



CHRISTIAN SCHOOLS
INTERNATIONAL

ENROLLMENT AND AUTHORIZATION CSI FLEXIBLE BENEFITS PLAN

CASH COMPENSATION IN LIEU OF BENEFITS
PLAN YEAR SEPTEMBER 1, 2011, TO AUGUST 31, 2012

Employer: _____	Group No. _____
Employee Name: _____ Last First	Date of Birth ____/____/____
Social Security No: _____	Hire Date ____/____/____
Home Address: _____	
City: _____	State: _____ Zip: _____

BENEFIT ELECTION:

In accordance with Subsection 4.2(d), I elect to receive as taxable cash the incentive payment offered by my employer in connection with my elected level of insurance coverage. This taxable cash incentive payment shall be paid to me as soon as administratively feasible in the Plan Year or following my initial enrollment during the Plan Year.

Taxable Cash Incentive Payment \$ _____

AUTHORIZATION:

Date: _____ Employee Signature: _____