

# 2009 Employee Benefit Checklist

**Eligibility:** Effective on the first of the month following 30 days of continuous employment.

**Enrollment Guidelines:** Once your elections take effect, you are not able to make changes until the next *Open Enrollment Period*. Certain exceptions may be allowed during the year for *Qualifying Events*:  
 - Gain or loss of a family member due to birth, adoption or death  
 - Marriage, divorce or legal separation  
 - You or your dependents gain or lose previous group coverage

Any of the *qualifying events* must be reported to the Human Resources Department within 30 days of the event.

**OPEN ENROLLMENT**  Keep my plan selection. Renewal rate increase only.

**Per pay period deductions**

Medical Plans	Kaiser HMO Plan	PacifiCare HMO Plan	PacifiCare PPO Plan	Plan Election Premium Cost
Employee Only	<input type="checkbox"/> \$147.08	<input type="checkbox"/> \$198.05	<input type="checkbox"/> \$262.07	MEDICAL \$ _____
Employee +Spouse	<input type="checkbox"/> \$294.17	<input type="checkbox"/> \$435.83	<input type="checkbox"/> \$576.72	DENTAL (+) \$ _____
Employee +(1)Child	<input type="checkbox"/> \$294.17	<input type="checkbox"/> \$356.76	<input type="checkbox"/> \$472.10	VISION (+) \$ _____
Employee +Children	<input type="checkbox"/> \$416.24	<input type="checkbox"/> \$356.76	<input type="checkbox"/> \$472.10	SUB-TOTAL (=) \$ _____
Employee +Family	<input type="checkbox"/> \$416.24	<input type="checkbox"/> \$614.36	<input type="checkbox"/> \$812.97	Employer paid per paycheck (≠) \$ <u>200.00</u>
Dental Plans	Guardian DHMO Plan	Guardian DPPO Plan		Your cost per pay check \$ _____
Employee Only	<input type="checkbox"/> \$7.12	<input type="checkbox"/> \$33.99		
Employee +Spouse	<input type="checkbox"/> \$14.03	<input type="checkbox"/> \$67.08		
Employee +(1)Child	<input type="checkbox"/> \$12.36	<input type="checkbox"/> \$66.35		
Employee +Children	<input type="checkbox"/> \$12.36	<input type="checkbox"/> \$66.35		
Employee +Family	<input type="checkbox"/> \$20.29	<input type="checkbox"/> \$99.45		
Vision Plan	Guardian (VSP)	Employer Paid Plans		
Employee Only	<input type="checkbox"/> \$3.87	Basic Life/AD&D and LTD*: Lincoln Financial		*Long Term Disability coverage is not effective until the 1st day of the month following 12 months of continuous service for full time employees only.
Employee +Spouse	<input type="checkbox"/> \$6.00	<input checked="" type="checkbox"/> \$0.00		
Employee +(1)Child	<input type="checkbox"/> \$6.00	Premium Only Plan		
Employee +Children	<input type="checkbox"/> \$9.53	<input checked="" type="checkbox"/> Participant		
Employee +Family	<input type="checkbox"/> \$9.53			

Your decision to select the coverage will authorize our payroll department to deduct the elected amount from each paycheck.

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

Date \_\_\_\_\_

Employee Signature \_\_\_\_\_

Effective Date \_\_\_\_\_