

**LEWIS UNIVERSITY  
RESTATED AND AMENDED CAFETERIA PLAN**

Election and Compensation Reduction Agreement

(Please Print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I have enrolled for dependent health care coverage.

I elect to receive my dependent health care coverage under the *Lewis University Restated and Amended Cafeteria Plan*. Any previous election and compensation reduction agreement under the Cafeteria Plan relating to the same benefit is hereby revoked.

I and Lewis University agree that my pay will be reduced by the amount of my required contribution for the benefit I have elected under the Cafeteria Plan, effective \_\_\_\_\_\* and continuing for each succeeding pay period until this agreement is amended or terminated.

I understand that:

- I cannot change or revoke this benefit election or compensation reduction agreement as of any date prior to the next July 1, unless I have a change in family status (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse and such other events as the Plan Administrator determines will permit a change or revocation of an election).
- If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my pay reduction will automatically be adjusted to reflect that increase or decrease.
- Prior to July 1 of each year, I will be offered the opportunity to change my benefit election for the following Plan year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my benefit coverage then in effect for the new Plan Year (July 1 to June 30). In addition, this compensation reduction agreement will continue by its terms in the amount of the required contribution for these benefit options.
- The Plan Administrator may reduce or cancel the amount of my pay reduction or otherwise modify this agreement in accordance with the Cafeteria Plan if he believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.

- The reduction in my cash compensation under this agreement will be in addition to any reductions under other agreements or benefit plans.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Accepted and agreed to by Lewis University By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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