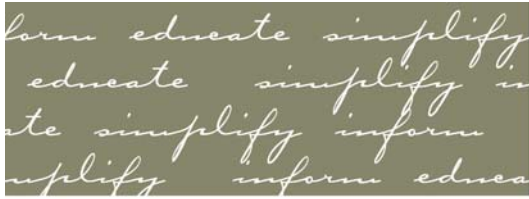


I agree that my Compensation will be reduced by the amount of my required Contribution for the Benefit Plans I have elected under the Cafeteria Plan, continuing each pay period until this agreement is amended or terminated. The amount of my required contribution for each Benefit Plan selected is set forth on a schedule that has been provided to me. I understand that:

- I cannot change or revoke any of my elections at any time during the Plan Year unless I have a qualifying Change in Status (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse and such other events as will permit a change or revocation of an election under the Internal Revenue Code, as amended) and the change is caused by and consistent with the Change in Status.
- Prior to the Anniversary Date each year I will be offered the opportunity to add or drop coverage for the following Plan Year. If I do not complete and return a new form at that time I will be treated as having elected to continue participation in the Plan on the same basis with the same coverage. Notwithstanding the foregoing, annual elections for participation in the Health Care and Dependent Care Reimbursement Plans must be made by submitting a Salary Reduction Agreement prior to the Anniversary Date of each Plan Year.



Alt Benefit Consultants
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Waiver of Participation

Employee Name: _____

Address: _____
Street Address City State Zip

SS#: _____ DOH: _____ DOB: _____

I elect not to participate in the above referenced Plan and therefore elect to receive my full compensation in cash for the following plan year:

Effective Date: January 1, 2009

I understand that:

- I cannot change or revoke this election to receive full compensation in cash at any time during the plan year, unless I have a qualifying change in status, as stated in my Summary Plan Description booklet.
- Prior to each Anniversary Date I will be offered the opportunity to change my benefit election for the following Plan Year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my election to receive full cash compensation in effect for the new Plan Year.

Employee Signature _____ Date: _____