

JUNIATA COLLEGE
PREMIUM CONVERSION PLAN
ELECTION OF BENEFITS

PARTICIPANT (Please Print)

Last Name	First	Middle Initial	Social Security No.
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Salary Redirection Agreement

I understand the explanation I have received regarding my options under the Juniata College Premium Conversion Plan, and I hereby elect to have the College redirect my salary on a pretax basis during the Plan Year and apply this amount toward the purchase of the benefits I have designated below. I understand that my share of the cost of these benefits may be adjusted from time to time to reflect the change in rates charged by the carriers. I acknowledge that my election is irrevocable unless there is a change in my family status (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or assumption or termination of my spouse's employment).

Benefit Election

_____ *Check here if this election represents a change from last year's enrollment.*

I understand my share of the current cost for coverage is:

_____ \$41.71/mo for employee-only coverage.

_____ \$134.61/mo for two-person dependent coverage.

_____ \$181.20/mo for family dependent coverage.

_____ \$1.93/mo for vision dependent coverage.

_____ \$_____ for dental coverage.

My signature indicates that I require coverage and that my share of the cost shall be contributed on a pretax basis.

Signature

Date

Waiver of Salary Redirection Agreement

I have read and understand the explanation I have received regarding my options under the Juniata College Premium Conversion Plan, and I hereby elect to waive my right to pretax salary redirection.

Signature

Date

Return to the Office of Human Resources