



1838 E Interstate Ave Ste B
PO Box 1315
Bismarck, ND 58503

T: (701) 258-9848
F: (701) 258-1011
W: www.fpspayroll.com

PREMIUM ELECTION FORM & SALARY REDIRECTION AGREEMENT

Employer's Name: _____

Employee's Name: _____

Employee's Address: _____

Social Security Number: _____ Date of Birth: _____

For the Plan Year ending _____, I elect to participate in the pre-tax option of the Plan for the following benefits. I authorize my employer to reduce my annual compensation during the Plan Year on pre-tax basis to pay for my share of the premium for those benefits for which I have enrolled on separate benefit enrollment forms.

Group Health Insurance

Group Dental Insurance

Group Vision Insurance

Health Savings Account

Health FSA

AFLAC

Dependent Care Assistance Plan

To decline the pre-tax option, please select the box below:

I have been given the opportunity to enroll and pay my responsibility of the group sponsored premiums with pre-tax dollars and wish to decline participation in the Section 125 Flexible Benefits Plan.

Salary Reduction Agreement

I have read and understand the explanation I have received regarding my options under the Fronteer Professional Services, Inc. Section 125 Flexible Benefits Plan. I understand I have the right to have the company redirect my salary on a pre-tax basis during the plan year and apply this amount toward the purchase of the medical coverage I have designated above. I understand that my share of the cost of this coverage may be adjusted from time to time to reflect the change in rates charged by the carriers. I acknowledge that my election is irrevocable unless there is a change in my status. A change in status includes as outlined in the Summary Plan Description.

It is specifically the Participant's responsibility regarding insurance premium reimbursement not to request anything that could violate the terms of their insurance policy.

I hereby apply for the options listed above. If necessary, I authorize Fronteer Professional Services, Inc. to adjust my pay as required by my elections. I understand that the benefit options I have elected will remain in force from January 1 until December 31, unless my family status changes.

Employee's Signature

Date