CHRISTIAN SCHOOLS INTERNATIONAL

ENROLLMENT AND AUTHORIZATION
CSI FLEXIBLE BENEFITS PLAN

CASH COMPENSATION IN LIEU OF BENEFITS
PLAN YEAR SEPTEMBER 1, 2010, TO AUGUST 31, 2011

Employer:_____ Group No._____

Employee Name:_____ Date of Birth __/__/____
Last First

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: _____