MEDICAL FLEXIBLE SPENDING ACCOUNT ENROLLMENT

Election of Medical Expense Deductions and Compensation Reduction Agreement

Name:_____Last 4 digits of S.S. #_____

Address:_____

I elect to receive medical expense deductions in 2015 up to the following amount:
$2,500.00 maximum annual election

Total Annual Medical Expense Election Amount: $_____
The amount elected will be divided equally over 50 weeks.

I agree that my regular compensation will be reduced by the amount set forth above, in approximately equal installments for each pay period, during the above calendar year.
I understand that:

- The coverage amount elected above will be credited to a medical reimbursement account for the year on the books of my company and I will be reimbursed, up to the elected amount, for my qualifying medical care expenses incurred during the year.
- Reimbursement will be available only for "qualified medical care expenses". I agree to notify my company if I have reason to believe that any medical care expense for which I have obtained reimbursement is not a qualifying expense. I also agree on demand to indemnify and reimburse my company for any liability it may incur for failure to withhold federal and state income tax or Social Security/Medicare tax from any reimbursement I receive of a non-qualifying expense, up to the amount of additional tax actually owed by me.
- I cannot change nor revoke this compensation reduction agreement at any time during the calendar year unless the change or revocation is on account of and consistent with a change in my family status (i.e. marriage, divorce, death of spouse or child, birth, adoption, termination of employment of a spouse, and such other events as the Plan Administrator determines will permit a change or revocation).
- The Plan Administrator may reduce or cancel my compensation reduction, limit my reimbursements, or otherwise modify this agreement in the event the Administrator believes it advisable in order to satisfy provisions of the Internal Revenue Code.
- The reduction in my cash compensation under this agreement shall be in addition to any reductions under other agreements or benefit plans.
- If my employment should terminate for any reason, I cannot be reimbursed for any expenses that are incurred after my termination date of employment.

This agreement is subject to the terms of the Medical Care Flexible Spending Account Plan as from time to time in effect, shall be governed by and construed in accordance with the laws of the Internal Revenue Service, shall take effect as a sealed instrument under the laws of the Internal Revenue Service, and revokes any prior election and compensation reduction agreement relating to the Medical Care Flexible Spending Account Plan.

Employee Signature:_____ Date:_____

Please return by December 31, 2014 to:
Flex Spending Acct. Administrator
P.O. Box 159
Warren, MI 48090