

BENEFIT OPTIONS - Check box to elect Medical, Dental and/or Vision Care

A. Medical Plan

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Standard Tier	<input type="checkbox"/> \$0	<input type="checkbox"/> \$456	<input type="checkbox"/> \$350	<input type="checkbox"/> \$570
Economy Tier	<input type="checkbox"/>	<input type="checkbox"/> \$388	<input type="checkbox"/> \$227	<input type="checkbox"/> \$397

*If electing Medical Coverage, Please attach Creditable Coverage Certificate

<input type="checkbox"/> I Decline Medical Coverage
Employee Cost \$

B. Dental Plan

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Coverage:	<input type="checkbox"/> \$0	<input type="checkbox"/> \$54	<input type="checkbox"/> \$54	<input type="checkbox"/> \$90

<input type="checkbox"/> I Decline Dental Coverage
Employee Cost \$

C. Vision Plan

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Coverage:	<input type="checkbox"/> \$10	<input type="checkbox"/> \$14	<input type="checkbox"/> \$26	<input type="checkbox"/> \$26

<input type="checkbox"/> I Decline Vision Coverage
Employee Cost \$

D. Voluntary Life Insurance - Check box to elect Voluntary Life

Employee Coverage: You may elect an amount between \$25,000 and \$100,000, in increments of \$25,000. You may not exceed five times your basic pay. Guaranteed Issue amount for New Hires ONLY: up to \$50,000 if under age 65. Reductions at Age 65: 67% and 50% at Age 70. **New hires may elect up to the Guaranteed Issue amount without an Evidence of Insurability Form.** All other employees who are increasing or newly electing coverage must complete the Evidence of Insurability form and attach it to your completed Enrollment Form.

Spouse Coverage: You may elect an amount between \$12,500 and \$50,000, in increments of \$12,500. Spouse coverage cannot exceed 50% of the Employee's Voluntary Life Coverage. Spouse not eligible for coverage unless Employee elects coverage. Guaranteed Issue amount for spouses of New Hires only: \$12,500 if under age 69. New hires electing an amount exceeding \$12,500 and employees increasing their coverage must complete the Evidence of Insurability form and attach it to your completed Enrollment Form.

Child Coverage: Election of coverage provides \$10,000 for *each* eligible child. I understand and have read the definition of eligible dependents located in the summary plan description at www.archgh.org/benefits/index.htm, then click on Enrollment Kit for 2009 Choice Plus. In order to elect Child Coverage you must elect Employee Coverage.

1. Employee Voluntary Life Insurance - Check box to elect Voluntary Life

Coverage:

- \$25,000
 \$50,000
 \$75,000
 \$100,000

* Evidence of Insurability (EOI) for initial enrollment amounts greater than \$50,000

* Evidence of Insurability (EOI) required for all increases in coverage

<input type="checkbox"/> I Decline Voluntary Life Coverage
<input type="checkbox"/> Keep My Current Coverage As Is
Employee Cost \$
My age range is:
<25 _____ 50-54 _____
25-29 _____ 55-59 _____
30-34 _____ 60-64 _____
35-39 _____ 65-69 _____
40-44 _____ 70-74 _____
45-49 _____ 75+ _____

Employee Voluntary Life Insurance under age 65 - Monthly Premium (Increments of \$25,000 up to \$100,000)

Employee Under Age 65	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
\$25,000	\$1.23	\$1.48	\$1.98	\$2.23	\$2.48	\$3.70	\$5.68	\$10.60	\$16.25
\$50,000	\$2.45	\$2.95	\$3.95	\$4.45	\$4.95	\$7.40	\$11.35	\$21.20	\$32.50
\$75,000	\$3.68	\$4.43	\$5.93	\$6.68	\$7.43	\$11.10	\$17.03	\$31.80	\$48.75
\$100,000	\$4.90	\$5.90	\$7.90	\$8.90	\$9.90	\$14.80	\$22.70	\$42.40	\$65.00

Employee Voluntary Life Insurance for age 65 or older - Monthly Premium

Employee 65-69	\$16,750	\$33,500	\$50,250	\$67,000
Employee 70+	\$12,500	\$25,000	\$37,500	\$50,000
65-69	\$20.97	\$41.94	\$62.91	\$83.88
70-74	\$25.38	\$50.75	\$76.13	\$101.50
75+	\$35.00	\$70.00	\$105.00	\$140.00

*Coverage reduced to 67% at the age of 65.
 *Coverage reduced to 50% at the age of 70.

2. Spouse Voluntary Life Insurance - Check box to elect Voluntary Life

Coverage:

- \$12,500
- \$25,000
- \$37,500
- \$50,000

* Evidence of Insurability (EOI) for initial enrollment amounts greater than \$12,500
 * Evidence of Insurability (EOI) required for all increases in coverage

<input type="checkbox"/> I Decline Spouse Life Coverage
<input type="checkbox"/> Keep My Current Coverage As Is
Employee Cost \$
My age range is:
<25 _____ 50-54 _____
25-29 _____ 55-59 _____
30-34 _____ 60-64 _____
35-39 _____ 65-69 _____
40-44 _____
45-49 _____

Spouse Voluntary Life Insurance under age 70 - Monthly Premium (Increments of \$12,500 up to \$50,000)

Spouse Under Age 70	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$12,500	\$0.61	\$0.74	\$0.99	\$1.11	\$1.24	\$1.85	\$2.84	\$5.30	\$8.13	\$15.65
\$25,000	\$1.23	\$1.48	\$1.98	\$2.23	\$2.48	\$3.70	\$5.68	\$10.60	\$16.25	\$31.30
\$37,500	\$1.84	\$2.21	\$2.96	\$3.34	\$3.71	\$5.55	\$8.51	\$15.90	\$24.38	\$46.95
\$50,000	\$2.45	\$2.95	\$3.95	\$4.45	\$4.95	\$7.40	\$11.35	\$21.20	\$32.50	\$62.60

3. Child Voluntary Life Insurance - Check box to elect Voluntary Life

Coverage:

- \$10,000

<input type="checkbox"/> I Decline Child Life Coverage
<input type="checkbox"/> Keep My Current Coverage As Is
Employee Cost \$ 1.23

Employee's Total Benefits Cost per month (add all sections):	\$ _____
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E. Authorization

I authorize the Archdiocese of Galveston-Houston to deduct all or part of the premiums from my pay and have read all benefits information. I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

If I decline any coverage, I acknowledge that I have been given the opportunity to participate, but choose to NOT enroll. Further, I understand that unless I have an eligible qualifying life event, my elections are final, and I will not be able to change any of them until the next annual enrollment.

Signature of Employee

Date Signed

FOR HUMAN RESOURCES/BENEFITS USE ONLY	
_____	_____
HR Representative Signature	Date Input in System