

Old Dominion University Research Foundation Cafeteria Plan
Dependent Care Reimbursement Account Election Form Plan
Year 7/1/202 through 6/30/202

I hereby elect the following option under the Old Dominion University Research Foundation Cafeteria Plan:

DEPENDENT CARE

 YES I elect to participate in the Dependent Care Reimbursement Account for the Plan Year 7/1/202 through 6/30/202

My election is in the total annual amount of \$_____ which is \$_____ per pay period. I understand that this election is subject to the Plan minimum \$120.00 annually and the Plan maximum of \$5,000.00 (or in the case of a married individual filing a separate return, \$2,500.00 annually.)

I understand that I cannot change or revoke this compensation redirection agreement at any time during the Plan Year unless I have a Change in Status, including marriage, divorce, death of a spouse or child, birth or adoption of a child, commencement or termination of spouse's or dependent's employment, switching from full-time to part-time or part-time to full-time employment by me or my spouse or dependent, taking unpaid leave of absence by spouse or taking or returning from leave under the Family Medical Leave Act, a change of residence or place of work by me, my spouse or dependent, an event that causes my Dependent to satisfy or