ADJUNCT FACULTY BENEFIT ELECTION FORM – Full-Time (One Academic Yr) – Level 2

		_	
College:			
Department			
Employee			
Name:		-	
Banner ID:			
Date of Hire:		4	
Semester:			
Please indicate the semester(s) you are electing the benefit:			
□Fall	□Spring □Fall	& Spring	
no tak Af spo cho tra app per the ser wil		tion 117 and with IRS Code 127. Taken must have appropriate administration for this group before processed by who is eligible for tuition waiver begible employee's nine (9) credits up to taxable based on current IRS guidant courses, however; waiver is based available for auditing classes. The ication form for Employee or for Syl Human Resources before the end of the HR website at:	hese credits can only be strative approval. Academic Human Resources. The benefits may receive the to a maximum of 9 or a full delines. This waiver will also to a value of up to \$1440 e employee must complete pouse/Dependent for each of the semester or the waiver
<u>OR</u>			
Re Re Pri No Mi 40:	er the semester taught, \$1000 into FSU esources to complete appropriate enretirement benefit may be forfeited for ior to the end of the semester in which te: This benefit is not applicable to PSERS eligible employees cannot page 3(b). Only retired employees who ar	ollment form before the contribute the semester if enrollment form the the employee is teaching. MPSERS eligible employees. Accordicipate in another employer spore receiving a pension from the M	tion will be made. /application is not received ording to state regulation, onsored plan, such as the
<u>pa</u>	rticipate in the FSU 403(b) retirement	nt plan.	
fut	ot Out – Employee waives benefit opti ture benefit eligibility.		
Adjunct Faculty Signature Date			
Dean/Department Head Signature			Date