



5. Dependent Term Life Insurance Coverage ..... 5. \$ \_\_\_\_\_

If you wish to buy life insurance coverage on your spouse, write the cost on line 5. This is only charged once a year.

a. \$5,000 Spousal Term Life Annual Cost: \$13.56

b. Waive Spousal Term Life Cost \$0.00

6. Health Care Reimbursement Account ..... 6. \$ \_\_\_\_\_

Enter the amount you want to deposit pre-tax for the Plan Year for professional medical / dental / vision / care expenses you expect to incur in the year 2017 for yourself / spouse / children which will not be reimbursed by insurance.

Minimum Contribution is \$100

Maximum Contribution is \$2,600. Enter \$0.00 if you do not wish to contribute toward this benefit.

7. Dependent Care Reimbursement Account ..... 7. \$ \_\_\_\_\_

Enter the amount you want to deposit pre-tax for the plan year for the dependent care expenses you incur, which allow you and your spouse (if applicable) to be gainfully employed.

Minimum contribution is \$400

Maximum contribution is \$5,000 if you are single, or married filing jointly.

Maximum contribution is \$2,500 if you are married filing separately.

Enter \$0.00 if you do not want to contribute toward this benefit.

8. Total of Benefit Costs (add lines 1 through 7) ..... 8. \$ \_\_\_\_\_

9. Total Town of Conway Contribution (From part I, line e). 9. \$ \_\_\_\_\_

10. Total Employee Cost / Cash Back (Line 8 minus line 9) ..... 10. \$ \_\_\_\_\_

**PART III. SECTION 125 ELECTION –** Please indicate how you wish to pay for your benefit choices by signing the appropriate line.

I wish to pay my contribution towards by benefit PRE-TAX \_\_\_\_\_

I wish to pay my contribution towards my benefits AFTER-TAX \_\_\_\_\_

**I UNDERSTAND THAT:**

The choices I have indicated above will stay in effect until December 31, 2017 unless I have a qualifying change in family status. If selecting the health insurance buy-out, I am certifying that I have health insurance coverage through some other means.

My choice to pay contribution pre-tax will reduce my taxable wages as reported to the IRS and Social Security.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Employer

FOR ADMINISTRATION ONLY

Payroll Adjustment: Pre-tax salary reduction: \_\_\_\_\_/year, \_\_\_\_\_/ pay period  
After-tax salary reduction: \_\_\_\_\_/year, \_\_\_\_\_/ pay period  
Cash back contribution: \_\_\_\_\_/year, \_\_\_\_\_/ pay period