



**TALMUDICAL ACADEMY OF BALTIMORE, INC. ---  
CAFETERIA PLAN  
CAFETERIA PLAN FOR NON-EMPLOYER SPONSORED  
GROUP DENTAL PLAN 2017-2018**

The school has a non-employer sponsored group dental plan. This is a request to participate in this plan for the 2017-2018 school year.

It is advisable to claim more than just the group plan amounts because the rates invariable increase during the course of the year. In addition, based on past family history you should be able to accurately estimate any additional expenses.

Family	\$125.00
Individual & Spouse	\$64.00
Individual	\$32.00

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I authorize the school to pay on my behalf my dental premiums that are a reduction from my compensation.

I authorize the school to make the adjustment to comply with the above paragraph if the premium changes mid-year and the plan administrator allows for changes, the increase or decrease, as the case may be. If the plan administrator does not allow for changes then the additional amount will be deducted from my salary after taxes have been taken out.

(print) Employee Name	Employee Signature	Date
<u>SANDY GUTTENBERG</u> Plan Administrator	By: _____ TALMUDICAL ACADEMY Of Balt., Inc./Plan Administrato	_____ Date