



NORTH EAST INDEPENDENT SCHOOL DISTRICT
CAFETERIA PLAN – PREMIUM ONLY
Election and Compensation Reduction Agreement

NAME (Print): _____ SSN: _____

CAMPUS/DEPT: _____ PAY PERIOD: [] MONTHLY [] BI-WEEKLY

I hereby make my selection to participate in the North East ISD Cafeteria Plan effective as of _____ (Date)

I hereby authorize NEISD to reduce my compensation for each pay period commencing on or after the effective date of this selection by the amount of my share of the group premiums for benefits selected by me.

I understand that the amount by which my compensation is reduced may increase or decrease over the period in which this selection is effective to reflect changes in the cost of my coverage. I agree not to deduct or claim these expenses on my individual income tax return.

I further understand that my salary reduction election shall remain in effect from year to year until I cancel or modify it. I understand that I may cancel or modify my election to participate only during the annual enrollment period unless I cancel or modify my participation due to, and within 31 days of, a change in my family status, as explained in the Cafeteria Plan.

I hereby release my employer, its officers, board members, agents, and employees, from any legal liability or obligation for any cause or reason in connection with the Cafeteria Plan, except willful misconduct or gross neglect.

[] I elect to participate in the NEISD Cafeteria Plan.

[] I elect not to participate in the NEISD Cafeteria Plan.

I agree to a salary reduction as indicated below:

_____ Medical Care Coverage

_____ Dental Coverage

_____ Group Term Life Insurance

_____ Cancer/Catastrophic Illness Plan

_____ Vision Coverage

I understand that any pre-tax selections are irrevocable for the benefit year (once I select to participate, I MAY NOT drop the coverage) unless I have a change in family status following the pre-tax guidelines assigned by the Internal Revenue Code, Section 125 and related regulations. Enrollment changes must be made within 31 days after a change in family status.

A legal change in family status would include:

- divorce, legal separation, or marriage;
• death of a dependent or spouse;
• birth of a child;
• legal adoption of a child;
• change in employment of employee, spouse or dependent;
• change in custody or eligibility of a child; or
• leave of absence.

Employee Signature

Date

North East Independent School District

By: _____

White Copy: Employee Benefits
Return to Risk Management and Employee Benefits

Yellow Copy: Employee