Benetech, Inc.
1 Dodge Street
North Greenbush, NY 12198
(518) 283-8500

Employee/Employer
Election Form
Salary Reduction Agreement
Flexible Spending Account

**Employee Information:**

**____ Initial Enrollment** **____Re-Enrollment** **____Change***
(*Must indicate reason on the back of form and must be authorized by employer)

| **Company Name: Catskill CSD** | **Client #:** (Office Use Only) |
|---|---|
| **Employee Name:** | |
| **Date of Hire: / /** | **Social Security Number: - -** |
| **Address:** | **Telephone Number: ( ) -** |

I. Premium under Certain Benefit Plans
I may be eligible for certain health, dental and/ or vision insurance coverage's.

Where I have enrolled for such plan(s), my premium contribution will be paid, if any, on a pre-tax basis, unless I complete an "Election Not To Participate" form available through my employer.

II. Medical and Dental Expense: Reimbursement
(Maximum $5,000 per plan year)
**Annual Election: $__________________**

III. Dependent Care Reimbursement:
(Maximum $2,500 if married and file separate tax return; $5,000 if married and file joint tax return)
**Annual Election: $_________________**

**Business Office Use Only**

# of Deductions: _______________
$ Withheld/Pay: _______________

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$ Withheld/Pay: _______________

****Please Note: Regardless of actual number of checks, all 10 Month Employees are set up on 21 deductions; all 12 Month Employees are set up on 26 deductions.**

I hereby elect to participate in the Employer's Flexible Spending Account for the Plan Year beginning 1/1/2009, and ending 12/31/2009. Any previous election and compensation reduction agreement relating to the same benefits is hereby revoked. As a participant, I understand that:

I. I cannot change or revoke this agreement at any date prior to the next plan year, unless I have a change in my family status as set forth in the Adoption Agreement and Summary Plan Description. Prior to my next Plan Year I will be offered the opportunity to change my benefit election for the following year.

II. My pay will be reduced by the amount of my required contribution for the benefit option(s) I have elected, continuing for each succeeding pay period until this agreement is amended or terminated.

III. The reduction in my cash compensation under this agreement will be in addition to any reductions under other agreements or benefit plans. If my required contributions change while this agreement is in effect, my pay reduction will automatically be adjusted to reflect that change.

IV. The Plan Administrator may change the amount of my reduction or otherwise modify this agreement, if he believes it is required to satisfy provisions of the Internal Revenue Code.

V. The amount of my compensation reduction will be credited to the appropriate reimbursement account on my employer's books for payment of eligible expenses incurred within the plan year.

VI. Reimbursement will be available only for qualifying expenses as described in the attached form. I agree to notify the Employer if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. I also agree on demand to indemnify and reimburse the Employer for any liability it may incur for failure to withhold income or FICA tax from any reimbursement I receive of a non-qualifying expense.

VII. If the amount in my reimbursement account at the end of the year exceeds the amount of my eligible expenses for the plan year, I will forfeit the excess amount.

**The pay reductions will not be effective for any pay period that begins before you have signed this form and returned it to the Plan Administrator.**

Employee Signature:_____________________________ Date:________________________

**Enrollment Information (Business Office Use Only)**

____ Open Enrollment
____ Un-Paid Leave of Absence (Employee or Spouse)
____ Change Full Time to Part Time/Unemployed (Employee or Spouse)
____ Marriage/ Divorce
____ Birth/Death of Spouse or Dependent

Effective Date: _________________________________

Employer Signature: ___________________________________ Date:______________________________