

AUTHORIZATION FOR PRE-TAX OR POST-TAX BENEFITS

On a separate benefit enrollment form(s), I have enrolled for certain insurance coverage(s) and understand that certain insurance premium amounts will be deducted from my paycheck by my employer or third-party payroll administrator. Unless this agreement is amended or terminated, these deductions will be continuous and in an equal amount to the insurance premium amounts for each payroll period throughout the plan year. The amount of my required contribution is set forth on a schedule that has been provided to me. In the event of a rate change, I authorize a corresponding change in the amount deducted from my salary without signing a new Compensation Redirection Agreement. If the rate change is brought on by the third-party carrier (insurance company), the premium increase or decrease can be deducted pre-tax. "Employer-provided" nonelective benefits (if any) will not be deducted from my paycheck. In addition, pre-tax contributions reduce my compensation for Social Security tax purposes; therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Saver Group, Inc. Cafeteria Plan as elected in the pre-tax column. Any previous election and Compensation Redirection Agreement under the Cafeteria Plan relating to the same benefits selected below are hereby revoked. My employer's deduction of premium/contribution amounts hereunder shall evidence acceptance of this agreement.

Check the desired coverage(s) below:

I understand and agree that (initial all):

On or after the first day of the plan year, I cannot change or revoke this Compensation Redirection Agreement with **respect to pre-tax premiums before the next anniversary date of the plan** unless a "change in status" occurs (as defined under the Internal Revenue Code), and the change is caused by and consistent with the "change in status." **I understand that I cannot revoke any pre-tax election based on a Right to Examine provision as may be contained in any insurance plan or policy issued to me.**

INITIAL _____

Execution of the Compensation Redirection Agreement does not begin coverage under the component benefit plans or policies. The terms and conditions and actual coverage effective date of the underlying coverage will be determined under the separate benefit plans or insurance policies. Prior to the anniversary date each year, I will be offered the opportunity to add, drop, or change coverage for the following plan year. If I do not complete and return a new Compensation Redirection Agreement form at that time, benefit plans or policies currently in effect will continue.

INITIAL _____

In addition to and without limiting in any way any rights my employer, the plan, the service provider and its respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including but not limited to benefit elections, wages, employment status, number of dependents, marital status, and health and dependent child-care information) as is reasonably required to administer the plan (including evaluating and processing requests for payment of claims) and detecting and preventing fraud or misrepresentation. I further authorize my employer, the plan, the service provider and its respective agents, employees, subcontractors, and assigns to further disclose any such personal information as is reasonably required for such purposes. I hereby expressly waive and release any claims related to the use, disclosure, or release of such information so long as the information is used in furtherance of plan administration or to detect or prevent fraud or misrepresentation.

INITIAL _____

Paying for coverage on a per-tax basis may cause insurance claim payments under health and medical coverage to be subject to federal and state taxes if claim payments (combining the total from all health and medical policies/plans) are in excess of medical expenses. Paying for disability income policies with pre-tax premiums will cause the benefits payable thereunder to be taxable. Such coverage may be funded on an after-tax basis to preserve the excludability of policy benefits.

INITIAL _____

AGREEMENT TO PARTICIPATION IN PRE-TAX BENEFITS UNDER THE CAFETERIA PLAN:

EMPLOYEE SIGNATURE: _____
Date

WAIVER OF PRE-TAX BENEFITS UNDER THE CAFETERIA PLAN:

I certify that the features and benefits under the Cafeteria Plan have been explained to me completely. I elect to **waive all pre-tax benefits** under the Plan, and understand that the **benefits may be elected on an after-tax basis**. Except for a change in status, I understand that I cannot elect pre-tax benefits until the next anniversary date, and that any after-tax coverage shall be outside the Plan.

EMPLOYEE SIGNATURE: _____
Date