genesislaboratories

PREMIUM ONLY PLAN AGREEMENT/WAIVER FORM

EMPLOYEE INFORMATION

Employee Name: _____   Location: _____

Employee No.: _____   Effective Payroll Date: _____

INSTRUCTIONS: INDICATE YOUR CHOICE, ✓, SIGN, DATE AND RETURN FORM

☐ **AGREEMENT TO PARTICIPATE**

I have enrolled for the following group benefit coverage(s) by completing the required enrollment forms:

☐ Medical Coverage   ☐ Dental Coverage   ☐ Aflac Coverage   ☐ Vision Coverage

I authorize payroll reduction from my paycheck in the amount of my required contribution for the benefit coverage(s) I have elected, effective the pay period stated above, and continuing for each succeeding pay period until this agreement is amended or terminated.

I understand that:

- This agreement can only be changed or revoked during the Plan Year if I have a change in status as defined in the Plan or if I am no longer eligible to participate. The new election must be consistent with my change in status and made within 30 days of the change in status.
- This agreement will be automatically changed or cancelled, if necessary, to comply with provisions of the Internal Revenue Code or, if required, benefits contributions increase or decrease.
- If I do not complete and return a new agreement form prior to the end of each Plan Year, this agreement will be automatically renewed.
- Social Security (FICA) tax is not being withheld on the amount of my payroll deduction under this agreement. I understand that if I receive a refund of premiums for any reason that the refund amount will be taxed.
- Those costs may not be claimed on my or my spouse's income tax return.

INSTRUCTIONS: INDICATE YOUR CHOICE, ✓, SIGN, DATE AND RETURN FORM

☐ **WAIVER TO PARTICIPATION**

I have been given an opportunity to participate in the Premium Only Plan. I decline to participate at this time in the following plans:

☐ Medical Coverage   ☐ Dental Coverage   ☐ Aflac Coverage   ☐ Vision Coverage

I understand I cannot elect to participate in the Plan until the beginning of the next Plan Year unless I experience a change in status.

_____   _____
Employee Signature   Date

_____   _____
Company Representative Signature   Date