In accordance with my rights under the Plan, I elect the benefits indicated and designate the necessary amounts for each benefit I have selected for the plan year specified above. I understand that my elections are for the plan year commencing June 1, 2014 and that my elections may be changed only during open enrollment each year.

I agree that my cash compensation will be redirected by the amounts set forth above for each pay period and plan year (or during such portion of the year as remains after the date of this agreement). I cannot change or revoke any of my elections or this compensation redirection agreement at any time during the plan year unless I have a change in family status (including marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. In addition, if you have any new dependent as a result of marriage, birth, adoption or placement for adoption.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have any new dependent as a result of marriage, birth, adoption or placement for adoption.

The plan Administrator may redirect or cancel my compensation redirection or otherwise modify this agreement in the event he believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.