

**BENEFIT ELECTION FORM**

**WACO, INC. "CAFETERIA" PLAN**

**ELECTION AND COMPENSATION REDUCTION AGREEMENT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY  
NUMBER: \_\_\_\_\_

I elect to receive my medical coverage under the Waco, Inc. Cafeteria Plan. Any previous election and compensation reduction agreement under the Cafeteria Plan relating to the same benefits is hereby revoked.

I and Waco, Inc. agree that my pay will be reduced by the amount of my required contribution for the benefit option(s) I have elected under the Cafeteria Plan, effective \_\_\_\_\_\*, and continuing for each succeeding pay period until this agreement is amended or terminated. The amount of my required contribution for each benefit option is set forth on a schedule that has been provided to me.

I understand that reductions in my taxable pay affect compensation reported to the Social Security Administration. It is possible that any future Social Security Retirement Income I receive may be reduced by this election.

\_\_\_\_\_  
Signature

\* The pay reduction may not be effective for any period that begins before you have signed this form and returned it to the Plan Administrator.

**THIS FORM MUST BE SIGNED AND RETURNED BEFORE THE TAX SAVING ADVANTAGE CAN BEGIN.**