



2007 INSURANCE BENEFITS

Your medical and dental benefits are governed by the IRS allowing your premium portion to be deducted from your earnings before the application of federal or social security taxes (Section 125). Elections shall be effective for the remainder of the Plan year beginning March 1, 2007 and ending February 28, 2008. If you do not make elections during this enrollment period, you will not be allowed to enroll or make changes until the next open enrollment period unless you experience a qualified status change. A qualified status change includes but is not limited to marriage, divorce, birth or adoption, death, reduction in hours, or a change in employment status and must be reported to Human Resources within 30 days of the event.

By enrolling, you understand that you will only be permitted to make a change in the benefits selected if the change is a result of and consistent with a qualified change in family status; you agree to have deductions taken from your paycheck for the benefits selected; you acknowledge receipt of your required contribution for the benefit option(s) elected in a separate schedule; and you understand that if you misrepresent any of your enrollment information, your benefit privileges may be withdrawn.

Providing false or misleading information related to or connected with your employee benefits may lead to disciplinary action under the company's policies and procedures and may be punishable under the laws of your state.

PLEASE CIRCLE THE APPROPRIATE BOXES BELOW FOR ELECTION OF COVERAGE

ALL INSURANCE COVERAGE IS EFFECTIVE THE 1ST OF THE MONTH FOLLOWING THE DATE OF JOINING

**MEDICAL AND VISION COVERAGE
(Medical - Aetna and Vision – VSP)**

PLAN A – (BASE) – 80% after \$2000 deductible (In-network), Out-of-Pocket max. \$4000, \$40 Co-pay

| Cost per paycheck (Bi-weekly/26) | Employee Only | Employee + Spouse | Employee + Child | Employee + Family |
|----------------------------------|---------------|-------------------|------------------|-------------------|
| Medical | \$0 | \$118.39 | \$81.12 | \$221.21 |

PLAN B - (BUY-UP) – 100% after \$2000 deductible (In-network), \$35 Co-pay

| Cost per paycheck (Bi-weekly/26) | Employee Only | Employee + Spouse | Employee + Child | Employee + Family |
|----------------------------------|---------------|-------------------|------------------|-------------------|
| Medical | \$16.15 | \$153.93 | \$110.20 | \$273.36 |

DENTAL COVERAGE

| Cost per paycheck (Bi-weekly/26) | Employee Only | Employee + Spouse | Employee + Child | Employee + Family |
|----------------------------------|---------------|-------------------|------------------|-------------------|
| Dental | \$0 | \$13.67 | \$19.66 | \$33.47 |

MEDICAL / VISION WAIVED
DENTAL WAIVED

Employee Name _____

Employee Signature _____

Date ____ / ____ / ____