



**FRESH MARK HOURLY UFCW
FLEXIBLE SPENDING / HEALTH REIMBURSEMENT ACCOUNT
ELECTION FORM and SALARY REDUCTION AGREEMENT
FOR HEALTH CARE AND DEPENDENT CARE EXPENSES**

If you are an eligible employee, Fresh Mark will contribute \$800 for the year and up to the second calendar year anniversary. On the first of the second year anniversary you will receive \$1,475 (the “Company Contribution”) to your Health Reimbursement Account for the 2025 Plan Year (January 1, 2025 – December 31, 2025). The Company Contribution will be made available, as elected by you, as soon as administratively possible following January 1, 2025.

In addition to the Company Contribution, you can choose to contribute part of your wages on a pre-tax basis to your Health Care Flexible Spending Account or your Dependent Care Flexible Spending Account.

Regardless of the amount you elect to have allocated to your Health Care Flexible Spending Account from the Company Contribution or any Opt-Out Payment you may be eligible for, you may still elect to contribute up to a maximum total contribution of \$3,200.00 on a pre-tax basis for 2025. In addition, all amounts contributed to your Dependent Care Flexible Spending Account, both from pre-tax wages and any Company Contribution and any Opt-Out Payment you may be eligible for, must not exceed \$5,000 (\$2,500 if you are married and file your federal taxes as “married filing separately”) due to federal regulations.

As a result, if you are making pre-tax contributions or allocate a Company Contribution or an Opt-Out Payment to Dependent Care Flexible Spending Account, you will need to be mindful that you do not exceed the limits described above when taking into account *all contributions* to that account.

If you are eligible to receive the Company Contribution, you must fill out this form to designate how you would like the Company Contribution allocated, regardless of whether you elect to contribute any of your pre-tax dollars to the accounts.

By completing this election form, I agree and/or acknowledge that:

- I am making this choice because I am, or will be, enrolled in another group health plan (i.e., the medical plan sponsored by my spouse’s employer);
- I may elect coverage for the 2025 Plan Year under the following:
 - Dependent Care Flexible Spending Account, under which I may establish a pre-tax account from which I will be reimbursed my eligible dependent care expenses, up to the annual limit.
- I am not required to contribute any of my wages on a pre-tax basis, but if I choose to do so, an amount equal to my elected annual contribution, divided by the number of pay periods in the Plan Year, will be deducted on a pre-tax basis from each of my paychecks to pay for the coverage elected below;
- If I make an election below, I will be offered the same opportunity on an annual basis to permanently opt out of and waive future reimbursements from the Health Care Reimbursement Account.
- Employee contributions are salary reductions and reduce my compensation for Social Security tax purposes. This reduction in compensation could impact (reduce) the amount of any Social Security benefits that I may become entitled to in the future;
- Unused amounts that remain in my Health Care Flexible Spending Account and Dependent Care Flexible Spending Account after reimbursing my eligible expenses incurred during the Plan Year will be forfeited;
- Unused amounts that remain in my Health Care Flexible Spending Account and Dependent Care Flexible Spending Account at my termination will be forfeited;
- I cannot change or revoke this election during the Plan Year unless I have a change in status (e.g., termination of employment, divorce, marriage, birth of a dependent, etc.) and the election change is on account of and consistent with the change in status event;



- Prior to December 31 of each year, I will be offered the opportunity to elect this coverage for the following Plan Year. If I do not complete and return a new election form at that time, I will be treated as having elected to allocate 100% of any Company Contribution to the Health Care Reimbursement Account, 0% of any Company Contribution to the Dependent Care Flexible Spending Account and \$0.00 as a pre-tax employee contribution; all of which will be made under the same conditions provided herein.

SECTION 1: COMPANY CONTRIBUTION ELECTION

I elect to have my Company Contribution (\$800 or \$1,450 depending on length of service) allocated to the following account:

Dependent Care Flexible Spending Account Amount: \$ _____

SECTION 2: PRE-TAX EMPLOYEE CONTRIBUTION

I elect to have my pre-tax contributions, deducted from my pay in equal amounts, including my final paycheck, vacation pay and from any Sickness & Accident benefits I receive during the Plan Year, allocated as follows:

Health Care Flexible Spending Account Amount: \$ _____
(not to exceed \$3,200)

Dependent Care Flexible Spending Account Amount: \$ _____
(not to exceed \$5,000 if married or \$2,500 if “married filing separately,” less any Company Contribution and Opt-Out Payment, if any, designated to the Dependent Care Flexible Spending Account)

Sign: _____ Clock # _____ Date: _____

Print Name: _____

Location: Massillon _____ Canton _____ Salem _____ Sales Office _____

