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## Section 125 Flexible Benefits Plan – Acknowledgement

For Plan Year Ending: \_\_\_\_\_ Employer: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

- Yes, I am interested in participating in the Section 125 Program and have received a copy of the plan document.**
  
- No, I am not interested in participating in the Section 125 Program at this time.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This form must be submitted to the employer prior to the first day of the plan year**