



**FLEXIBLE BENEFIT PROGRAM
SALARY REDUCTION AGREEMENT**

THIS AGREEMENT MADE AS OF _____, 20____, between _____,

Herein after called EMPLOYER, _____ AND, hereinafter called EMPLOYEE.

Whereas, employee wishes to obtain the benefits of IRC Sections 105, 106, 125, 129, and other sections as amended, that provide benefits; and

Whereas, employer is willing to assist employee in obtaining said benefits.

Now, therefore, it is mutually agreed as follows:

SECTION 1: Employee's cash compensation per pay period shall be reduced by:

\$_____ effective with a pay period beginning on or after .

SECTION 2: Employer will apply the amount by which cash compensation is reduced to provide benefits as selected below by employee. Employee will provide information required to obtain selected insurance plans.

_____ HEALTH INSURANCE PREMIUM	\$_____
_____ OTHER INSURANCE PREMIUMS	\$_____
_____ DEPENDENT/CHILD CARE EXPENSES	\$_____
_____ MEDICAL EXPENSES	\$_____

SECTION 3: If Employee's employment is terminated, this agreement will terminate. Further, this agreement may be terminated in its entirety, and only in its entirety, by employee on thirty days written notice to employer; however, it may be revoked or amended by a writing signed by both parties hereto.

EMPLOYEE'S SIGNATURE _____

EMPLOYEE'S SOC. SEC.# _____