

**KALAMAZOO COLLEGE
FLEXIBLE BENEFIT PLAN
January 1, 2012 - December 31, 2012
SALARY REDUCTION AGREEMENT**

NAME: _____ PHONE #: _____

ADDRESS _____
 (Please check if this is a new address.)

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ DATE OF HIRE _____

As an eligible employee in the above Plan, I acknowledge that I have received the Summary Plan Description. I have read the Summary Plan Description and understand the benefits available to me as well as the other rights and obligations which I have under the Plan. I hereby authorize my employer to reduce my cash compensation by the amount(s) indicated below for each pay period during the Plan year January 1, 2012 through December 31, 2012.

BENEFIT	12 or 24 Pay Periods	Per Pay Deduction	Total Annual Election
Dependent Care Reimbursement \$2,500 Maximum - Married filing single \$5,000 Maximum - Married filing jointly or single head of household		\$	\$
Medical Care Reimbursement \$5,000 Maximum		\$	\$
Total		\$	\$

I UNDERSTAND THAT - This election form cannot be revoked or changed during the plan year, unless there is a change in my family status (e.g. marriage, divorce, death of spouse or child, birth or adoption of child, and termination of employment of spouse) which justifies the revocation or change. My Social Security benefits may be slightly reduced if I contribute money to the Flexible Benefit Plan. Dependent care reimbursement may only be elected if both myself and my spouse work, or my spouse is a full time student or unable to work. Salary reduction amounts for dependent care and medical care cannot be commingled.

Salary reductions must be reimbursed for expenses incurred during the plan year and may not be carried over into future plan years. If at the end of the plan year, my total reduction in compensation exceeds the substantiated expenses, the difference in amounts will be the property of my employer. I have until March 31 of the following year to submit requests for reimbursements for claims with a service date of January 1, 2012 through December 31, 2012.

LIST DEPENDENTS TO BE COVERED		
NAME	RELATIONSHIP	DATE OF BIRTH

I have examined this agreement and to the best of my knowledge, it is true, correct and complete.

SIGNATURE: _____ **DATE:** _____