

Kent Companies, Inc.
Flexible Compensation Program
Employee Authorization Agreement

Name _____ S. S. # _____

Address _____

Plan Year _____ to _____

Dependant Coverage Premium	\$ _____	per pay
Health Care Spending Account	\$ _____	per pay
Dependent Care Spending Account	\$ _____	per pay
Eligible AFLAC Premium	\$ _____	per pay
Total per pay amount	\$ _____	

_____ I do not wish to participate in the Flexible Compensation Plan for this plan year.

I understand that the choices I have indicated on this election form cannot be changed during the plan year unless I have a family status change. I further understand that any amount(s) remaining in my flexible spending account(s) which are not used for eligible expenses incurred during the plan year may not be returned to me in accordance with current tax law.

I authorize my base annual salary to be adjusted according to the benefit selections I have indicated on this election form.

Employee Signature

Date

Kent Companies, Inc.
130 – 60th Street SW
Grand Rapids, MI 49548
(616)534-4909