MICHIGAN CATHOLIC CONFERENCE

# Annual Salary Reduction Agreement for MCC Flexible Benefit Plan

**Employee Information** *All sections to be completed in full. You must also complete benefit enrollment using MCC Employee Self-Serve or by contacting MCC.*

| Full name *Last, first, and middle* | SSN *###-##-####* |
|---|---|
| | |

| Address *Street address or PO box, city, state, and zip code* | Phone *(###) ###-####* |
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**Employer Information** *All sections to be completed in full.*

| Unit name | Unit number *####* |
|---|---|
| | |

**Employee Per Pay Period Deductions**

**PLEASE NOTE:** The elections below **must** match benefit elections made using MCC Employee Self-Serve or by contacting MCC. Please refer to your Benefit Confirmation Statement and your Employer Premium Sharing amount to properly complete this section.

Plan year *YYYY*

| | | | |
|---|---|---|---|
| **Medical Plan** | Coverage: ☐ Waive ☐ Employee ☐ Employee + One ☐ Employee + Family | Plan: ☐ PPO1 ☐ PPO2 ☐ PPOHD | Per pay period deduction $ |
| **Dental Plan** | Coverage: ☐ Waive ☐ Employee ☐ Employee + One ☐ Employee + Family | | Per pay period deduction $ |
| **Vision Plan** | Coverage: ☐ Waive ☐ Employee ☐ Employee + One ☐ Employee + Family | | Per pay period deduction $ |
| **Voluntary Life Insurance** | Coverage: ☐ Waive | Coverage amount $ | Per pay period deduction $ |
| **Child Voluntary Life Insurance** | Coverage: ☐ Waive | Coverage amount $ | Per pay period deduction $ |
| **Health Care Flexible Spending Account** | Coverage: ☐ Waive | Annual amount $ | Per pay period deduction $ |
| **Dependent Care Flexible Spending Account** | Coverage: ☐ Waive | Annual amount $ | Per pay period deduction $ |
| | | | Total per pay period deductions $ 0.00 |

**Employee Signature** *You must sign, date, and submit this form to your employer for it to be valid.*

☐ I have enrolled in the MCC Benefits Plan (including medical care, dental care, vision care, optional life, child life, Health care flexible spending account and/or dependent care flexible spending account) and I have received information showing my share of the contributions for the coverage selected above. I authorize salary reductions in the amount of current premiums being charged for the coverage selected above.

I understand that:

- If my required contributions to pay premiums for the elected benefits are increased or decreased while this agreement remains in effect, my compensation reductions will automatically be adjusted to reflect that increase or decrease.
- The Plan Administrator may reduce or cancel my compensation reduction or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy certain provisions of the Internal Revenue Code or other applicable law.
- The reduction in my cash compensation under this agreement shall be in addition to any reductions under other agreements or benefits programs maintained by my employer and any other reduction required or permitted by law.
- Pre-tax contributions are not subject to state or federal income or Social Security ("FICA") taxes. This could result in a reduction in the Social Security benefits I receive at retirement if I earn less than the annual FICA "taxable wage base".
- Prior to the first day of each Plan Year I will be offered the opportunity to make a new benefit election for the coming Plan Year. If I do not complete and return a new enrollment form at that time, I will be treated as having elected to continue this benefit election for the new Plan Year, EXCEPT for Flexible Spending Accounts which requires an active enrollment each year. In addition, this compensation reduction agreement will continue by its terms in the amount of the required contribution for the benefit option for the new Plan Year.
- This Agreement is subject to the terms of the Michigan Catholic Conference Section 125 cafeteria plan, as amended from time to time in effect, shall be governed by and construed in accordance with applicable laws, shall take effect as a sealed instrument under applicable laws, and revokes any prior election and compensation reduction agreement relating to such plan.

| Signature | Date *MM/DD/YYYY* |
|---|---|
| | |

Rev. 9/5/17

**Questions? Please contact Michigan Catholic Conference by phone at (800) 395-5565, fax to (517) 372-2911, or mail to 510 South Capitol Avenue, Lansing, Michigan 48933.**
Visit us on the web at www.micatholic.org