

**TOWN OF AVON
CAFETERIA PLAN
ELECTION AND SALARY REDUCTION AGREEMENT**

- 1. Health Benefits Plan Enrollment.** I have enrolled under a group health/dental plan sponsored by and made available to employees of the Town of Avon (the "Employer"). I have been informed of: (a) the total premium which will be charged for this coverage, beginning July 1; and (b) my required contribution (the "employee contribution") to the total premium, per payroll period.
- 2. Pre-tax Premium Deduction and Election and Authorization.** My employee contributions for health insurance benefits will be deducted through payroll deduction on a pre-tax bases. Beginning with my initial date of employment, and continuing through the following June 30, my Employer and I agree that an amount equal to my employee contributions for such period will be deducted from my compensation on a pro-rated basis each pay period. This election will carry over to each subsequent Plan Year (i.e., the 12-month period beginning July 1 of each year). I understand that my pay will be reduced before federal income and social security taxes are figured (and state income taxes, as permitted). If total premiums change during a Plan Year or from Plan Year to Plan Year, I authorize my Employer to adjust deductions of my employee contributions accordingly.
- 3. Modification or Revocation of This Election.**
 - a) Federal tax law requires that I not be allowed to change or revoke this Agreement during a calendar year unless I have a "qualifying event" (Birth/Adoption, Change in Insurance Coverage, Change in Employment Status, Death in the Family, Divorce/Annulment, Legal Separation, Marriage, and Spouses Loss of Other Coverage).
 - b) This Agreement will automatically renew annually unless I affirmatively revoke it, either during open enrollment or based upon a "qualifying event".
 - c) This Agreement will end if the Flexible Benefits Plan ends or if I am no longer eligible to participate in the Plan.
- 4. Other Authorizations.** This Agreement is in addition to any other salary reduction agreements that I may have under other Town of Avon benefit plans.
- 5. State Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Connecticut, subject nevertheless to the applicable provisions of the Internal Revenue Code.

This Agreement is subject to the terms of the Town of Avon Cafeteria Plan. I understand that my Employer reserves the right to change or terminate the Plan or any portion of it at any time.

Employee Name (Type or Print)

Signature

Date

Distribution:
Original to Personnel File
Copy to Employee