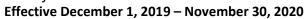
Benefit Selection/Compensation Reduction Form







Employee's Name: Address (if any changes since last Ope	en Enrollment):					
If newly enrolling dependents, please	complete:					
Dependent Full name			ty Sex	Address (if diff	ferent from yours)	
		Number				
I elect the following as monthly, p	re-tax deduction) 				
Telect the following as monthly, p	ie-tax deddction	13.				
Medical/Prescription Drug: Core Medical Plan – Regence Classic \$	3.000 Deductible	PPO Plan Bu	ıv-Up Medical – I	Regence Innova	\$1,000 Deductible PPO Pla	
☐ Employee Only	\$0.00		Employee Only	_	\$149.80	
☐ Employee + Spouse/DP*	\$58.76	Employee + Spouse/DP*			\$390.76	
Employee + Child(ren)	\$45.15	Employee + Child(ren)			\$334.95	
☐ Employee + Family	\$103.92	Employee + Family			\$575.82	
				·		
I elect to waive medical coverage bec	ause (choose one	of the followin	ıg):			
☐ I have other employer-sponsored	coverage	□ ı	have coverage th	hrough Medicare	e, Medicaid or Tricare	
☐ I have coverage through the Healt	h Insurance Marke	etplace 🖵 I	don't want medi	ical coverage		
Voluntary Dental		Visio	nn.			
Employee Only	\$42.00		Employee Only		\$0.00	
☐ Employee + Spouse/DP*	\$87.50		Employee + Spou	ise/DP*	\$0.45	
Employee + Child(ren)	\$90.95		Employee + Child(ren)		\$0.51	
☐ Employee + Family	\$136.45		Employee + Family		\$1.09	
☐ I elect to waive dental		_	l elect to waive v	•		
Employee Base Life Insurance	\$0.00		oyee Base Long-	Term Disability	\$0.00	
☐ Employee Only☐ I elect to waive base life insurance			Employee Only	+	·	
i elect to waive base life insurance	e	_	elect to waive b	ase long-term d	isability	
Voluntary Base Life Insurance and Vo	luntary Buy-Up Lo	ng-Term Disab	ility			
Please check all boxes that apply.						
_						
Voluntary Life – Child(ren) \$ List amount requested for each child, in \$2,000 increments up to \$10,000						
☐ Voluntary Long-Term Disability \$		=			•	
☐ Lelect to waive voluntary benefit	S	•				

By my signature below, I acknowledge and agree to the following terms and conditions:

- I have been provided with an enrollment guide, including a Summary of Benefits and Coverage.
- November is the open enrollment period, and is my annual opportunity to make any changes to my employee benefit plan elections.
- In accordance with IRS Section 125 rules, I am unable to make changes to my employee benefit plan elections until December 1, 2020, unless I or my eligible dependents experience an event that permits a mid-year election change.
- Eligible dependents include my legally married spouse, domestic partner and my and/or my spouse/DP's dependent children up to age 26. It is my responsibility to notify TRICO Companies if any covered dependent ceases to meet the definition of an eligible dependent under the terms of the employee benefit plan. If I cover an individual on the employee benefit plan who is not an eligible dependent, this is considered fraud and theft, and may be grounds for termination of employment.
- Payroll deductions will be taken from my paycheck on a pre-tax basis to pay for my portion of the premiums for the employee benefits that I elect. It is my responsibility to notify Human Resources if I want premiums deducted on an after-tax basis.
- Pre-tax compensation reductions will reduce my taxable income for Social Security purposes, and may result in a reduction of Social Security benefits that I, or my dependents, may become entitled to in the future.
- *DP=Domestic Partner; Under federal tax law, unless my domestic partner (or his/her child[ren]) qualifies as a tax dependent, premiums may not be paid on a pre-tax basis. In addition, the value of my domestic partner's coverage, less the amount paid by me for such coverage on an after-tax basis, will be included in my gross income, subject to federal withholding and employment taxes.

Signature	Date