

Payroll Deduction Summary

Hank W. Aaron
45 Sycamore Street
Somewhere, TX 56123

Employee ID: 1236
 SSN: 001-01-0001

Date of Birth: 01/01/1950
 Date Hired: 01/01/2008

Plan Name	Carrier	Coverage	Status	Deductions per Year	Deduction	Annual Cost
Post-Tax						
DP Supplemental Term Life	Lincoln Financial		Enrolled	12	\$0.77	\$9.24
Group Life	Lincoln Financial		Enrolled	0	\$0.00	\$0.00
Short Term Disability	Self Funded		Enrolled	12	\$361,116.67	\$4,333,400.04
SP Supplemental Term Life	Lincoln Financial		Enrolled	12	\$5.60	\$67.20
Cost of post-tax benefit choices:					\$361,123.04	4,333,476.48
Pre-Tax						
Medical Plan	BCBS	EE+Family	Enrolled	12	\$872.48	\$10,469.76
Cost of pre-tax benefit choices:					\$872.48	\$10,469.76
*W - waiver of premium / C - COBRA coverage				Total Deductions:		\$361,995.52 1,343,946.24

I agree that my compensation will be reduced by the amount shown above as my required contribution for the policies I have elected under the Plan, continuing for each pay period until this agreement is amended or terminated. I understand that the reduction in my cash compensation under this agreement will be in addition to any reductions under other agreements or benefit plans. In addition, pre-tax premiums paid under this Salary Redirection Agreement may reduce my future Social Security benefits, as my compensation for Social Security tax purposes has been reduced. I understand that insurance claim payments under certain health and medical coverage may be subject to Federal and State taxes when the premiums are paid for on a pre-tax basis. Paying for disability income policies with pre-tax premiums will cause the benefits payable thereunder to be taxable.

Reviewed and Accepted by Employee: _____ Date: _____

Reviewed by Human Resources: _____ Date: _____

Note: Actual deductions may vary slightly due to rounding.

Disclosure Agreement

I may change my enrollment only during the annual open enrollment period. I cannot change or revoke this Salary Redirection (Payroll Deduction) Agreement before the beginning of the next plan year unless a change in family status occurs as defined by the IRS. An election change may only be made if it is consistent with and on account of the change in status event. Examples of an approved change in family status include:

- § A change in legal marital status (get married, divorced, or legally separated)
- § The death of my spouse or dependent
- § Birth, adoption or placement for adoption
- § My spouse gains or loses employment
- § My spouse or I takes or returns from an unpaid leave of absence or goes on strike or lockout
- § An event that causes an my dependent to satisfy or cease to satisfy eligibility requirements due to age, student status, or any similar circumstance
- § My spouse or I change from full-time to part-time or vice versa
- § Changes in cost, daycare providers, or in the amount of daycare needed are allowable reasons to change my Dependent Care FSA election.

My execution of this Salary Redirection Agreement (Payroll Deduction) does not begin coverage under any benefit plan or insurance policy. The terms and conditions of the underlying benefit plan or insurance policy will determine my entitlement to benefits hereunder. Prior to the beginning of each Plan Year, I may be offered the opportunity to change my coverage election(s) for the following plan year. If I fail to submit a new Salary Redirection Agreement (Payroll Deduction) at that time, I will continue any coverages (other than Medical and Dependent Care Expense Reimbursement) for the new plan year, and will continue to have amounts withheld from my salary for such coverage. I understand that I must submit a new election form for coverage under the Medical and Dependent Care Expense Reimbursement plans prior to the beginning of each subsequent plan year.

I understand that any amount remaining in my Medical or Dependent Care Expense Reimbursement Account after the end of the plan year will be forfeited. I also agree, upon demand, to indemnify the employer for any liability it may incur for failure to withhold federal or state income taxes or FICA taxes from any non-qualifying reimbursement I receive in connection with the Medical and/or Dependent Care Expense Reimbursement Plans. Health and medical insurance benefits may be subject to federal and state taxes when the premiums for such coverage are paid on a pre-tax basis. If the amount of claim payments exceeds the amount of medical expenses I have incurred with regard to any particular event, the excess amount will be taxable to me. In addition, I understand that paying for disability coverage with pre-tax premiums causes disability benefits to be taxable. I understand that I am solely responsible for the payment of taxes with regard to any insured benefit, and agree to consult with my own tax advisor with regard to such matters. I further understand that paying for such coverage on an after-tax basis may preserve the excludability of accident or health insurance benefits.

PLEASE SIGN THE FIRST PAGE OF THIS DOCUMENT, THE SALARY REDIRECTION AGREEMENT/PAYROLL DEDUCTION REPORT, INDICATING THAT YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.