

**Source Logistics, Inc.**

**Cafeteria Section 125**

**Election Form**

I acknowledge that I am an eligible participant in the Source Logistics, Inc. Cafeteria Section 125 Plan. In order to participate in the Plan, I hereby elect to take the following benefits:

Premiums	Group Medical	_____
	Group Dental	_____
	Group Vision	_____
	Supplemental	_____

Total Premiums per Week \_\_\_\_\_

\_\_\_\_\_  
Employee Name

Source Logistics, Inc  
\_\_\_\_\_  
Employer

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

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

**REMEMBER:**

1. Voluntary reduction of salary under Section 125 reduces the Social Security taxes for the employee. Therefore, Social Security benefits may be affected; however, tax savings offered by Section 125 should offset any nominal reduction by Social Security.
2. You cannot change your election during the plan year unless a change is made necessary because of a change in family status (e.g., marriage, divorce, death of spouse or child, birth or adoption of child, termination or commencement of spouse's employment and an event allowed under the Health Insurance Portability & Accountability Act of 1996 (HIPAA)). Once you have made an election, it is irrevocable unless a change occurs as noted above.

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**WAIVER**

I understand the benefits of this plan, but I do not wish to participate. I also understand that by not participating in this plan, all applicable insurance premiums will be deducted after taxes.

\_\_\_\_\_  
Employee Signature  
(Sign only if you DO NOT wish to have pre-tax deductions)