ParagOn Section 125 Plan Election Form

Employer Name: Pinnacle Bank _____ Employer Group#: 8022 _____

Employee Name: _____ SS#: _____

Home Address: _____ Date of Birth: _____ /_____ /_____

City: _____ State: _____ Zip: _____ Date of Hire: _____ / _____ / _____

E-Mail Address: _____ Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married Effective Date: _____ / _____ / _____

Group Insurance Pre-Tax Contributions

You may choose to contribute pre-tax dollars to pay your group insurance contributions. The law requires that if your employment terminates, any remaining pre-tax contributions cannot be returned to you.

☐ I elect not to participate at this time. I realize that should I desire to enroll in this plan in the future, I must wait until the next annual enrollment or special enrollment event.

☐ I elect to reduce my salary to pay for my group insurance contributions with pre-tax dollars.

Salary Reduction for Pre-Tax Group Insurance Benefits-Medical	$ _____	and $ _____
Salary Reduction for Pre-Tax Group Insurance Benefits- Dental	$ _____	and $ _____
Salary Reduction for Pre-Tax Group Insurance Benefits- Vision	$ _____	and $ _____
Salary Reduction for Pre-Tax Group Insurance Benefits- AFLAC	$ _____	and $ _____
Total Reduction:	**$** _____	**and $** _____
	PER PAY	ANNUAL

Health Care FSA

You may choose to contribute pre-tax dollars that can be used to pay certain health care expenses incurred during the plan year. You should only contribute an amount that you will be certain to use for health care expenses because current tax law does not allow you to receive a refund or to use the balance for another purpose.

☐ I elect not to participate at this time. I realize that should I desire to enroll in this plan in the future, I must wait until the next annual enrollment.

☐ I elect to reduce my salary to fund my health care FSA with pre-tax dollars. $ _____ and $_____
PER PAY ANNUAL

Note: As of 2014, employer contributions into the health FSA must be under $500 or not more than a 100% match of employee contributions.

Employer Contribution: $ _____
ANNUAL

Pinnacle Bank's Minimum Annual $120 / $5.00 per pay period
Maximum Annual $2,550 / $106.25 per pay period

I hereby apply for the options listed above. I understand that this election is binding and cannot be changed except under limited circumstances established by the plan. I also understand that my rights to any unused portion of the amounts allocated to my account(s) may revert to my employer at the end of the plan year, or earlier if I terminate employment.

I authorize my employer to reduce my salary by the amounts indicated above.

Employee's Signature:_____ Date: _____

ParagOn
Bringing you clarity
in this dysfunctional industry

P.O. Box 12288
Columbus, GA 31917

Ph: (706)327-9218
Fax: (706)256-4023

Direct Deposit Authorization Agreement

Company Name:_____
Print Participant Name: _____
Print SS#: _____
Effective Date: _____

☐ **Checking (Attach Voided Check) or** ☐ **Savings (Please Attach a Deposit Slip)**

☐ **New** ☐ **Change** ☐ **Cancel**

Transit ABA Routing: _____
Account Number: _____
Name of Bank: _____
Bank Address: _____
_____
Bank Phone #: _____

I hereby authorize Paragon Benefits, Inc. to initiate deposits to the bank indicated above for my Flexible Spending Account and/or Health Reimbursement Arrangement reimbursements. I authorize entries such as credits, debits and adjustments made in error to my account. I understand I can only have the direct deposit to only one bank account.

Signature/Date: _____

Attach Check Here

****PLEASE NOTE: Direct Deposit is not available in all groups. Please check with your Employee Benefits Department to determine if Direct Deposit is available for your group.****