

**2010 PLAN YEAR
IRC SECTION 125 FLEXIBLE BENEFITS PLAN
EMPLOYEE ENROLLMENT AFFIDAVIT**

SWEETWATER COUNTY
Company Name

Plan Year
01/01/10 TO 12/31/10

Employee Name (print name)

Social Security Number

All employees must complete this enrollment affidavit to either participate or waive out of the IC Section 125 Flexible Benefits Plan for the Plan Year stated above. Please complete this top section, check the appropriate box, sign and date the form and return to the employer.

I hereby elect to participate in the Plan, effective _____, and authorize my employer to reduce my gross compensation in the amounts stated below.

Eligible Premium Deductions

Insurance Premiums – Employer Group Coverage ONLY. (Examples: Prudential, Colonial, AFLAC, BCBS, VSP, Delta Dental)

	Monthly	Annual
Insurance Co. Name: _____	\$ _____	\$ _____
Insurance Co. Name: _____	\$ _____	\$ _____
Insurance Co. Name: _____	\$ _____	\$ _____

Reimbursement Account Deductions

Health Expense Flexible Spending Account ((\$5,000 maximum annual amount)	\$ _____	\$ _____
Dependent Day Care FSA ((\$5,000 maximum annual amount)	\$ _____	\$ _____

I understand that once I am a participant, I cannot change my deduction amounts during the Plan Year unless a qualifying status change occurs.

I further understand that the amounts allocated to each reimbursement account must be used within the Plan Year, or the unused portion will be forfeited to my Employer. Unused amounts cannot be used to fund another account or carried forward to the next Plan Year.

I accept the rules for participating in the IC Section 125 Flexible Benefits Plan, and certify this affidavit is true, correct and complete.

Employee Signature

Date

WAIVER OF PARTICIPATION

I hereby elect not to participate for this Plan Year.

Employee Signature

Date