HARRISON FLEXIBLE BENEFIT PLAN
Semi-Annual Election Form

Step 1. PERSONAL DATA
(Please print clearly)

_____
Social Security Number

_____
Last Name   First Name   MI

_____
Street Address

_____
City   State   Zip

Phone Number _____

Step 2. FUTURE CONTRIBUTIONS
Instructions: Choose how your **future** contributions will be allocated between accounts. I elect to allocate **future** contributions from my employer reports between the following account(s).

Wage Replacement   _____%

Premium Reserve   _____%

TOTAL MUST BE   100%

Step 3. MEDICAL REIMBURSEMENT- FUTURE CONTRIBUTIONS
Instructions: Choose the percentage of future contributions going into Premium Reserve above that you would like automatically moved **MONTHLY** into the Medical Reimbursement Account.

Medical Reimbursement (monthly) ____%

Step 4. SEMI-ANNUAL ELECTION TRANSFER

Instructions: Choose how your **existing** Premium Reserve balance will be allocated between the three accounts. (If no election is made, money will remain in the Premium Reserve Account.)
I elect to allocate my current Premium Reserve balance between the following account(s):

☐   **I want this election to happen every six months and to be effective March 1 & September 1 of each year.**

Premium Reserve   _____%
(% to leave in Premium)

Medical Reimbursement   _____%
(% to be <u>transferred</u> into Medical)

Dependent Care (Child Care)   _____%
(% to be <u>transferred</u> into Dependent Care)

PERCENTAGES MUST TOTAL   100%

Step 5. SIGNATURE
I understand that all elections will be **EFFECTIVE THE FIRST OF THE MONTH FOLLOWING RECEIPT OF THIS FORM IN THE TRUST OFFICE.**

_____
Signature

_____
Date

Step 6. RETURN BY 02/28/2026*
Return the white copy to:
Harrison Trust
5331 S Macadam Avenue, Suite #258
PMB #116
Portland, OR 97239
Phone: (503) 224-0048 X1681 Fax: (503) 208-9223 Email: pdxflexclaims@benesys.com

*If form is not returned, funds will continue to allocate and transfer based upon the last form on file.

White: Harrison Flex Copy
Yellow: Member Copy