Benefit Election Form

Gentry Financial Group

Plan Year:
09/01/2007

Employee Information				
Last Name:	First Name:			MI:
Mailing Address:	City:		State: TX	Zip:
Home Phone:	Sex:	Date of Birth:	Social Security Number:	
Employer/Plan Administrator: Van ISD	Work Location:		Annual Base Salary:	

Benefit	Insurance Carrier	Plan Type	Pre-Tax Salary Deduction	After-Tax Salary Deduction	Employee Cost
Medical					
Basic Life					
Term Life					
Permanent Life					
Disability					
Dental					
Vision					
Cancer/Dread Disease					
Other:					
Other:					
Other:					
Other:					

Flexible Spending Account Plans	Annual Pledge	Pre-Tax Salary Deduction	Employee Cost
Medical Reimbursement			
Child & Dependent Care Reimbursement			

Total Payroll Deduction	

By signing this form, I understand that completion of this form does not guarantee coverage under the selected benefits. A separate application form must be completed and evaluated by the insurance carrier for the benefits I have selected under the Flexible Benefit Plan. I authorize my employer to deduct from my paycheck the deductions indicated above. I understand that these elections are irrevocable for the plan year commencing on 09/01/2007 unless I have a qualifying circumstance in accordance with Internal Revenue Code Section 125 and must notify my employer to change my benefit(s) within the specified time.

☐ I acknowledge that I have been given the opportunity to participate in the benefits offered by my employer under the Flexible Benefit Plan and have decided not to enroll in any benefits offered under the plan. I understand that I will not be able to participate in the Flexible Benefit Plan until the enrollment period for the next year unless I have a qualifying circumstance in accordance with Internal Revenue Code Section 125.

Employee Signature: ______________________ **Date:** ______________