverage rights (so-called “COBRA” rights), (3) certain divorce orders and court orders, (4) enrollment in Medicare or Medicaid, and (5) certain rights available under the Family and Medical Leave Act.
- Prior to the beginning of each Participation Year I will be offered the opportunity to change my benefit election for the following Participation Year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue the coverage’s in effect for me just prior to the new Participation Year.
- FRM may reduce, cancel or otherwise modify the agreement in accordance with the Flexible Benefits Plan if it believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.

Employee Signature _____

Date _____

➤ **Section II** - I hereby elect to PAY FOR MY LISTED BENEFIT OPTION(S) WITH AFTER-TAX DOLLARS. I authorize FRM to withhold this deduction(s) from my paycheck every pay period.

Employee Signature _____

Date _____