PLAINVIEW-OLD BETHPAGE CSD FLEXIBLE SPENDING COMPENSATION PLAN ELECTION FORM AND COMPENSATION REDUCTION AGREEMENT PERIOD OF COVERAGE – 01/01/2024 THROUGH 12/31/2024

| (Please Print) 1. PERSO |) DNAL DATA | | | | | |
|--|---|---|--|--|--|---|
| Name | | | | | | |
| | (Last) | (First) | | (MI) Soc. Sec | | |
| Marital Status: | | Date of Birth | 1 | | | |
| Address | | | | | | |
| | (Street) | (Apt. #) | (Cit | y) | (State) | (Zip) |
| Email _ | | Work P | hone | Home | /Cell Phone | |
| DEP <u>END</u> | ENT INFORMAT | ION (List ALL eligible E | Dependents Affected b | y Enrollı | nent- attach additiona | l sheet if necessary) |
| Las | t Name | First Name | Relationship (Self/Spouse/Child) | M/F | SS# Last 4 digits | Date of Birth |
| Emplo | pyee | | Self | | | |
| Depen | ndent | | | | | |
| Depen | ndent | | | | | |
| Depen | ndent | | | | | |
| | | | | | | |
| Depen | ndent | | | | | |
| health, de 2. FLEX | ntal, or excess medi | omatically deduct on a cal coverage unless of ACCOUNT CONTRI | herwise notified in | writing | prior to the filing d | late. |
| health, den 2. FLEX () <u>HEAI</u> Spending A Annual elec | IBLE SPENDING LTH FLEXIBLE S Account cannot exceed | ACCOUNT CONTRIPENDING ACCOUNT an amount of \$3,200.00 o | herwise notified in IBUTIONS T —The Benefit Perion or a minimum of \$10 | writing od annual 0.00. | prior to the filing d | late. th Care Flexible |
| 2. FLEX () HEAI () PEP () DEP | TIBLE SPENDING LTH FLEXIBLE SI ACCOUNT CANNOT EXCEED TO THE PENDENT CARE | Cal coverage unless of ACCOUNT CONTRIPENDING ACCOUNT an amount of \$3,200.00 or \$1.00 cm. ASSISTANCE PLAN | herwise notified in IBUTIONS T —The Benefit Perior a minimum of \$10 for each | writing od annual 0.00. ch pay p | prior to the filing deposit into the Healt period (contribution | th Care Flexible will be made in eq |
| 2. FLEX Depending A Annual electromounts thr | TIBLE SPENDING LTH FLEXIBLE SI Account cannot exceed ction amount \$ rough payroll deductio PENDENT CARE married Participants w | Cal coverage unless of ACCOUNT CONTRIPENDING ACCOUNT an amount of \$3,200.00 of \$1.00 s. ASSISTANCE PLAN who file separate returns | Herwise notified in IBUTIONS T — The Benefit Period for a minimum of \$10 for each for each for each for each for each for the Benefit Period (s). | writing od annual 0.00. ch pay p | prior to the filing deposit into the Healt period (contribution) | th Care Flexible will be made in eq |
| ealth, dec E. FLEX Depending A Annual electromounts the DEP Mannual electromounts | TIBLE SPENDING LTH FLEXIBLE SI Account cannot exceed ction amount \$ rough payroll deductio PENDENT CARE married Participants w | ACCOUNT CONTRIPENDING ACCOUNT an amount of \$3,200.00 or shown in the separate returns shown in t | Herwise notified in IBUTIONS T — The Benefit Period for a minimum of \$10 for each for each for each for each for each for the Benefit Period (s). | writing od annual 0.00. ch pay p | prior to the filing deposit into the Healt period (contribution) | th Care Flexible will be made in eq |
| health, den 2. FLEX () HEAI Spending A Annual electromounts the () DEP m Annual electromounts the Qualified to file your | IBLE SPENDING LTH FLEXIBLE SI Account cannot exceed ction amount \$ | ACCOUNT CONTRIDERATE ACCOUNT CONTRIDERATE ACCOUNT CONTRIDERATE ACCOUNT AN AMOUNT OF THE ACCOUNT AN AMOUNT OF THE ACCOUNT OF TH | herwise notified in IBUTIONS T —The Benefit Period for a minimum of \$10 T — The Benefit Period of the Benefi | writing od annual 0.00. Ch pay pod maxic ch pay p | deposit into the Healt period (contribution seriod | th Care Flexible will be made in equal \$5,000.00 (\$2,500) will be made in equafter the benefit period |
| Property of the control of the contr | IBLE SPENDING LTH FLEXIBLE STACCOUNT cannot exceed ction amount \$ | ACCOUNT CONTRIDERATE ACCOUNT CONTRIDERATE ACCOUNT CONTRIDERATE ACCOUNT AN AMOUNT OF THE ACCOUNT AN AMOUNT OF THE ACCOUNT OF TH | T — The Benefit Period of a minimum of \$10 To each of the second of the secon | od annual 0.00. Ch pay pod maximuch pay pod maximuch pay pod must be there is . I may status, b. | deposit into the Healt | th Care Flexible will be made in equal \$5,000.00 (\$2,500) will be made in equal after the benefit period han 03/31/2025, or you conclude: Change". The request election and sign a root adopt a child, death |
| Provider, ite | IBLE SPENDING LTH FLEXIBLE STACCOUNT cannot exceed ction amount \$ | ACCOUNT CONTRIDER ACCOUNT CONTRIDER ACCOUNT CONTRIDER ACCOUNT an amount of \$3,200.00 or \$1.00 | T — The Benefit Period of a minimum of \$10 — for each of the solution of the s | od annual 0.00. Ch pay pod maximum pay pod maximum pay pod maximum pay pod must be there is a status, bor change on (e.g. exbefore I cobefore I | deposit into the Healt | th Care Flexible will be made in equal \$5,000.00 (\$2,500) will be made in equal after the benefit period han 03/31/2025, or you consider. The request election and sign a rout adopt a child, death ices. Changes must from my Insurance leligible |
| DEP MANUAL ELECTION CAR A CONTROL CONT | IBLE SPENDING LTH FLEXIBLE SI Account cannot exceed ction amount \$ rough payroll deduction PENDENT CARE PARTICIPATE TO THE COURT OF THE CARE PARTICIPATE TO THE COURT OF THE C | ACCOUNT CONTRIDER ACCOUNT CONTRIDER ACCOUNT CONTRIDER ACCOUNT an amount of \$3,200.00 or \$1.00 | T—The Benefit Period of a minimum of \$10 Table in the year unless alifying event (QLE) are in your legal marital reaches the age 13 The propriate documentation of a marital participate in the plant in the plan | od annual 0.00. Ch pay pod maximum od maximu | deposit into the Healt | th Care Flexible will be made in equal \$5,000.00 (\$2,500) will be made in equal after the benefit period han 03/31/2025, or you consider the selection and sign a rou adopt a child, death ices. Changes must from my Insurance I eligible reimbursement. |

Employee's Signature_