

**DYNAMIC COMPUTING SERVICES CORP. PREMIUM CONVERSION PLAN
ELECTION FORM AND COMPENSATION REDUCTION AGREEMENT**

Employer Name: DYNAMIC COMPUTING SERVICES CORPORATION

Employee Name: _____

Employee Address: _____

Employee Social Security Number: _____

Employee Number: n/a

Current Plan Year Jan 1, 2021 - Dec 31, 2021. This authorization is valid for as long as I am enrolled on DCS benefits that require a payroll deduction, unless I notify DCS that I no longer want to have my benefit payroll deductions made with pre-tax wages.

As an eligible employee in the above Plan, I acknowledge that I have received the Summary Plan Description. I have read the Summary Plan Description and understand the benefits available, as well as other rights and obligations which I have under the Plan.

In accordance with my rights under the Plan, I make the following elections for the Plan Year specified above. The Employer and I agree that my cash compensation will be reduced by the amounts set forth below for each pay period and Plan Year (or during such portion of the year as remains after the date of this agreement).

ELECTION FOR INSURED BENEFITS

On the appropriate benefit enrollment form(s), I have enrolled for certain insurance coverages. I elect to receive Health coverage under the Cafeteria Plan.

Please check both statements below:

In lieu of specified dollar amounts, I hereby elect the above specified insurance coverages and authorize salary redirections in the amounts of current premiums being charged.

I understand that if my required payroll deductions for the elected benefits are increased or decreased while this agreement remains in effect, my compensation reduction will automatically be adjusted to reflect that increase or decrease.

OTHER TERMS AND CONDITIONS

I understand that:

- I cannot change or revoke any of my elections or this compensation reduction agreement at any time during the Plan Year unless I have a change in status and my election is consistent with such change.
- The Plan Administrator may reduce or cancel my compensation reduction or otherwise modify this agreement in the event it is advisable in order to satisfy certain provisions of the Internal Revenue Code.
- The reduction in my cash compensation under this agreement shall be in addition to any reductions under other agreements or benefit programs maintained by my Employer.
- Any amounts that are not used during a Plan Year to provide benefits will be forfeited and may not be paid to me in cash or used to provide benefits specifically for me in a later Plan Year.
- Prior to the first day of each Plan Year I will be offered the opportunity to change my benefit elections for the following Plan Year.

THIS AGREEMENT IS SUBJECT TO EMPLOYER'S CAFETERIA PLAN TERMS, AS AMENDED FROM TIME TO TIME, IS GOVERNED AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS, SHALL TAKE EFFECT AS A SEALED INSTRUMENT UNDER APPLICABLE LAWS, AND REVOKES PRIOR ELECTION AND COMPENSATION REDUCTION AGREEMENT RELATING TO SUCH PLAN.

Employee signature

Date

Accepted and agreed to by the Employer's Authorized Representative.

By: _____

Date