

Name	_Date of Hire	_Effective
Select your benefits below. You must enroll to insure	e dependents. Qualifying dependents	can be covered up to age 26 or

Benefit Plans	Options	Single Single+1			Enroll/	Per Pay	Period Cost
			Single+1	Single+2	Waive	Pre-Tax	Post-Tax
Medical	Blue Cross Blue Shield						
	PPO	\$74.12	\$167.48	\$260.83		\$	_
	*HMO Illinois	\$38.78	\$80.76	\$112.70		\$	_
	*Blue Advantage HMO	\$36.07	\$75.10	\$104.81		\$	_
Only available	in Illinois						
Dental	Blue Cross Blue Shield						
	High	\$4.45	\$9.59	\$17.21		\$	_
	Low	\$2.11	\$4.77	\$9.60		\$	_
Vision	EyeMed						
	Vision	\$2.60	\$4.94	\$7.26		\$	_
FSA	WEX	PPD Ded	#ppds to end of year	Total to end of year			
	Healthcare Flex Spending					\$	
	Dependent Care Flex Spending					\$	_
Life/AD&D	Blue Cross Blue Shield						
	Life Insurance	2x salary			Enroll	\$0 ALA Provi	ded
	AD&D	1.5x salary			Enroll	\$0 ALA Provi	ded
Voluntary Life**	Blue Cross Blue Shield						
	Supplemental Life		_ x salary			=	\$
	Spouse/Domestic Partner Life	\$25,000 of	\$50,000 of	****			
		coverage \$6.00	coverage \$12.00				\$
	Child(ren) Life	\$10,000 of	•			_	<u> </u>
		coverage \$0.40					\$
		7				=	
Voluntary Short Term							
Disability**	Blue Cross Blue Shield						\$
						=	-
, Long Term							

See Next Page for More Options



contribution to be deducted from my check as indicated above as allowed under Section 125 of the Internal Revenue Code. I Acknowledge that should I choose to retain this election in future year, my contribution may increase and I hereby authorize the	Benefit				Enroll/	Per Pay Period Cost				
Allstate Identity Protection** \$4.98 \$8.98 \$ Guardian Critical Incidents** Single EE+SP/ Family	Plans	Options				Waive	Pre-Tax	Post-Tax		
Allstate Identity Protection** \$4.98 \$8.98 \$ Guardian Critical Incidents** Single EE+SP/ Family	Plans Option	Plans Ontions Continued Cost semi-monthly								
Allstate Identity Protection** \$4.98 \$8.98 \$ EE+SP/ Single EE+SP/ Family			-		Family					
Guardian Critical Incidents** Single EE+SP/ Family				•		-				
Single EE+CH Family Fa	Allstate Identi	ty Protection**	\$4.98		\$8.98			\$		
Single EE+CH Family Fa				/						
Hospital \$9.43 \$17.02/ \$15.05 \$22.65 \$ Critical Illness	Committee Cuiti	-	Cin ala	-	Familia.					
Hospital \$9.43 \$15.05 \$22.65 \$ Accident \$6.51 \$10.28/ \$10.28/ \$ Options: Employee only -or Employee & \$pouse/Domestic Partner -or Employee, Spouse/Domestic Partner -or Employee and Child(ren) -or Employee and Child(ren) \$5,000 Spouse/Domestic Partner can only have 50% of what employee has Child(ren) can be up to 25% of Employee, to age 26) \$2,500 Child \$0.00	Guardian Criti	cai incidents**	Single	EE+CH	Family					
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Signature Date Date	Signature					Date				