

**ARCHDIOCESE OF MIAMI CAFETERIA PLAN
SALARY REDUCTION AGREEMENT**

Name: _____ S.S.#: _____

I have reviewed the terms of the Archdiocese of Cafeteria Plan (“the Plan”). I understand that I may elect coverage beginning _____.

ELECTION OF PRE-TAX AND AFTER - TAX BENEFITS

I elect to pay my required contributions for health care coverage on the tax basis indicated below under the Archdiocese of Miami’s Cafeteria Plan. This election replaces any prior election(s) I have made.

Medical Plan Contributions	<input type="checkbox"/> Pre-Tax	<input type="checkbox"/> After – Tax
Supplemental Life Insurance up to \$50,000	<input type="checkbox"/> Pre-Tax	<input type="checkbox"/> After – Tax
Supplemental Life Insurance over \$50,000		<input type="checkbox"/> After – Tax
Spouse Life Insurance		<input type="checkbox"/> After – Tax
Dependent life insurance		<input type="checkbox"/> After – Tax
Short Term Disability		<input type="checkbox"/> After – Tax

- I have been provided with a schedule of required contributions.
- I understand that except for a Change in Status for the applicable coverage in the Plan, I cannot change my election of pre-tax benefits until the next Annual Enrollment period.

AGREEMENT

I agree that if I selected Pre-Tax Benefits above, my salary will be reduced by the amount of my required contribution for benefits I have selected under the Plan, and that salary reductions will continue for each pay period until this election is changed or terminated. I agree that if I selected After-Tax Benefits my required contributions will be deduction in equal amounts from my paychecks on an after-tax basis during the year until this election is changed or terminated. I understand that:

- I cannot change or revoke my election prior to the next Annual Enrollment period, unless I experience a Change in Status as defined in the Plan (e.g., birth of a child, divorce, marriage, etc.), and my election change (or revocation) is on account of and is consistent with the Change in Status, as described in the Plan.
- I must complete a separate Benefits Enrollment Form before the benefits that I have selected will become effective (e.g. Archdiocese of Miami Health Plan Enrollment Form.)
- Under current law salary reduction contributions are not counted when determining FICA earnings. If an employee earns less than the Social Security base wage, his eventual Social Security benefits could be slightly reduced. The value of income and FICA tax savings will normally exceed any eventual reduction in Social Security benefits.
- Each year during the Annual Enrollment period, I will have an opportunity to change my election. If I do not complete and return a new Salary Reduction Agreement at that time, this election will continue unchanged until I make a new election under the terms of the Plan.

I have read and agree to the terms in this Agreement and in the Archdiocese of Miami’s Cafeteria Plan.

Employee’s Signature

Date

Witness

Date