

Murray Company

2025/2026 Election Form

Print Name: _____

PLEASE MAKE YOUR ELECTIONS BY CHECKING THE APPLICABLE BOX

If enrolling for the first time, or adding/removing dependents, please also complete an enrollment form.

I Elect the Medical coverage- plan year beginning 12/1/2025

- Single \$48.63/week
- Employee/Spouse \$99.06/week
- Employee/Children \$93.00/week
- Family \$154.02/week

I waive the Medical coverage- plan year beginning 12/1/2025

I Elect the Dental coverage- plan year beginning 12/1/2025

- Single \$2.05/week
- Employee/Spouse \$4.06/week
- Employee/Children \$4.07/week
- Family \$6.89/week

I waive the Dental coverage- plan year beginning 12/1/2025

I Elect the Vision coverage- plan year beginning 12/1/2025

- Single \$1.45/week
- Employee/Spouse \$2.76/week
- Employee/Children \$2.91/week
- Family \$4.27/week

I waive the Vision coverage- plan year beginning 12/1/2025

I Elect to participate in the Flex plan and allowing the following amounts to be taken out of my check:

\$	Per Pay Period (MEDICAL)	**Maximum allowed Employee Deferral for 2025 is \$3,300 **Maximum carryover \$660
\$	Per Pay Period (DEPENDANT CARE)	**Maximum \$

I elect NOT to participate in the Flex plan.

I understand this pre-tax premium election will remain the same for the policy time period of 12/1/2025 to 11/30/2026, unless a qualified life event occurs as outlined in the IRS guidelines. I authorize Murray Company, to automatically deduct from my paycheck the full monthly cost of my insurance benefits as indicated above from one or more of my paychecks.

The insurance is purchased in full month increments. As a convenience to the employee Murray Company will divide the monthly cost into smaller payments based on the number of pay periods in the month.

Print Name: _____

Signature: _____

Date