

**PLM Lenders
Benefit Election Form 9/01/23thru 8/31/24**

Employee Name	Date	Mark here if new election for any plans _____ (please also submit enrollment applications)
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ELECTION TO PARTICIPATE
I hereby elect to participate in the PLM Lenders Benefit Program. The eligible pre-tax benefit I wish to receive through salary reduction is set out below **per pay period** (based on 24 pay periods):

PLAN CHOICES	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> Kaiser Silver HMO <input type="checkbox"/> Kaiser Gold HMO Refer to rate sheet	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Vision Service Plan	<input type="checkbox"/> \$0	<input type="checkbox"/> \$3.43 Employee spouse or +1 child	<input type="checkbox"/> \$3.60 Employee + 2 or more children	<input type="checkbox"/> \$8.75
UNUM Long Term Care <input type="checkbox"/> Buy up option _____	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Premier Access Dental	EE Only <input type="checkbox"/> \$0	EE + 1 Dependent <input type="checkbox"/> \$32.44	EE + 2 or more Dependents <input type="checkbox"/> \$82.85	

PLM Lenders and I agree that the above-designated amount shall be processed through payroll deductions.
 By this agreement between PLM Lenders and myself, I understand the following provisions of the PLM Lenders Benefit Program:

- The above election applies to the Plan Year 9/01/23 to 8/31/24 and may not be changed except upon a change in my family status such as: marriage, divorce, death of a spouse or child, birth or adoption of a child, change in spouse's employment.
- I have been made aware of and understand that all of the appropriate documents relating to the PLM Lenders Benefit Program including the Summary Plan Description, Rate Sheet, Privacy Notice, Initial COBRA Notice and any other relevant Plan Documents or Notices are available to me and my dependents electronically through PLM Lenders Intranet or the broker web site at <http://benefits.filice.com/plm>.
- I also understand that if I wish to receive a paper copy of any of the above documents, I may do so free of charge by contacting my Human Resource Department.

Employee Signature: _____ **Date:** _____

WAIVER OF PARTICIPATION
 The plan and its pre-tax benefits have been explained to me. If I wish to participate at a later date, I must wait until the next Plan Year, unless there is a change in my family status (e.g. marriage, birth of a child, etc.) at which time I can then enroll in the plan

Waive all benefits Waive only the following benefits _____

Employee Signature: _____ **Date:** _____
