

PREMIUM CONVERSION PLAN AUTHORIZATION AND AGREEMENT

I hereby authorize my employer to make the pre-tax payroll deductions I have indicated, if any, for the Plan Year indicated and each succeeding Plan Year unless I make a new election during an open enrollment period to replace this election. I understand I will not pay Federal, State or FICA taxes on these payroll deductions in accordance with my Employer's Section 125 Plan.

Prior to each Plan Year, I will be given the opportunity to change my benefit elections for the upcoming Plan Year during an open enrollment period. Failure to notify my employer will be treated as having elected to continue the insurance coverage then in effect.

I understand that I cannot change or revoke my coverage election or my contribution agreement midyear, unless I have a change in status. Changes are only allowed when the change in coverage is consistent with the change in status and made on account of the gain or loss of coverage eligibility. Application for a coverage change must be made within 30 days following the qualified status change event. A change in status event may include:

- A change in legal marital status including marriage, divorce, annulment, legal separation or death of a spouse.
- A change in the number of tax dependents including birth, adoption, placement for adoption or death.
- Termination or commencement of employment by the employee, spouse or a dependent.
- A change in work schedule resulting in a reduction or increase in hours by employee, spouse or dependent including a switch between part-time and full-time, a strike or lockout, or commencement or return from an unpaid leave of absence.
- An event in which a dependent satisfies (or ceases to satisfy) dependent eligibility requirements due to attainment of age, gain or loss of student status, marriage or similar circumstances as are provided in the accident or health plan.
- Change in the residence or worksite of employee, spouse, or dependent, which affects the eligibility for coverage.
- Significant cost changes or curtailment of coverage.
- Loss of certain other health coverage (e.g., plans provided by governmental or educational institutions).
- A judgment, decree or order resulting from a divorce, legal separation, annulment or change in legal custody (including QMCSO) requiring a coverage change for an employee's child.
- Enrollment in a marketplace exchange plan during an exchange special or open enrollment period. Employees and others covered must enroll in the exchange plan by the first day after coverage ends under the employer plan. See IRS Notice 2014-55 for details.
- Change in coverage of spouse or dependent under another employer plan (e.g., spouse's employer had no insurance coverage before but now offers a plan).
- Addition or improvement to benefits package option.
- Entitlement to Medicare or Medicaid.
- Special enrollment rights under HIPAA allowing pre-tax deductions.

My contributions under this agreement shall be in addition to any contribution under other agreements or benefit plans. The Plan Administrator may reduce, modify or cancel this agreement in the event the Plan Administrator believes such action is advisable in order to satisfy certain provisions of the Internal Revenue Code. I acknowledge that my social security benefits may be slightly reduced as a result of my election. Upon termination of my employment, my election of benefits shall cease unless I elect to continue with after-tax contributions, pursuant to my rights under State of Wisconsin Continuation Coverage.