

**NEW HANOVER COUNTY SCHOOLS**

CAFETERIA BENEFITS PLAN EMPLOYEE AUTHORIZATION AGREEMENT  
PLAN YEAR AUGUST 1, 2017 THROUGH JULY 31, 2018

*Please fill out an election form even if you are waiving coverage. Check the appropriate boxes for the benefits listed below.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Social Security \_\_\_\_\_

**Pay Frequency: (Circle One)    10 Pay    12 Pay    20 Pay**

**A. PRE-TAX ELECTIONS:**

*I understand that the benefits below are deducted from my gross salary on a pre-taxed basis and cannot be revoked during the plan year unless I experience a qualifying change in my family status or qualifying change in my spouse's employment.*

Group Insurance Plans	Payroll Status (Circle All That Apply)	Initials	Eff. Date	Premium
Ameritas Dental	Add      Cancel      Change Employee EE/Spouse EE/Children Family			Per Pay \$
Community EyeVision	Add      Cancel      Change Employee Emp + One Family			Per Pay \$
Humana Cancer	Add      Cancel      Change Opt. 1    Opt. 2    Opt. 3    Opt. 4			Per Pay \$
FBA - Flexible Spending Account	Add      Cancel      Change			Per Pay \$
FBA - Dependent Care Account	Add      Cancel      Change			Per Pay \$
Aflac Accident	Add      Cancel      Change			Per Pay \$
Aflac Hospital Indemnity	Add      Cancel      Change			Per Pay \$

**B. NON-QUALIFYING ELECTIONS:**

*I request the following elections to be reduced from my salary on an AFTER-TAX basis to pay premiums.*

Group Insurance Plans	Payroll Status (Circle All That Apply)	Initials	Eff. Date	Premium
Aflac Critical Illness w/Cancer	Add      Cancel      Change			Per Pay \$
Aflac Critical Illness w/o Cancer	Add      Cancel      Change			Per Pay \$
AUL Short-Term Disability	Add      Cancel      Change			Per Pay \$
AUL Long-Term Disability	Add      Cancel      Change			Per Pay \$
Aflac Level Term Life Policy	Add      Cancel      Change			Per Pay \$
Texas Life Whole Life Policy	Add      Cancel      Change			Per Pay \$
AUL Term Life	Add      Cancel      Change			Per Pay \$

DATE: \_\_\_\_\_ SIGNATURE OF EMPLOYEE: \_\_\_\_\_

**C. DECLINATION OF PARTICIPATION IN CAFETERIA BENEFITS PLAN:** I have been given an opportunity to participate in the Cafeteria Benefits Plan and, with the Plan having been explained to me, I decline to participate at this time. *I understand that I may only participate at the beginning of the next Plan Year unless I experience a qualifying event outlined by the IRS.*

DATE: \_\_\_\_\_ SIGNATURE OF EMPLOYEE: \_\_\_\_\_