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A division of Educators Financial Services, Inc.

Section 125 Flexible Benefits Plan – Acknowledgement

For Plan Year Ending: _____ Employer: _____

Name: _____ SSN: _____

Address: _____

- Yes, I am interested in participating in the Section 125 Program and have received a copy of the plan document.**

- No, I am not interested in participating in the Section 125 Program at this time.**

Signature

Date

This form must be submitted to the employer prior to the first day of the plan year