

Institute for Medical Research, Inc.

Section 125 Premium Only Plan Employee Election Form

Name: _____ Social Security #: _____

I authorize my employer to make the following salary reductions:

 Before-Tax Insurance Premiums

I elect to pay the premiums for my:

- **medical** insurance (\$_____ per pay period)
- **dental** insurance (\$_____ per pay period)
- **vision** insurance (\$_____ per pay period)

through a before-tax reduction of my salary.

This election is effective for the plan year of my employer's medical plans, 08/01/2022 – 07/31/2023. I can make a new election effective 08/01/2023.

I understand that:

- I cannot change this election during the plan year unless I have a change in family status.
- My Social Security benefits may be reduced by this election.
- This election replaces any previous elections and will terminate on the earlier of: (1) the end of the plan year, (2) whereas I am no longer being paid compensation in an amount at least equal to my total salary reduction, (3) termination of the plan.
- My employer may reduce or cancel this election if necessary, to comply with provisions of the Internal Revenue Code.

Signature: _____ Date: _____

Accepted by: _____ Date: _____