

STEUBEN COUNTY INDUSTRIAL DEVELOPMENT AGENCY  
PREMIUM ONLY PLAN (POP Plan)

It is the intent that this plan shall qualify as an IRS Section 125 plan, as amended from time to time. The purpose of the plan is to allow employees hired after January 1, 2017, the opportunity to elect to pay the portion of group health insurance premium costs, for which they are responsible, on a pre-tax salary reduction basis. The plan is effective from January 1, 2025, through December 31, 2025. All employees who enroll in an employer sponsored health insurance group plan as of January 1, 2025, and who contribute toward the cost of coverage may elect to participate. Employees must enroll before each plan year unless employment begins mid-year.

Money set aside in the premium only plan will automatically be used by Steuben County Industrial Development Agency (Agency) to pay premiums for employees enrolled in the organization's health insurance policy.

The maximum amount of the employees' contribution is limited to the difference between the total plan costs and the amount contributed by the organization. Since this amount may change periodically, the Agency does not specify an annual maximum in this document. The Agency will automatically increase or decrease the amount of salary reduction to correspond with changes in the cost of premiums. Employees will be notified of any change in premium cost as soon as possible.

New employees are allowed to participate upon their first day of employment. At such time, new employees will be provided with an election form for use in communicating their decision to contribute on a pre-tax salary deduction basis. Elections will apply until the end of the plan year. All employees hired prior to January 1, 2017 will receive health benefits fully paid by the Agency.

Participation terminates the earlier of the plan year end or when the participant ceases to be appointed to the Agency. Participants may not change coverage amounts unless there has been a qualifying change in family status.

IN WITNESS WHEREOF, this Plan document is hereby executed this  
27th day of March 2025.

**Steuben County Industrial Development Agency  
Premium Only Plan  
Election Form**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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**1. Enrollment Type (Check One):** Effective Date is January 1, 2025 or the first of the month following your date of hire or the date the enrollment form is signed\*, if later. You cannot be reimbursed for expenses incurred prior to the Effective Date.

Annual Open Enrollment for plan January 1, 2025 through December 31, 2025

New Hire Enrollment for \_\_\_\_\_ (effective date\*) through December 31, 2025

Revised Enrollment due to Employment Status Change for \_\_\_\_\_ (effective date\*) through December 31, 2025

Revised Enrollment due to Family Status Change for \_\_\_\_\_ (effective date\*) through December 31, 2025

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**2. Election and Contribution:**

I am enrolling in (check as many as apply):

**Premium Only Plan:** Money set aside in this account will be used to pay the cost of your health insurance premiums. I elect salary reduction in the amount necessary to satisfy the required contribution I am expected to pay toward the cost of coverage for which I am eligible under the organization's group insurance plan. I understand that this is a pre-tax option, and my Social Security Benefits may be reduced as a consequence of this election.

I do not wish to elect the coverage for which I am eligible and certify that I and/or my dependents are covered under another insurance plan.

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**3. Authorization and Agreement:**

The required contribution amount will be taken in equal installments on an annual basis from my paychecks while I am enrolled in this plan.

I understand that this authorization is irrevocable until the next election period unless I have a change in family status and the change, I wish to make to my election is consistent with that change in status as specified in the Internal Revenue Code and regulations. All changes must be reported, and a new election form must be completed within 30 days of the change.

Signature: \_\_\_\_\_ Date \_\_\_\_\_