

**TOWN OF RIVERHEAD
FLEXIBLE BENEFIT PLAN
ELECTION FORM, SALARY REDIRECTION
AGREEMENT**

EMPLOYEE NAME: _____

EMPLOYEE SOCIAL SECURITY NUMBER: _____

EMPLOYEE ADDRESS: _____

Plan Year: **January 1, 2013 - December 31, 2013**

I understand that:

Prior to the first day of each plan year I will be required to complete a new Benefit Election Form. My election is effective for the plan year and may be changed during the year only for changes in family status (e.g., marriage or divorce, death of spouse or dependent, adoption or birth of child, certain changes in spouse's employment that affect health coverage).

- * This agreement is subject to the terms of the Town's Flexible Benefit Plan, as may be amended by the Town from time to time, and shall be governed by and construed in accordance with that plan and applicable laws.
- * By signing below, I agree to the terms of this Agreement. I will indemnify and hold the Town harmless against any and all claims and/or liabilities, including fees that arise out of or by reason of action taken or not taken by the Town for the purpose of complying with this agreement and applicable law.

Salary Redirection

The Town and I agree that, my compensation will be reduced by the amounts that I am required to contribute toward the cost of my health insurance premiums for each pay period during the plan year ,(or during such period of the plan year as remains after the date of this agreement). If my required contributions for the health insurance benefit I elect are increased or decreased while this agreement remains in effect, the amount deducted from my paycheck will automatically be adjusted to reflect the increase or decrease In accordance with my rights under the Plan and this agreement, I elect:

_____ 1) pre-tax contributions toward the cost of my health insurance premiums

_____ 2) to waive my rights to pre-tax contributions

Employee's Signature

Date

Accepted and agreed to by:

Town's Authorized Representative Signature

Date

