Flexible Compensation Plan	
Employee Authorization Agreement	
Employer:	

	Employee Name:	(Last)	(First)
Mailing Address:		(Last)	(Luzt)
	(Street)		(City, ST, Zip)
Sex: ☐ M ☐ F		# of Pa	y Periods
	Mo. Day	Yr.	
Plan Year: from	to		
Effective Date (if di	ifferent from beginning of plan	n year)/	<u>/</u>
correspond with the Tuc Authorization Agreeme change in my family sta	atus or change of spouse's employm	ensation billing. I furt and <u>cannot</u> be revoke	
1.Pre-Tax Group In	surance Premiums:		
A. Medical	Premiums	\$	per pay period
B. Dental Pr	remiums	\$	per pay period
C		\$	per pay period
D		\$	per pay period
Compensation account. listed and incurred by n	I authorize Tucker Administrators to the or my dependents during the current(s) which are not used for eligible	o draw upon my acco ent plan year listed on	Tucker Administrators from my Flexible unt to reimburse me for eligible expenses a this form. I understand that any amounts ring the plan year will be forfeited in
accordance with the cur A. Medical/	Dental/Vision Expense	\$	per pay period
A. Medical/ *Maximum	Dental/Vision Expense Annual Election \$		
A. Medical/ *Maximum	Dental/Vision Expense	\$	per pay period
A. Medical/ *Maximum	Dental/Vision Expense Annual Election \$	\$	
A. Medical/** *Maximum	Dental/Vision Expense Annual Election \$	\$ \$	per pay period per pay period

explained to me and have elected not to do so this plan year. I further understand that this declination will be in effect for the plan year and **cannot** be revoked during this year unless I experience a change in my family status or change of spouse's employment.