

MONTGOMERY COUNTY

FLEXIBLE BENEFIT PLAN WAIVER OF PARTICIPATION

_____ THIS WAIVER WILL ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE TERMS OF THE FLEXIBLE BENEFIT PLAN. EVEN THOUGH I AM ELIGIBLE TO PARTICIPATE IN SUCH PLAN, I HEREBY ELECT NOT TO PARTICIPATE. I UNDERSTAND THAT THIS WAIVER WILL REMAIN IN EFFECT FOR THE REMAINDER OF THE PLAN YEAR FOR WHICH THIS ELECTION IS EFFECTIVE, BUT THAT I MAY AGAIN DECIDE TO PARTICIPATE IN LATER PLAN YEARS BY MAKING AN ELECTION TO PARTICIPATE DURING THE ELECTION PERIOD PRIOR TO EACH PLAN YEAR.

THIS WAIVER IS EFFECTIVE 10/01/2015– 09/30/2016

SIGNATURE

DATE

PRINT NAME

SOCIAL SECURITY #