



**EASTERN NAZARENE COLLEGE
MEDICAL CARE REIMBURSEMENT PLAN
BENEFITS ENROLLMENT FORM AND
SALARY REDUCTION AGREEMENT**

1. Name of Employee: _____ Social Sec. Number _____

Address: _____

2. I, an employee of Eastern Nazarene College (the "College"), hereby elect to participate in the Eastern Nazarene Medical Care Reimbursement Plan (the "Plan").
3. As a condition of my participation in the Plan, I hereby agree to a salary reduction, starting **January 2008** and continuing for the balance of calendar year **2008** of \$ _____ per paycheck (the "**Salary Reduction Amount**") for a total of \$ _____ for the year **2008**. **The maximum Salary Reduction Amount is \$5,000 per year**. I recognize and acknowledge that the Salary Reduction Amount may not be changed by me with respect to calendar year 2008 and that this election may not be revoked by me with respect to the balance of calendar year 2008; provided, however, that my election hereunder may be revoked (or the Salary Reduction Amount changed) because of and consistent with a change in family status as described in Plan.
4. I hereby certify that the following statement is true and correct:

I understand that the amount credited on my Medical Care Reimbursement Account may be used only to reimburse eligible expenses as described in the Plan. I agree and acknowledge that if, and to the extent that, the total amount credited to my Medical Care Reimbursement Account exceeds my actual medical care expenses incurred during calendar year 2008, such excess will be forfeited by me and will not be carried forward to any other year.
5. I understand that the College does not guarantee the anticipated tax consequences of the Plan. I hereby indemnify the College and hold it harmless from and against any loss, liability, damage or expenses (other than expenses of administering the Plan) which the College may at any time incur or sustain by reason of entering into this Agreement, including, without limitation, any obligation or penalty which might be imposed on the College for failure to withhold Federal income, State income and Social Security taxes with respect to the Salary Reduction Amount shown above.
6. I hereby agree to notify the College within ten (10) business days if any statement or certification set forth herein has become or is expected to become inaccurate in any material way.

7. I hereby agree to abide by all the terms and conditions of the Plan.
8. To the extent of the Salary Reduction Amount, the College hereby agrees to credit my Medical Care Reimbursement Account and reimburse me for medical care expenses incurred during 2008 by me for which vouchers and support documents required by the College have been submitted.
9. As a condition of this election, and upon termination of employment with the College, for whatever reason, I authorize the College to deduct from my final paycheck amounts for which the College has reimbursed me, which exceed the balance of my Medical Care Reimbursement Account.
10. As a condition of this election, I hereby agree to reimburse the College for amounts paid to me as reimbursement for medical care expenses which exceed: (A) amounts deposited in my Medical Care Reimbursement Account by way of Section 3 of this Salary Reduction Agreement, and (B) amounts in which I reimbursed the College pursuant to my final paycheck pursuant to Section 9 of this Agreement. I shall cause such reimbursement to occur within 30 days of my departure of employment from the College, regardless of the cause for such departure.

Signature of Employee

Date

Accepted and agreed to by Eastern Nazarene College.

By: _____
Francine C. Wright, Human Resources Director

Date