



**ELECTION NOT TO PARTICIPATE**

Employee Name: \_\_\_\_\_

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

Employee Social Security Number: \_\_\_\_\_

I understand all the benefit options available under the Mann Financial, Inc. Flexible Benefit Plan

I elect not to participate in the Mann Financial, Inc. Flexible Benefit Plan and, therefore, elect to receive my full compensation in cash for the following Plan year:

\_\_\_\_\_ through \_\_\_\_\_.

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 change in status (such as marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, change in my or my spouse's employment status from full-time to part-time or part-time to full-time, my spouse or I taking an unpaid leave of absence, and such other events as the Plan Administrator determines will permit a change or revocation of an election).

Prior to each Plan Year, 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 reject the payment of insurance payments through this plan and receive full cash compensation in effect for the new Plan Year.

\_\_\_\_\_ Date \_\_\_\_\_  
Employee's Signature

Accepted and agreed to by the Employer's Authorized Representative.

By: \_\_\_\_\_ Date \_\_\_\_\_