

LEWIS COUNTY  
SECTION 125 CAFETERIA PLAN (PRE-TAX OPTION)  
ACCEPTANCE/DECLINATION AGREEMENT

I, \_\_\_\_\_, wish to participate in the Lewis County Cafeteria Plan.

Check the desired coverage(s):

\_\_\_\_\_ Medical Coverage (pre-tax)

\_\_\_\_\_ Dental Coverage (pre-tax)

\_\_\_\_\_ Vision Coverage (pre-tax)

I understand and agree that (initial all):

\_\_\_\_\_ On or after the first day of the plan year, I cannot change or revoke this Agreement with respect to pre-tax premiums before the next anniversary date of the plan unless a “change in family status” occurs.

\_\_\_\_\_ In the event of a rate change, I authorize a corresponding change in the amount deducted from my salary without signing a new Agreement.

\_\_\_\_\_ 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 Agreement form at that time, benefit plans or policies currently in effect will continue.

I, the undersigned, have read the above and agree to abide by same.

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(Signature)

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(Date)

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I, \_\_\_\_\_, do not wish to participate in the Lewis County Cafeteria Plan.

I understand and agree that (initial):

----- I elect to waive all pre-tax benefits under the plan. Except for a “change in family status”, I understand that I cannot elect pre-tax benefits until the next anniversary date of the plan.

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(Signature)

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(Date)