

**Y.A.L.E. School, Inc. And Affiliates Cafeteria Plan
Election Form**

1. This Authorization is being executed in connection with the participation of _____ (the "Employee") in the Y.A.L.E. Schools, Inc. Cafeteria Plan (the "Plan").
2. The Employee understands that his or her compensation will be reduced (on a pre-tax basis) by the amount of premiums on group health and / or dental insurance otherwise to be paid by the Employee.
3. The amount of such reductions shall be subject to appropriate withholding by the Employer.
4. The Employee understands that:
 - A. once this Authorization is executed, the salary reduction amount must be used for the purposes stated herein;
 - B. the compensation reduction to pay the amount of health / dental premiums may not be increased or decreased during the year even if coverage is changed (unless such coverage change is made on account of certain changes in family status); and
 - C. this election will remain in place for future years subject only to a change in premium for the underlying policies.
5. The Employee understands that a limit may be imposed on the salary reduction amount due to provisions of the Internal Revenue Code.
6. This Authorization is not an employment contract and does not give me the right to continue in the employ of Y.A.L.E. Schools, Inc. And its Affiliates or impair the right of the company to change the terms and conditions of my employment.
7. Amounts reduced pursuant to this Authorization shall be and remain the property of Y.A.L.E. Schools, Inc. And its Affiliates and I shall have no claim to such amounts except as provided under the terms of the Plan.

Employee Signature & Soc. Sec. No.

Date