Liberty Classical Academy Payroll Deduction and Salary Redirection Election Form

PREMIUM DEDUCTION AUTHORIZATION

On a separate benefit enrollment form(s), I have enrolled for certain benefit or insurance coverage(s) and understand that my required contribution election amounts will be deducted from my paycheck by my employer. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage election amount as prorated for each payroll period throughout the plan year. The amount of my required contribution has been provided to me. Pre-tax contributions reduce my compensation for Social Security tax purposes therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Flexible benefits plan as elected in the pre-tax column. My employer's deduction of any premium/contribution amounts hereunder shall evidence acceptance of this Agreement.

November 1st, 2015 begins these coverages. Payroll Deductions begin on 11/13/2015	Pre-Tax Bi-Weekly	Post Tax Bi-Weekly	Waive
Short Term Disability Illinois Mutual		[illegible]	X
Accident Illinois Mutual		18.88	
Critical Care Protector Plus Combined Insurance			X
Hospital Medical Bridge Colonial Life			X
Dental Delta Dental			X
Term Life Insurance Illinois Mutual			X
Total:			

EMPLOYEE FIRST AND LAST NAME Renata Anderson

REQUIRED ACKNOWLEDGMENT TO PARTICIPATE IN FLEXIBLE BENEFITS PLANS:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. I acknowledge that I understand the Important Information Regarding Participation in the Flexible Benefits Plan on the back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan.

X EMPLOYEE'S SIGNATURE Renata Anderson DATE_____

GENERAL WAIVER OF PARTICIPATION

I certify that the features and benefits of the plans listed above have been explained to me completely. I understand that these policies are offered through my employer by payroll deduction. I have decided to waive my participation in Liberty Classical Academy's benefit offering at this time.

EMPLOYEE'S SIGNATURE_____ DATE_____

IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE FLEXIBLE BENEFITS PLAN
I understand and agree to the following:

- **Restrictions on Election Changes:** On or after the first day of the plan year, I cannot change or revoke this Salary Redirection Agreement with respect to pre-tax premiums before the next anniversary date of the plan unless a change in status occurs (as defined under the plan and the Internal Revenue Code), and the change is caused by and consistent with the change in status.

- **Commencement of Coverage and Status of Prior Elections:** Execution of this Salary Redirection Agreement does not begin coverage under the component benefit plans or insurance policies. The terms and conditions and actual coverage effective date of the Underlying coverage will be determined under the separate benefit plans or insurance policies. Prior to the anniversary date each year, I will be offered the opportunity to add, drop, or change coverage for the following plan year. If I do not complete and return a new Salary Redirection Agreement form at that time, benefit plans or policies currently in effect will continue.

- **Use of Personal Information:** In addition to and without limiting in any way the rights my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including, but not limited to benefit elections, wages, employment status, number of dependents, marital status, and health and dependent child care information) as is reasonably required to administer the plan (including evaluating and processing requests for payment of claims) and detecting and preventing fraud or misrepresentation. I further authorize my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns to further disclose any such personal information as is reasonably required for such purposes. I hereby expressly waive and release any claims related to the use, disclosure, or release of such information so long as there is information is used in furtherance of plan administration, or to detect or prevent fraud or misrepresentation.

- **Effect of Pre-Tax Contributions on Benefits Payments:** Paying for coverage on a pre-tax basis may cause insurance claim payments under health and medical coverage to be subject to federal and state taxes if claim payments (combining the total from all health and medical policies/plans) are in excess of medical expenses. Paying for disability income policies with pre-tax premiums will cause the benefits payable thereunder to be taxable. Such coverages may be funded on an after-tax basis to preserve the excludability of policy benefits.

- **PLAN DOCUMENT CONTROLS:** I verify that I have received a summary of the tax rules, operational guidelines, and procedures for use with the Cafeteria Plan. I understand that the plan document will control notwithstanding any contrary oral representation by any person.

Liberty Classical Academy Payroll Deduction and Salary Redirection Election Form

PREMIUM DEDUCTION AUTHORIZATION

On a separate benefit enrollment form(s), I have enrolled for certain benefit or insurance coverage(s) and understand that my required contribution election amounts will be deducted from my paycheck by my employer. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage election amount as prorated for each payroll period throughout the plan year. The amount of my required contribution has been provided to me. Pre-tax contributions reduce my compensation for Social Security tax purposes therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Flexible benefits plan as elected in the pre-tax column. My employer's deduction of any premium/contribution amounts hereunder shall evidence acceptance of this Agreement.

November 1st, 2015 begins these coverages. Payroll Deductions begin on 11/13/2015	Pre-Tax Bi-Weekly	Post Tax Bi-Weekly	Waive
Short Term Disability Illinois Mutual		12.24	
Accident Illinois Mutual			DG
Critical Care Protector Plus Combined Insurance			DG
Hospital Medical Bridge Colonial Life			DG
Dental Delta Dental			DG
Term Life Insurance Illinois Mutual			DG
Total:		12.24	

EMPLOYEE FIRST AND LAST NAME_____

REQUIRED ACKNOWLEDGMENT TO PARTICIPATE IN FLEXIBLE BENEFITS PLANS:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. I acknowledge that I understand the Important Information Regarding Participation in the Flexible Benefits Plan on the back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan.

EMPLOYEE'S SIGNATURE Debbie Gulley DATE 10-21-15

GENERAL WAIVER OF PARTICIPATION

I certify that the features and benefits of the plans listed above have been explained to me completely. I understand that these policies are offered through my employer by payroll deduction. I have decided to waive my participation in Liberty Classical Academy's benefit offering at this time.

EMPLOYEE'S SIGNATURE_____ DATE_____

IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE FLEXIBLE BENEFITS PLAN
I understand and agree to the following:

- **Restrictions on Election Changes:** On or after the first day of the plan year, I cannot change or revoke this Salary Redirection Agreement with respect to pre-tax premiums before the next anniversary date of the plan unless a change in status occurs (as defined under the plan and the Internal Revenue Code), and the change is caused by and consistent with the change in status.

- **Commencement of Coverage and Status of Prior Elections:** Execution of this Salary Redirection Agreement does not begin coverage under the component benefit plans or insurance policies. The terms and conditions and actual coverage effective date of the Underlying coverage will be determined under the separate benefit plans or insurance policies. Prior to the anniversary date each year, I will be offered the opportunity to add, drop, or change coverage for the following plan year. If I do not complete and return a new Salary Redirection Agreement form at that time, benefit plans or policies currently in effect will continue.

- **Use of Personal Information:** In addition to and without limiting in any way the rights my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including, but not limited to benefit elections, wages, employment status, number of dependents, marital status, and health and dependent child care information) as is reasonably required to administer the plan (including evaluating and processing requests for payment of claims) and detecting and preventing fraud or misrepresentation. I further authorize my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns to further disclose any such personal information as is reasonably required for such purposes. I hereby expressly waive and release any claims related to the use, disclosure, or release of such information so long as there is information is used in furtherance of plan administration, or to detect or prevent fraud or misrepresentation.

- **Effect of Pre-Tax Contributions on Benefits Payments:** Paying for coverage on a pre-tax basis may cause insurance claim payments under health and medical coverage to be subject to federal and state taxes if claim payments (combining the total from all health and medical policies/plans) are in excess of medical expenses. Paying for disability income policies with pre-tax premiums will cause the benefits payable thereunder to be taxable. Such coverages may be funded on an after-tax basis to preserve the excludability of policy benefits.

- **PLAN DOCUMENT CONTROLS:** I verify that I have received a summary of the tax rules, operational guidelines, and procedures for use with the Cafeteria Plan. I understand that the plan document will control notwithstanding any contrary oral representation by any person.

Liberty Classical Academy Payroll Deduction and Salary Redirection Election Form

PREMIUM DEDUCTION AUTHORIZATION

On a separate benefit enrollment form(s), I have enrolled for certain benefit or insurance coverage(s) and understand that my required contribution election amounts will be deducted from my paycheck by my employer. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage election amount as prorated for each payroll period throughout the plan year. The amount of my required contribution has been provided to me. Pre-tax contributions reduce my compensation for Social Security tax purposes therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Flexible benefits plan as elected in the pre-tax column. My employer's deduction of any premium/contribution amounts hereunder shall evidence acceptance of this Agreement.

November 1st, 2015 begins these coverages. Payroll Deductions begin on 11/13/2015	Pre-Tax Bi-Weekly	Post Tax Bi-Weekly	Waive
Short Term Disability Illinois Mutual			SH
Accident Illinois Mutual	11.12		
Critical Care Protector Plus Combined Insurance	9.84		
Hospital Medical Bridge Colonial Life			SH
Dental Delta Dental			SH
Term Life Insurance Illinois Mutual			SH
Total:	20.96		

EMPLOYEE FIRST AND LAST NAME Susanne Horn

REQUIRED ACKNOWLEDGMENT TO PARTICIPATE IN FLEXIBLE BENEFITS PLANS:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. I acknowledge that I understand the Important Information Regarding Participation in the Flexible Benefits Plan on the back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan.

X EMPLOYEE'S SIGNATURE Susanne Horn DATE 10/29/15

GENERAL WAIVER OF PARTICIPATION

I certify that the features and benefits of the plans listed above have been explained to me completely. I understand that these policies are offered through my employer by payroll deduction. I have decided to waive my participation in Liberty Classical Academy's benefit offering at this time.

EMPLOYEE'S SIGNATURE _____ DATE _____

IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE FLEXIBLE BENEFITS PLAN
I understand and agree to the following:

- **Restrictions on Election Changes:** On or after the first day of the plan year, I cannot change or revoke this Salary Redirection Agreement with respect to pre-tax premiums before the next anniversary date of the plan unless a change in status occurs (as defined under the plan and the Internal Revenue Code), and the change is caused by and consistent with the change in status.

- **Commencement of Coverage and Status of Prior Elections:** Execution of this Salary Redirection Agreement does not begin coverage under the component benefit plans or insurance policies. The terms and conditions and actual coverage effective date of the Underlying coverage will be determined under the separate benefit plans or insurance policies. Prior to the anniversary date each year, I will be offered the opportunity to add, drop, or change coverage for the following plan year. If I do not complete and return a new Salary Redirection Agreement form at that time, benefit plans or policies currently in effect will continue.

- **Use of Personal Information:** In addition to and without limiting in any way the rights my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including, but not limited to benefit elections, wages, employment status, number of dependents, marital status, and health and dependent child care information) as is reasonably required to administer the plan (including evaluating and processing requests for payment of claims) and detecting and preventing fraud or misrepresentation. I further authorize my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns to further disclose any such personal information as is reasonably required for such purposes. I hereby expressly waive and release any claims related to the use, disclosure, or release of such information so long as there is information is used in furtherance of plan administration, or to detect or prevent fraud or misrepresentation.

- **Effect of Pre-Tax Contributions on Benefits Payments:** Paying for coverage on a pre-tax basis may cause insurance claim payments under health and medical coverage to be subject to federal and state taxes if claim payments (combining the total from all health and medical policies/plans) are in excess of medical expenses. Paying for disability income policies with pre-tax premiums will cause the benefits payable thereunder to be taxable. Such coverages may be funded on an after-tax basis to preserve the excludability of policy benefits.

- **PLAN DOCUMENT CONTROLS:** I verify that I have received a summary of the tax rules, operational guidelines, and procedures for use with the Cafeteria Plan. I understand that the plan document will control notwithstanding any contrary oral representation by any person.

Liberty Classical Academy Payroll Deduction and Salary Redirection Election Form

PREMIUM DEDUCTION AUTHORIZATION

On a separate benefit enrollment form(s), I have enrolled for certain benefit or insurance coverage(s) and understand that my required contribution election amounts will be deducted from my paycheck by my employer. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage election amount as prorated for each payroll period throughout the plan year. The amount of my required contribution has been provided to me. Pre-tax contributions reduce my compensation for Social Security tax purposes therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Flexible benefits plan as elected in the pre-tax column. My employer's deduction of any premium/contribution amounts hereunder shall evidence acceptance of this Agreement.

November 1st, 2015 begins these coverages. Payroll Deductions begin on 11/13/2015	Pre-Tax Bi-Weekly	Post Tax Bi-Weekly	Waive
Short Term Disability Illinois Mutual			RR
Accident Illinois Mutual	18.75		
Critical Care Protector Plus Combined Insurance			RR
Hospital Medical Bridge Colonial Life			RR
Dental Delta Dental			RR
Term Life Insurance Illinois Mutual			RR
Total:	18.75		

EMPLOYEE FIRST AND LAST NAME Rebecca Renstrom

REQUIRED ACKNOWLEDGMENT TO PARTICIPATE IN FLEXIBLE BENEFITS PLANS:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. I acknowledge that I understand the Important Information Regarding Participation in the Flexible Benefits Plan on the back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan.

EMPLOYEE'S SIGNATURE Rebecca Renstrom DATE 10/20/15

GENERAL WAIVER OF PARTICIPATION

I certify that the features and benefits of the plans listed above have been explained to me completely. I understand that these policies are offered through my employer by payroll deduction. I have decided to waive my participation in Liberty Classical Academy's benefit offering at this time.

EMPLOYEE'S SIGNATURE _____ DATE _____

IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE FLEXIBLE BENEFITS PLAN
I understand and agree to the following:

- **Restrictions on Election Changes:** On or after the first day of the plan year, I cannot change or revoke this Salary Redirection Agreement with respect to pre-tax premiums before the next anniversary date of the plan unless a change in status occurs (as defined under the plan and the Internal Revenue Code), and the change is caused by and consistent with the change in status.

- **Commencement of Coverage and Status of Prior Elections:** Execution of this Salary Redirection Agreement does not begin coverage under the component benefit plans or insurance policies. The terms and conditions and actual coverage effective date of the Underlying coverage will be determined under the separate benefit plans or insurance policies. Prior to the anniversary date each year, I will be offered the opportunity to add, drop, or change coverage for the following plan year. If I do not complete and return a new Salary Redirection Agreement form at that time, benefit plans or policies currently in effect will continue.

- **Use of Personal Information:** In addition to and without limiting in any way the rights my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including, but not limited to benefit elections, wages, employment status, number of dependents, marital status, and health and dependent child care information) as is reasonably required to administer the plan (including evaluating and processing requests for payment of claims) and detecting and preventing fraud or misrepresentation. I further authorize my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns to further disclose any such personal information as is reasonably required for such purposes. I hereby expressly waive and release any claims related to the use, disclosure, or release of such information so long as there is information is used in furtherance of plan administration, or to detect or prevent fraud or misrepresentation.

- **Effect of Pre-Tax Contributions on Benefits Payments:** Paying for coverage on a pre-tax basis may cause insurance claim payments under health and medical coverage to be subject to federal and state taxes if claim payments (combining the total from all health and medical policies/plans) are in excess of medical expenses. Paying for disability income policies with pre-tax premiums will cause the benefits payable thereunder to be taxable. Such coverages may be funded on an after-tax basis to preserve the excludability of policy benefits.

- **PLAN DOCUMENT CONTROLS:** I verify that I have received a summary of the tax rules, operational guidelines, and procedures for use with the Cafeteria Plan. I understand that the plan document will control notwithstanding any contrary oral representation by any person.

Liberty Classical Academy Payroll Deduction and Salary Redirection Election Form

PREMIUM DEDUCTION AUTHORIZATION

On a separate benefit enrollment form(s), I have enrolled for certain benefit or insurance coverage(s) and understand that my required contribution election amounts will be deducted from my paycheck by my employer. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage election amount as prorated for each payroll period throughout the plan year. The amount of my required contribution has been provided to me. Pre-tax contributions reduce my compensation for Social Security tax purposes therefore, my Social Security benefits could be decreased. I elect to receive the following coverage(s) under the Flexible benefits plan as elected in the pre-tax column. My employer's deduction of any premium/contribution amounts hereunder shall evidence acceptance of this Agreement.

November 1st, 2015 begins these coverages. Payroll Deductions begin on 11/13/2015	Pre-Tax Bi-Weekly	Post Tax Bi-Weekly	Waive
Short Term Disability Illinois Mutual			
Accident Illinois Mutual		7.22	
Critical Care Protector Plus Combined Insurance			
Hospital Medical Bridge Colonial Life			
Dental Delta Dental			
Term Life Insurance Illinois Mutual			
Total:			

EMPLOYEE FIRST AND LAST NAME Bridget Sorensen

REQUIRED ACKNOWLEDGMENT TO PARTICIPATE IN FLEXIBLE BENEFITS PLANS:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. I acknowledge that I understand the Important Information Regarding Participation in the Flexible Benefits Plan on the back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan.

X EMPLOYEE'S SIGNATURE _____ DATE 10/2/15

GENERAL WAIVER OF PARTICIPATION

I certify that the features and benefits of the plans listed above have been explained to me completely. I understand that these policies are offered through my employer by payroll deduction. I have decided to waive my participation in Liberty Classical Academy's benefit offering at this time.

EMPLOYEE'S SIGNATURE _____ DATE _____

IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE FLEXIBLE BENEFITS PLAN
I understand and agree to the following:

- **Restrictions on Election Changes:** On or after the first day of the plan year, I cannot change or revoke this Salary Redirection Agreement with respect to pre-tax premiums before the next anniversary date of the plan unless a change in status occurs (as defined under the plan and the Internal Revenue Code), and the change is caused by and consistent with the change in status.

- **Commencement of Coverage and Status of Prior Elections:** Execution of this Salary Redirection Agreement does not begin coverage under the component benefit plans or insurance policies. The terms and conditions and actual coverage effective date of the Underlying coverage will be determined under the separate benefit plans or insurance policies. Prior to the anniversary date each year, I will be offered the opportunity to add, drop, or change coverage for the following plan year. If I do not complete and return a new Salary Redirection Agreement form at that time, benefit plans or policies currently in effect will continue.

- **Use of Personal Information:** In addition to and without limiting in any way the rights my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including, but not limited to benefit elections, wages, employment status, number of dependents, marital status, and health and dependent child care information) as is reasonably required to administer the plan (including evaluating and processing requests for payment of claims) and detecting and preventing fraud or misrepresentation. I further authorize my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns to further disclose any such personal information as is reasonably required for such purposes. I hereby expressly waive and release any claims related to the use, disclosure, or release of such information so long as there is information is used in furtherance of plan administration, or to detect or prevent fraud or misrepresentation.

- **Effect of Pre-Tax Contributions on Benefits Payments:** Paying for coverage on a pre-tax basis may cause insurance claim payments under health and medical coverage to be subject to federal and state taxes if claim payments (combining the total from all health and medical policies/plans) are in excess of medical expenses. Paying for disability income policies with pre-tax premiums will cause the benefits payable thereunder to be taxable. Such coverages may be funded on an after-tax basis to preserve the excludability of policy benefits.

- **PLAN DOCUMENT CONTROLS:** I verify that I have received a summary of the tax rules, operational guidelines, and procedures for use with the Cafeteria Plan. I understand that the plan document will control notwithstanding any contrary oral representation by any person.

Liberty Classical Academy Payroll Deduction and Salary Redirection Election Form

PREMIUM DEDUCTION AUTHORIZATION

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November 1st, 2015 begins these coverages. Payroll Deductions begin on 11/13/2015	Pre-Tax Bi-Weekly	Post Tax Bi-Weekly	Waive
Short Term Disability Illinois Mutual			DY
Accident Illinois Mutual			DY
Critical Care Protector Plus Combined Insurance			DY
Hospital Medical Bridge Colonial Life			DY
Dental Delta Dental			DY
Term Life Insurance Illinois Mutual		19.16	
Total:		19.16	

EMPLOYEE FIRST AND LAST NAME DAWNA YOUNG

REQUIRED ACKNOWLEDGMENT TO PARTICIPATE IN FLEXIBLE BENEFITS PLANS:

I certify that the features and benefits under the Flexible Benefits Plan have been explained to me completely. I acknowledge that I understand the Important Information Regarding Participation in the Flexible Benefits Plan on the back of this form and agree to be bound by those requirements and any other requirements of the Flexible Benefits Plan.

EMPLOYEE'S SIGNATURE Dawna L. Young DATE 10/20/15

GENERAL WAIVER OF PARTICIPATION

I certify that the features and benefits of the plans listed above have been explained to me completely. I understand that these policies are offered through my employer by payroll deduction. I have decided to waive my participation in Liberty Classical Academy's benefit offering at this time.

EMPLOYEE'S SIGNATURE_____ DATE_____

IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE FLEXIBLE BENEFITS PLAN
I understand and agree to the following:

- **Restrictions on Election Changes:** On or after the first day of the plan year, I cannot change or revoke this Salary Redirection Agreement with respect to pre-tax premiums before the next anniversary date of the plan unless a change in status occurs (as defined under the plan and the Internal Revenue Code), and the change is caused by and consistent with the change in status.

- **Commencement of Coverage and Status of Prior Elections:** Execution of this Salary Redirection Agreement does not begin coverage under the component benefit plans or insurance policies. The terms and conditions and actual coverage effective date of the Underlying coverage will be determined under the separate benefit plans or insurance policies. Prior to the anniversary date each year, I will be offered the opportunity to add, drop, or change coverage for the following plan year. If I do not complete and return a new Salary Redirection Agreement form at that time, benefit plans or policies currently in effect will continue.

- **Use of Personal Information:** In addition to and without limiting in any way the rights my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including, but not limited to benefit elections, wages, employment status, number of dependents, marital status, and health and dependent child care information) as is reasonably required to administer the plan (including evaluating and processing requests for payment of claims) and detecting and preventing fraud or misrepresentation. I further authorize my employer; the plan; the service provider; and the respective agents, employees, subcontractors, and assigns to further disclose any such personal information as is reasonably required for such purposes. I hereby expressly waive and release any claims related to the use, disclosure, or release of such information so long as there is information is used in furtherance of plan administration, or to detect or prevent fraud or misrepresentation.

- **Effect of Pre-Tax Contributions on Benefits Payments:** Paying for coverage on a pre-tax basis may cause insurance claim payments under health and medical coverage to be subject to federal and state taxes if claim payments (combining the total from all health and medical policies/plans) are in excess of medical expenses. Paying for disability income policies with pre-tax premiums will cause the benefits payable thereunder to be taxable. Such coverages may be funded on an after-tax basis to preserve the excludability of policy benefits.

- **PLAN DOCUMENT CONTROLS:** I verify that I have received a summary of the tax rules, operational guidelines, and procedures for use with the Cafeteria Plan. I understand that the plan document will control notwithstanding any contrary oral representation by any person.