MEDICAL/DENTAL PLAN
COMPENSATION REDUCTION AGREEMENT
Effective - 1/01/17 – 12/31/17

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

I hereby ( ) elect ( ) decline to participate in the Section 125 Plan offered by Columbia College on the basis indicated below effective _____.

My employer and I hereby agree that my cash compensation will be reduced by the amount set forth below for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement).

CONTRIBUTIONS FOR GROUP BENEFITS:

I hereby elect to receive the following coverage under the Cafeteria Plan:

Type of Coverage	Election					Deduction Amount
Medical Blue Choice – PPO	❑Single $90.00 /Mo	❑EE+Child(ren) $320.00 / Mo	❑ EE+Spouse $455.00/Mo	❑Family $560.00 /Mo	❑Waive	_____
Blue Choice-HDHP	❑Single $25.00 /Mo	❑ EE+Child(ren) $170.00 / Mo	❑EE+Spouse $305.00/Mo	❑Family $380.00 /Mo	❑Waive	_____
Guardian-Dental	❑Single $16.50 /Mo	❑Family $50.65 / Mo			❑Waive	_____
Guardian-Vision	❑EE Only $10.10 /Mo	❑ EE+Child(ren) $22.23 /Mo	❑ EE+Spouse $20.21/Mo	❑Family $32.33/Mo	❑Waive	_____

I understand that: (Please read and initial each statement below)

_____ **I cannot change or revoke this compensation agreement at any time during the plan year unless I have a change in family status, including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse and other such events as the Plan Administrator determines will permit a change or revocation.**

_____ **This agreement will automatically terminate if the Plan is terminated or discontinued, or if I cease to receive compensation from the company which is at least equal to the amount of the reduction.**

_____ **The reduction in my cash compensation under this agreement will be in addition to any reductions under other agreements or benefit plans.**

_____ **The employee deduction amounts listed above are subject to change on an annual basis.**

_____ _____

EMPLOYEE SIGNATURE **DATE**