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Please note one of the features of your Section 125 plan is the automatic rollover of co-pays and deductibles from the medical plan to the Section 125 plan for reimbursement. Most members enjoy this feature because once your medical claim is filed it does not require a paper claim to be filed with the Section 125 plan. If you have elected automatic rollover please read, sign and date the statement below which is an ERISA claims substantiation requirement. Please return the completed form to The Kempton Group Administrators, Inc. with your election form.

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The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by automatic rollover for the 2006 plan year, were incurred (i.e., services were provided) during a period while the undersigned was covered under the Cafeteria Plan with respect to such expenses and that such expenses have not been reimbursed, or are not reimbursable, under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the Plan which relate to such expense. The undersigned further understands that no medical expense tax deduction or credit is permitted for amounts for which reimbursement is made.

\_\_\_\_\_  
Employee's signature

Date \_\_\_\_\_

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

\_\_\_\_\_  
Employer

(Please have all participants with automatic rollover complete and return with election forms)