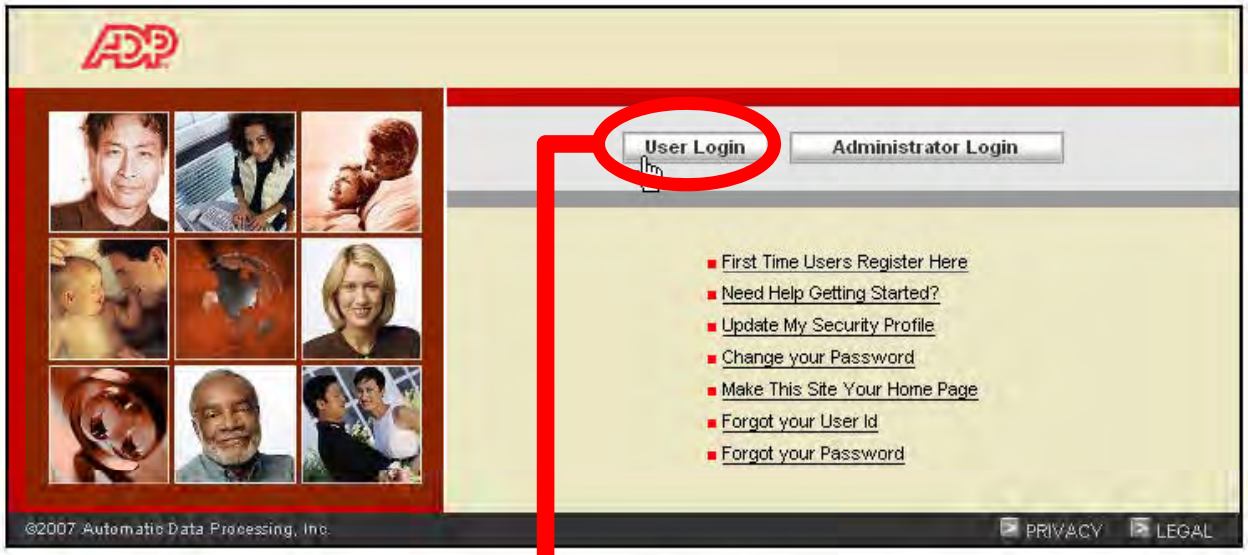
Benefit Enrollment System

2009-2010 Open Enrollment Event

Open Enrollment Checklist

1. Complete your Worksheet that was mailed to your home address to assist in making the enrollment elections quickly.
2. After 15 minutes of inactivity, you will be logged out. Your changes will be saved as long as you go back and finish your elections by 8 PM MST the same day.
3. Register for the portal.
4. Log on to the portal.
5. Click on the Benefits tab.
6. Click on the Benefit Enrollment System link.
7. Read the Welcome page and press Continue.
8. Read the instructions for completing each page, located in the left-hand column.
9. At the Main Menu, click on the Open Enrollment link.
10. Review your Personal Information. If incorrect, contact Employee Records at: (602) 506-3519
11. Review your dependents. Dependents must be listed in order to be enrolled in a benefit or for spouse or child life insurance coverage.
12. Review and update your benefit elections.
13. Update your beneficiary information.
14. Review and update your Annual Account elections (for flexible spending accounts and health savings account contributions).
15. Click on the submit button on the 2009-2010 Benefit Summary page.
16. Enter your email address if you would like an email acknowledgement or click Cancel.
17. Print your 2009-2010 Confirmation page.
18. A Confirmation Statement will be mailed to your home address the week of May 18th.
19. Compare the Confirmation page you printed from the system with the mailed Confirmation Statement
20. If the information on the Confirmation Statement does not match your printed Confirmation page, log on to the portal and make your changes in the Benefit Enrollment System.
21. Another Confirmation Statement will be mailed to you, if you have made changes between May 18th and May 29th, during the week of June 1st.

Open your web browser and type the following in the address bar: **https://portal.adp.com**
Once the page loads you should see an image similar to the one below.
Click on the "User Login" button as indicated.

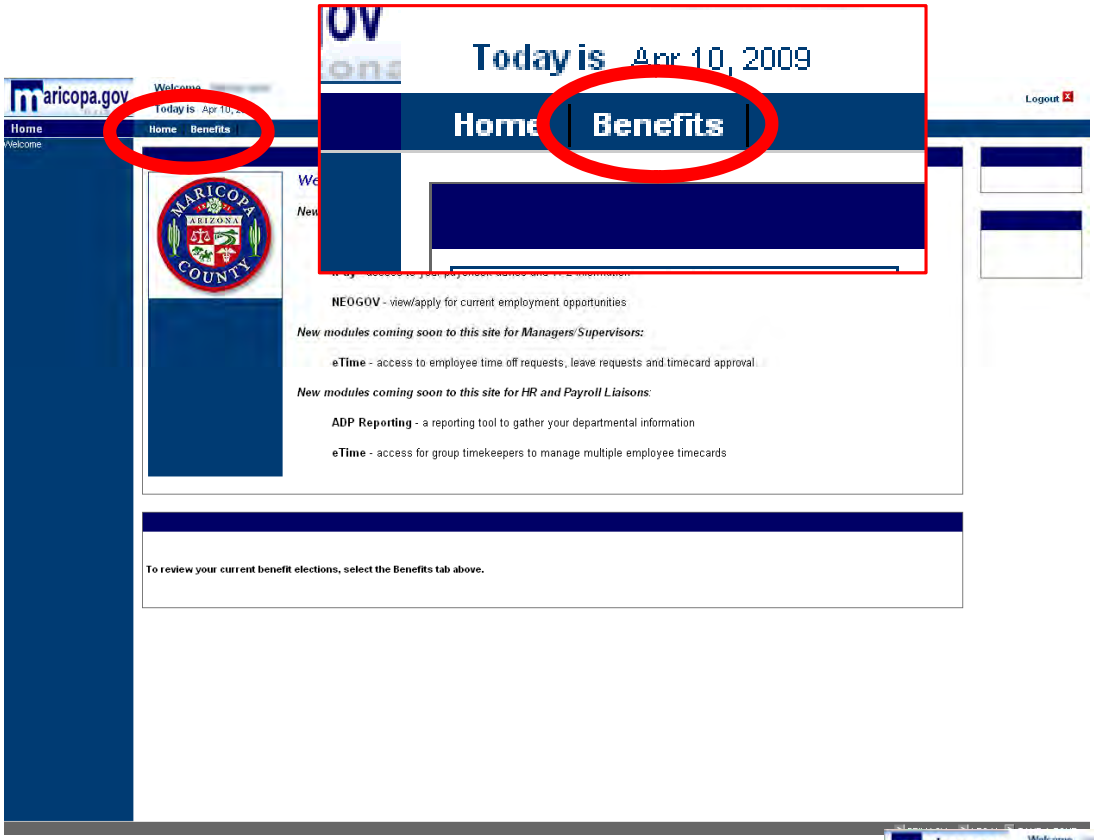


This site requires **Microsoft Internet Explorer Version 6.0** or higher.

If not registered, go to PRISM Registration Instructions at: http://ebc.maricopa.gov/hr/PRISM/pdf/SelfServiceRegistration.pdf or click on "First Time Users Register Here" link. The Registration pass code is MCAZ-PRISM09 (the last two digits are numbers zero and nine).

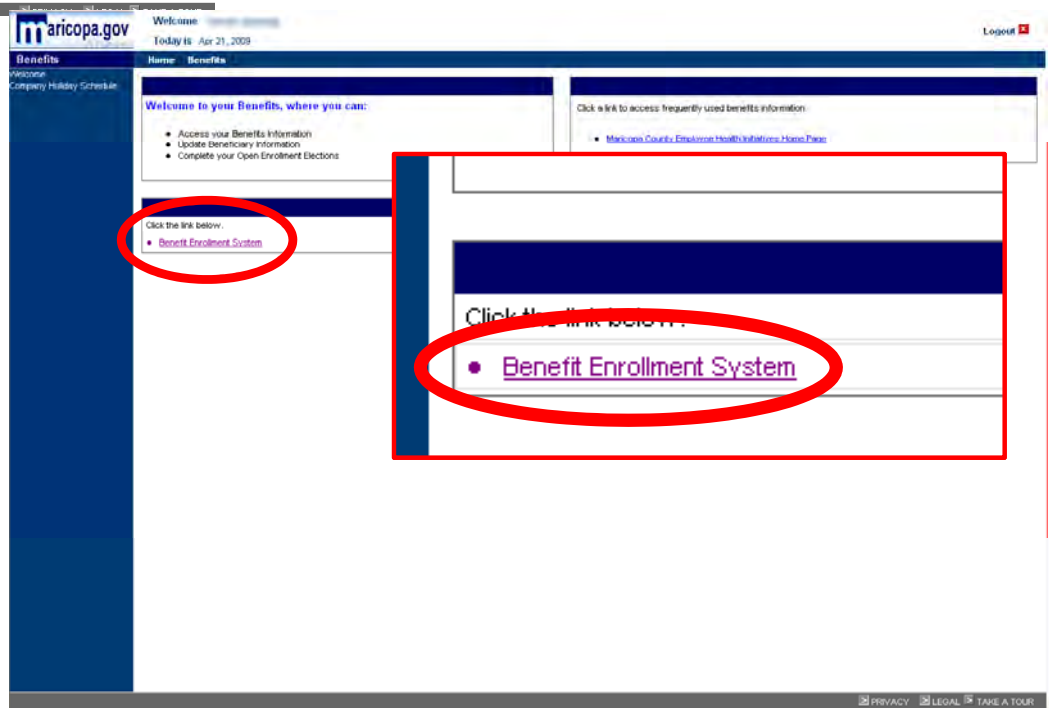
A dialog box will prompt you to enter your User name that you received via email from ADP_netsecure@adp.com, and your Password you selected when you registered.

If you forgot your User name and/or Password, click the link that reads "Forgot your User Id" or "Forgot your Password".



Once you are logged in, you will see a page similar to the one on the left. Click on the “Benefits” tab as indicated in the image.

On the next page, you will click on the “Benefit Enrollment System” link as shown to the right.



LOGOFF

PLAN INFORMATION | FORMS LIBRARY | CONTACTS | FAQs | HELP

INSTRUCTIONS

You will find instructions in this area on each screen to guide you through the enrollment process.

When you are ready to begin your enrollment, click on the **Continue** button in the upper right corner of this screen.

Continue

Welcome to the *Maricopa County* benefits website.

Please remember...

- You must submit your elections. Review your elections on the Summary screen and click the **Submit** button to save those elections.
- The system is designed to work with the navigation buttons provided on the site. Do not use the Back and Forward buttons on your browser.
- Use the scroll bar to view all of the information on each screen.
- You will need to provide birth dates and Social Security Numbers for dependents you wish to cover. If you do not have this information available at this time, you may wish to log off and return to the site when you have this information.
- Your Social Security number will be sent to the benefit vendors for administrative purposes. Your Social Security number will not be printed on your ID cards. If you don't want your Social Security number to be sent to the benefit vendors, you must complete an Alternate ID Request Form located on the Employee Health Initiatives Home page, ebc.maricopa.gov/ehi or www.maricopa.gov/benefits, under the CIGNA tab, before you complete and s enrollment. Please note that some benefit plans require use of your Social Sec as the Flexible Spending Accounts, Group Legal, and the Choice Fund Health S Medical Plan.

Note: **After 15 minutes of inactivity, you will be logged out, and you will see a popup notice that indicates that due to inactivity, your web session has timed out. If this happens, you may log back into the site by 11 pm EST, and you be able to resume your elections. If you return after this time, any changes you have made will be lost.**

At the welcome page, click the "Continue" button to get to the "Main Menu" page.

The screenshot to the right shows the "Main Menu" page with the Instructions section and Open Enrollment link outlined. The instructions will guide you throughout the entire process.

To proceed, click on the "Open Enrollment" link.

LOGOFF

PLAN INFORMATION | FORMS LIBRARY | CONTACTS | FAQs | HELP

INSTRUCTIONS

Please choose from the options listed to the right.

If you have a Family Status Change to report, contact the Employee Health Initiatives Department at 602-506-1010 or at BenefitsService@mail.maricopa.gov. You must complete a Group Enrollment Status Change Form and provide documentation of the change within 30 calendar days of the change.

If you want to return to the Home page, click on the **Cancel** button.

Cancel

Main Menu

Open Enrollment
Make your open enrollment elections for 2010.

Update Beneficiary Information
Add beneficiaries or update your beneficiary designations.

Change After-Tax Benefits
Make changes to your after-tax benefit elections.

2008 - 2009 Benefit Summary
View a summary of your 2008 - 2009 benefits.

Medical Cost and Plan Comparison Tool
Compare benefit coverage under your available medical plans.

Dental Plan Comparison
Compare benefit coverage under your available dental plans for 2008 - 2009

Search for a Provider for 2008 - 2009
Search for a provider in your available medical or dental plans for 2008 - 2009.

Select Carrier Website

LOGOFF

PLAN INFORMATION | FORMS LIBRARY | CONTACTS | FAQs

Submit

Cancel

INSTRUCTIONS

Step 1: Carefully review your elections for accuracy.

Step 2: To make a change to one of your **dependents**, click on the name of the dependent you want to change in the Dependents table to the right. To **add a dependent**, click on the Add Dependent button. To **delete a dependent**, click on the Delete button next to that dependent's name.

Step 3: To make a change to your **benefit elections**, click on the name of the benefit you want to change in the Benefit Elections table to the right.

Step 4: To make a change to your **beneficiary designations**, click on the name of the benefit you want to change in the Beneficiary Designation table to the right.

Click on the **Beneficiary**

2009 - 2010 Benefit Summary

Personal Information

Name: Address:

Birth Date:

Base Salary: $59,280.00

USA

Dependents

Add Dependent

Name	Relationship	Birth Date
	Spouse	

Benefit Elections

Benefit	Plan Election	Coverage	Employee Cost Per Pay Period	Employer Cost Per Pay Period
Medical	Open Access Plus In-Network Only Benefit Plan	Employee plus Spouse	$102.93	$355.41
Medical Waiver Credit Summary	Medical Waiver Credit Not Elected		$0.00	$0.00
Biometric Screening Incentive	You must make an election		$0.00	
Health Risk	You must make an			

After clicking on the "Open Enrollment" link, your 2009-2010 Benefit Summary will display.

The "Personal Information" section will display your general information such as your full name, address, birthday, etc.

The "Dependents" section will show any current dependents that are linked to your profile.

Dependent Information

	First	M	Last	Relation	Gender	Birth Date	SSN	Student	Disabled
1							xxx-xx-	N	N

Beneficiaries (not covered for benefits)

Name	Relation

Dependent Maintenance

First Name		Birth Date	/ /
Middle Initial		SSN	••• - •• - ••••
Last Name		Verify SSN	••• - •• - ••••
Relation	Spouse	Student (if age 19 to 24)	No
Gender	Male	Disabled	No

Update Delete Add Clear

You can click on the dependent's name to display more information about him/her. You can also add a dependent by clicking on the "Add Dependent" button circled above.

Either option will display the screenshot to the right, where you can update, delete, add, or clear the information for the chosen dependent. If you have more than one dependent showing, click on the number to the left of their name to pull up their information.

Benefit Elections Section

Benefit Elections

Benefit	Plan Election	Coverage	Employee Cost Per Pay Period	Employer Cost Per Pay Period
Medical	Open Access Plus In-Network Only Benefit Plan	Employee plus Spouse	$102.93	$355.41
Medical Waiver Credit Summary	Medical Waiver Credit Not Elected		$0.00	$0.00
Biometric Screening Incentive	You must make an election		$0.00	
Health Risk Assessment Incentive	You must make an election		$0.00	
Non-Tobacco User Incentive	You must make an election		$0.00	
Pharmacy	You must make an election	Employee plus Spouse	$0.00	
Vision	Vision Benefit Plan	Employee plus Spouse	$0.00	$4.95
Active Behavioral Health	Behavioral Health Benefit Plan	Employee plus Spouse	$0.00	$21.51
Dental	Delta Dental Benefit Plan	Employee plus Spouse	$26.31	$21.14
Basic Life Insurance	1 times Annual Base Salary		Company Paid	$3.00
Basic Accidental Death & Dismemberment	1 times Annual Base Salary		Company Paid	$0.60
Additional Life Insurance	5 times Annual Base Salary	Non Tobacco User	$10.50	$0.00
Additional Accidental Death & Dismemberment	5 times Annual Base Salary	Employee plus Family	$5.31	$0.00
Spouse Life Insurance	$50,000		$2.50	$0.00
Child Life Insurance	Waived Child Life		$0.00	$0.00
Short Term Disability	60% Short-term Disability Coverage		$20.98	$0.00
Employee Assistance Program	Employee Assistance Plan		Company Paid	$0.00
Group Legal Services	Waived Group Legal Services		$0.00	$0.00
		Total Employee Cost Per Pay Period:		$168.53
		Total Employer Cost Per Pay Period:		$406.61

The Benefit Elections section will be pre-populated with your current elections (with the exception of the Biometric Screening Incentive and Health Risk Assessment Incentive).

To change any of your plan elections, click on the benefit indicated by the arrows.

Use the Worksheet that was mailed to your home address to assist you in making your plan elections.

After 15 minutes of inactivity, you will be logged out. Your changes will be saved as long as you go back and finish your elections by 8 PM MST the same day.

The following slides will show you examples of each benefit plan options[1].

Once you are finished with this section, you will move onto the Annual Account Elections section.

When you are finished making all of your changes, you must click on the "Submit" button to finalize and save your changes.

[1]The rates shown in these examples may or may not reflect what the system will calculate at the time of Open Enrollment.

Note: *After completing your enrollment, this is the amount that will be deducted from 24 pay periods throughout the plan year.*

Example of Medical choices[1]:

Medical

2009 - 2010 election: **Choice Fund-Health Savings Account Benefits Plan** for **Employee plus Spouse**.
Costs shown are per pay period amounts.

Continue
Cancel

Plan Options

Help Me Decide

	Plan Name	Employee Only	Employee plus Spouse	Employee plus Child (ren)	Employee plus Family
○	Waived Medical Benefit Plan	$0.00	$0.00	$0.00	$0.00
○	CIGNA Medical Group High Benefit Plan	$36.68	$55.03	$43.74	$73.24
○	CIGNA Medical Group Low Benefit Plan	$34.34	$47.12	$39.36	$59.16
○	Open Access Plus In-Network Only Benefit Plan	$45.79	$102.93	$82.03	$138.16
○	Open Access Plus High Benefit Plan	$46.73	$103.87	$82.90	$139.65
○	Open Access Plus Low Benefit Plan	$34.62	$47.76	$39.68	$60.46
◉	Choice Fund-Health Savings Account Benefits Plan	$30.00	$30.00	$30.00	$30.00

Dependent Coverage

	Name	Relationship
☑	[illegible]	Spouse

Make sure to check each dependent to enroll him/her in the benefit.

If you select the Choice Fund HSA as your medical plan, you will be automatically enrolled in the CIGNA pharmacy plan and CIGNA behavioral health and substance abuse plan.

If you need help narrowing down what choices suit you best, clicking on the "Help Me Decide" button will link you to mycignaplans.com where you can compare up to five medical plans (Open Enrollment ID: *Maricopa2009* / Open Enrollment password: *cigna*).

When you are finished with your choices, click the "Continue" button to go back to the "2009-2010 Summary Page".

Note: *If you de-select a dependent from medical coverage, that dependent will not be eligible for pharmacy, vision, or behavioral health coverage.*

[1]The rates shown in these examples may or may not reflect what the system will calculate at the time of Open Enrollment.

Example of Biometric Screening and Health Assessment Incentive[1]:

Biometric Screening Incentive

Costs shown are per pay period amounts.

Continue
Cancel

Plan Options

	Option	Cost
○	I have completed Biometric Screening	-$5.00
○	I have not completed Biometric Screening	$0.00

Update if you have completed your Biometric screening.

Update if you have completed your Health Risk Assessment.

Health Risk Assessment Incentive

Costs shown are per pay period amounts.

Continue
Cancel

Plan Options

	Option	Cost
○	I have completed the Health Risk Assessment	-$5.00
○	I have not completed the Health Risk Assessment	$0.00

When you are finished updating the incentives, click the “Continue” button to go back to the “2009-2010 Summary Page”.

[1]The rates shown in these examples may or may not reflect what the system will calculate at the time of Open Enrollment.

Example of Non-Tobacco User Incentive[1]:

Non-Tobacco User Incentive

2009 - 2010 election: **No one (emp & covered dependent(s)) uses Tobacco products**.
Costs shown are per pay period amounts.

Continue
Cancel

Plan Options

	Option	Cost
○	I am a user of Tobacco products	**$0.00**
○	I am not a Tobacco products user but a covered dep is	**$0.00**
◉	No one (emp & covered dependent(s)) uses Tobacco products	**-$20.00**

Note: *Non-tobacco using employees* ***and*** *their covered dependents who have been tobacco free for at least six consecutive months are eligible to receive this incentive.*

When you are finished updating the incentives, click the "Continue" button to go back to the "2009-2010 Summary Page".

[1]The rates shown in these examples may or may not reflect what the system will calculate at the time of Open Enrollment.

Example of Pharmacy[1]:

Pharmacy

2009 - 2010 election: **Co-insurance Pharmacy Benefit Plan** for **Employee plus Spouse**.
Costs shown are per pay period amounts.

Continue
Cancel

Plan Options

	Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
◉	Co-insurance Pharmacy Benefit Plan	$0.00	$0.00	$0.00	$0.00
○	Consumer Choice Pharmacy Benefit Plan	$0.00	$0.00	$0.00	$0.00

Dependent Coverage

Cover All	Name	Relationship
☐		
☑	[illegible]	Spouse

Note: *If you selected the Choice Fund HSA as your medical plan, you will not see the choices above. The pharmacy plan for the Choice Fund HSA plan will already be selected and shown as the Choice Fund HSA Pharmacy Benefit Plan.*

When you are finished updating this benefit, click the "Continue" button to go back to the "2009-2010 Summary Page".

[1]The rates shown in these examples may or may not reflect what the system will calculate at the time of Open Enrollment.

Example of Vision[1]:

Vision

2009 - 2010 election: **Vision Benefit Plan** for **Employee plus Spouse**.
Costs shown are per pay period amounts.

Continue
Cancel

Plan Options

	Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
◉	Vision Benefit Plan	$0.00	$0.00	$0.00	$0.00

Dependent Coverage

	Name	Relationship
☑	[illegible]	Spouse

Note: *If you choose to waive medical coverage, you still have the option to enroll in the stand-alone vision plan.*

When you are finished updating this benefit, click the "Continue" button to go back to the "2009-2010 Summary Page".

[1]The rates shown in these examples may or may not reflect what the system will calculate at the time of Open Enrollment.

Example of Dental[1]:

Dental

2009 - 2010 election: **Delta Dental Benefit Plan** for **Employee plus Spouse**.
Costs shown are per pay period amounts.

Continue
Cancel

Plan Options

Help Me Decide

	Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
○	Employers Dental Services Benefit Plan	$2.16	$4.10	$5.38	$6.18
○	CIGNA Dental Benefit Plan	$7.23	$15.95	$17.25	$22.18
◉	Delta Dental Benefit Plan	$11.92	$26.31	$28.44	$36.57
○	Waived Dental Benefit Plan	$0.00	$0.00	$0.00	$0.00

Dependent Coverage

	Name	Relationship
☑	[illegible]	Spouse

Don't forget to check all dependents that you would like to cover for this benefit.

When you are finished updating this benefit, click the "Continue" button to go back to the "2009-2010 Summary Page".

[1]The rates shown in these examples may or may not reflect what the system will calculate at the time of Open Enrollment.

Example of Basic Life Insurance:

Basic Life Insurance

Continue
Cancel

2009 - 2010 election: **1 times Annual Base Salary**.

Plan Options

	Option	Coverage Amount	Cost
◉	1 times Annual Base Salary	$69,000	$0.00

Beneficiary Designation

Beneficiary Information

Name	Relation	Percent	Designation
[illegible]	Spouse	100 %	Primary

Note: *Basic Life Insurance is provided to you by Maricopa County at no cost to you.*

When you are finished reviewing this benefit, click the “Continue” button to go back to the “2009-2010 Summary Page”.

Example of Basic Accidental Death & Dismemberment:

Basic Accidental Death & Dismemberment

Continue
Cancel

2009 - 2010 election: **1 times Annual Base Salary**.

Plan Options

	Option	Coverage Amount	Cost
◉	1 times Annual Base Salary	$69,000	$0.00

Beneficiary Designation

Beneficiary Information

Name	Relation	Percent	Designation
[illegible]	Spouse	100 %	Primary

Note: *Basic Accidental Death & Dismemberment is provided to you by Maricopa County at no cost to you.*

When you are finished reviewing this benefit, click the “Continue” button to go back to the “2009-2010 Summary Page”.

Example of Additional Life Insurance[1]:

Each year during Open Enrollment you are allowed to increase your life insurance coverage by one time without filling out the Evidence of Insurability form.

In the image to the right, the circled icon indicates that a Evidence of Insurability is required for that option.

INSTRUCTIONS

Step 1: Select from the Additional Life Insurance plan options in the table to the right.

Step 2: Select the desired coverage level.

Step 3: Designate your beneficiaries for Employee Additional Life by entering a percentage value (1% to 100%). If a person is listed but is not intended to receive a share of this benefit, assign a percentage of 0%. To add a new beneficiary, click on the Beneficiary Information button.

Step 4: Assign a designation of primary or contingent to each individual with a value greater than 0%.

Step 5: Click on the **Continue** button when you are finished.

Additional Life Insurance

Continue
Cancel

2009 - 2010 election: **Waived Additional Life Insurance**.
Costs shown are per pay period amounts.

Plan Options

	Option	Coverage Amount
◉	Waived Additional Life Insurance	$0
○	1 times Annual Base Salary	$69,000
○	2 times Annual Base Salary	$138,000
○	3 times Annual Base Salary	$207,000
○	4 times Annual Base Salary	$276,000
○	5 times Annual Base Salary	$345,000

Coverage Level

	Coverage Level	Cost
○	Non Tobacco User	$0.00
○	Tobacco User	$0.00

Beneficiary Designation

Beneficiary Information

Name	Relation	Percent	Designation
[illegible]	Spouse	0 %	None

When you are finished updating this benefit, click the “Continue” button to go back to the “2009-2010 Summary Page”.

[1]The per pay period rate will change depending on your tobacco user status, the option that you choose and your age.

Example of Additional Accidental Death & Dismemberment[1]:

INSTRUCTIONS

Step 1: Select from the Additional Accidental Death & Dismemberment plan options in the table to the right.

Step 2: Select the desired coverage level.

Step 3: Designate your beneficiaries for Employee Additional Accidental Death & Dismemberment by entering a percentage value (1% to 100%). If a person is listed but is not intended to receive a share of this benefit, assign a percentage of 0%. To add a new beneficiary click on the Beneficiary Information button.

Step 4: Assign a designation of primary or contingent to each individual with a value greater than 0%.

Step 5: Click on the **Continue** button when you are finished.

Additional Accidental Death & Dismemberment

Continue

Cancel

2009 - 2010 election: **2 times Annual Base Salary** for **Employee Only**.
Costs shown are per pay period amounts.

Plan Options

	Option	Coverage Amount
○	Waived Additional Accidental Death and Dismemberment	$0
○	1 times Annual Base Salary	$45,000
◉	2 times Annual Base Salary	$90,000
○	3 times Annual Base Salary	$135,000
○	4 times Annual Base Salary	$180,000
○	5 times Annual Base Salary	$225,000

Coverage Levels

	Level	Cost
◉	Employee Only	$0.90
○	Employee plus Family	$1.59

Beneficiary Designation

Beneficiary Information

Name	Relation	Percent	Designation
[illegible]	Spouse	100 %	Primary
[illegible]	Beneficiary	100 %	Contingent

[1]The per pay period rate will change depending on the coverage level that you choose and your annual base salary.

Example of Spouse Life Insurance[1]:

INSTRUCTIONS

Step 1: Select from the Spouse Life Insurance plan options in the table to the right.

Step 2: Click on the **Continue** button when you are finished.

Please note that you must have a dependent spouse on file to elect Spouse Life Insurance. To add a dependent spouse, click on the Add Dependent button on the Benefit Summary page. When a new spouse is added, the displayed cost is an estimate based on the current age of the employee, rather than the spouse. Your mailed confirmation statement will contain the actual cost of the elected Spouse Life Insurance coverage, which will be based on the age of the newly added spouse.

Note that the icon indicates that Evidence of Insurability is required for that option.

Spouse Life Insurance

2009 - 2010 election: **Waived Spouse Life Insurance**.
Costs shown are per pay period amounts.

Continue
Cancel

Plan Options

	Option	Coverage Amount	Cost
◉	Waived Spouse Life Insurance	$0	$0.00
○	$10,000	$10,000	$2.70
○	$20,000	$20,000	$5.40
○	$30,000	$30,000	$8.10
○	$40,000	$40,000	$10.80
○	$50,000	$50,000	$13.50
○	$60,000	$60,000	$16.20

When you are finished with your choices, click the “Continue” button to go back to the “2009-2010 Summary Page”.

[1]The per pay period rate will change depending on the option you choose and the age of your spouse.

Example of Child Life Insurance[1]:

INSTRUCTIONS

Step 1: Select from the Child Life Insurance plan options in the table to the right.

Step 2: Click on the **Continue** button when you are finished.

Note that the icon indicates that Evidence of Insurability is required for that option.

Child Life Insurance

2009 - 2010 election: **Waived Child Life**.
Costs shown are per pay period amounts.

Continue
Cancel

Plan Options

	Option	Coverage Amount	Cost
◉	Waived Child Life	$0	$0.00
○	$5,000	$5,000	$0.25
○	$10,000	$10,000	$0.50
○	$15,000	$15,000	$0.75
○	$20,000	$20,000	$1.00

When you are finished updating the incentives, click the “Continue” button to go back to the “2009-2010 Summary Page”.

[1]The per pay period rate will change depending on the option you choose.

Example of Short Term Disability[1]:

Short Term Disability

2009 - 2010 election: **60% Short-term Disability Coverage**.
Costs shown are per pay period amounts.

Continue
Cancel

Plan Options

	Option	Cost
○	Waived Short-term Disability Coverage	$0.00
○	40% Short-term Disability Coverage	$9.35
○	50% Short-term Disability Coverage	$13.68
◉	60% Short-term Disability Coverage	$20.98
○	70% Short-term Disability Coverage	$32.60

When you are finished with your choices, click the “Continue” button to go back to the “2009-2010 Summary Page”.

[1]The per pay period rate will change depending on the option you choose and your annual base salary.

Example of Group Legal Services:

Group Legal Services

2009 - 2010 election: **Waived Group Legal Services**.
Costs shown are per pay period amounts.

Continue

Cancel

Plan Options

	Option	Cost
○	METLAW Group Legal Services	$7.87
◉	Waived Group Legal Services	$0.00

When you are finished with your choices, click the “Continue” button to go back to the “2009-2010 Summary Page”.

Annual Account Elections Section

Annual Account Elections

Benefit	Plan Election	Before-Tax Contribution
Health Care Flexible Spending Account	Waive Participation	$0.00
Dependent Care Flexible Spending Account	Contribute	$5,000.00

If you are enrolling in any medical plan except the Choice Fund HSA plan, your Annual Account Elections page will display as shown above.

The following slides will show you examples of each Annual Account Elections benefits.

Once you are finished with this section, you will move onto the Beneficiary Designations section. When you are finished making all of your changes, you must click on the “Submit” button to finalize and save your changes.

INSTRUCTIONS

Step 1: Please enter the annual plan year amount you want to contribute to the Health Care Flexible Spending Account in the box. You may elect from **$26.00** to **$5,200.00**.

Step 2: *You can also use the* **worksheet** *to the right to calculate how much you need to contribute based on your individual needs.* Enter the amount of annual expenses you expect to incur for each category. When you are finished, click Update.
You may also refer to the expense information from the Medical Cost and Plan Comparison Tool. This may be accessed from the Medical screen.

Step 3: Click on the **Continue** button when you are finished.

Health Care Flexible Spending Account

Continue
Cancel

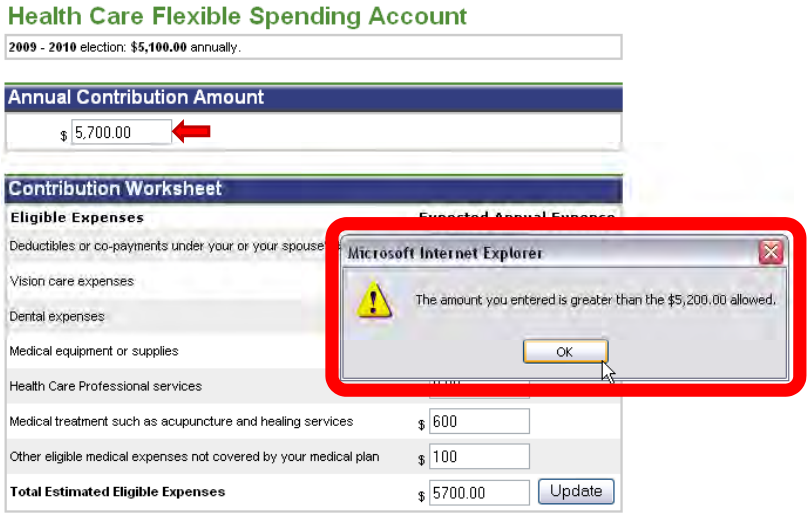
2009 - 2010 election: **Waive Participation**.

Annual Contribution Amount

$ 5,100.00

Contribution Worksheet

Eligible Expenses	Expected Annual Expense
Deductibles or co-payments under your or your spouse's benefit plans	$ 1200
Vision care expenses	$ 3000
Dental expenses	$ 200
Medical equipment or supplies	$ 0.00
Health Care Professional services	$ 0.00
Medical treatment such as acupuncture and healing services	$ 600
Other eligible medical expenses not covered by your medical plan	$ 100.00
Total Estimated Eligible Expenses	$ 5100.00 Update



If your Annual Contribution Amount exceeds the $5,200 limit, you will be warned with a dialog box as shown. Click the “OK” button, change your Annual Contribution Amount to $5,200.00 or less and click the “Continue” button to proceed.

INSTRUCTIONS

Step 1: Please enter the annual amount you want to contribute to the Dependent Care Flexible Spending Account in the box. You may elect from **$26.00** to **$5,000.00**.

Step 2: *You can also use the* **worksheet** *to the right to calculate how much you need to contribute based on your individual needs.* Enter the amount of annual expenses you expect to incur for each category. When you are finished, click Update.

Step 3: Click on the **Continue** button when you are finished.

Dependent Care Flexible Spending Account

Continue

Cancel

2009 - 2010 election: **Waive Participation**.

Annual Contribution Amount

$ 4,800.00

Contribution Worksheet

Eligible Expenses	Expected Annual Expense
In-home care provider expenses	$ 4800
Daycare expenses for a dependent adult or child	$ 0.00
Pre-school expenses	$ 00.
Wages paid to a housekeeper for providing care for an eligible dependent	$ 0.00
Dependent adult care expenses (usually a parent cared for in the home), as long as the adult dependent lives with you for more than 50% of the year.	$ 0.00
Total Estimated Eligible Expenses	$ 4800.00 Update

If your Annual Contribution Amount exceeds the $5,000 limit, you will be warned with a dialog box as shown. Click the "OK" button, change your Annual Contribution Amount to $5,000.00 or less and click the "Continue" button to proceed.

Annual Account Elections Section for the Choice Fund HSA medical plan

Annual Account Elections

Benefit	Plan Election	Before-Tax Contribution
Dependent Care Flexible Spending Account	Waive Participation	$0.00
Health Savings Account	Waived Contribution to Health Savings Account	$0.00
Limited Use Health Care Flexible Spending Account	Waived Limited Use Flexible Spending Account	$0.00

If you are enrolling in the Choice Fund HSA medical plan, your Annual Account Elections page will display as shown above.

The following slides will show you examples of each Annual Account Elections benefit when choosing the Choice Fund HSA medical plan.

Once you are finished with this section, you will move onto the Beneficiary Designations section. When you are finished making all of your changes, you must click on the “Submit” button to finalize and save your changes.

INSTRUCTIONS

Step 1: Please enter the annual amount you want to contribute to the Dependent Care Flexible Spending Account in the box. You may elect from **$26.00** to **$5,000.00**.

Step 2: *You can also use the* **worksheet** *to the right to calculate how much you need to contribute based on your individual needs.* Enter the amount of annual expenses you expect to incur for each category. When you are finished, click Update.

Step 3: Click on the **Continue** button when you are finished.

Dependent Care Flexible Spending Account

Continue

Cancel

2009 - 2010 election: **Waive Participation**.

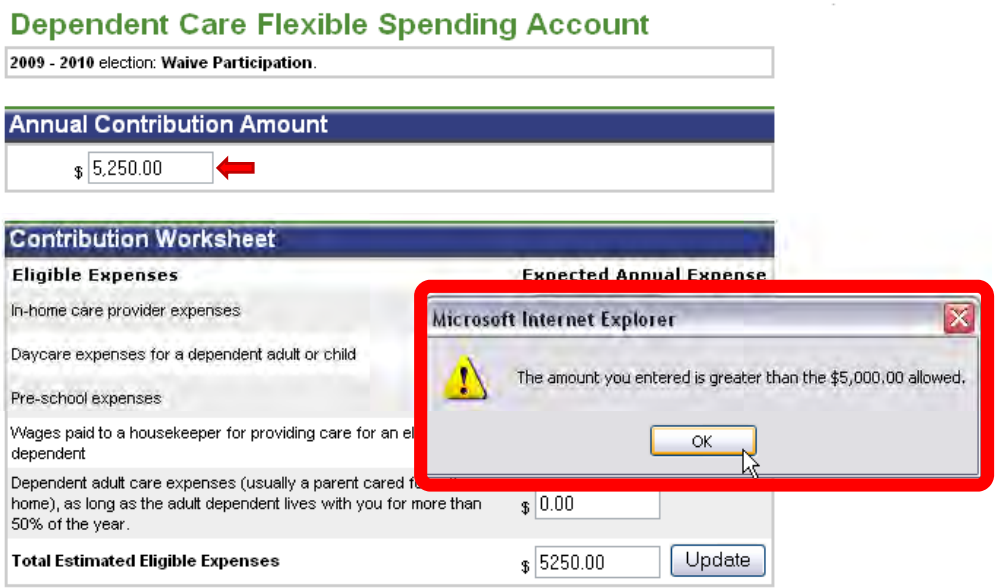
Annual Contribution Amount

$ 4,800.00

Contribution Worksheet

Eligible Expenses	Expected Annual Expense
In-home care provider expenses	$ 4800
Daycare expenses for a dependent adult or child	$ 0.00
Pre-school expenses	$ 00.
Wages paid to a housekeeper for providing care for an eligible dependent	$ 0.00
Dependent adult care expenses (usually a parent cared for in the home), as long as the adult dependent lives with you for more than 50% of the year.	$ 0.00
Total Estimated Eligible Expenses	$ 4800.00 Update

If your Annual Contribution Amount exceeds the $5,000 limit, you will be warned with a dialog box as shown. Click the "OK" button, change your Annual Contribution Amount to $5,000.00 or less and click the "Continue" button to proceed.



INSTRUCTIONS

Step 1: Please enter the annual amount you want to contribute to the Health Savings Account in the box. You may elect from **$0.00** to **$4,800.00**.

Step 2: Click on the **Continue** button when you are finished.

Important note: the maximum allowable amount may be reduced due to prorating based on the remaining months in the year.

Health Savings Account

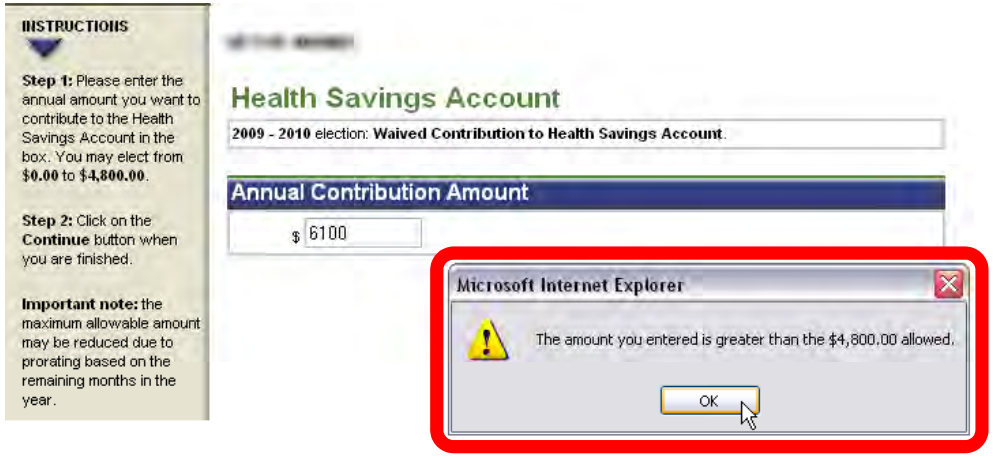
2009 - 2010 election: **$4,800.00** annually.

Continue

Cancel

Annual Contribution Amount

$ 4800.00



If your Annual Contribution Amount exceeds the $4,800 limit, you will be warned with a dialog box as shown. Click the “OK” button, change your Annual Contribution Amount to $4,800.00 or less and click the “Continue” button to proceed.

INSTRUCTIONS

Step 1: Please enter the annual plan year amount you want to contribute to the Limited Use Health Care Flexible Spending Account in the box. You may elect from **$26.00** to **$5,200.00**.

Step 2: *You can also use the* **worksheet** *to the right to calculate how much you need to contribute based on your individual needs.* Enter the amount of annual plan year expenses you expect to incur for each category. When you are finished, click Update.

Step 3: Click on the **Continue** button when you are finished.

Limited Use Health Care Flexible Spending Account

Continue

Cancel

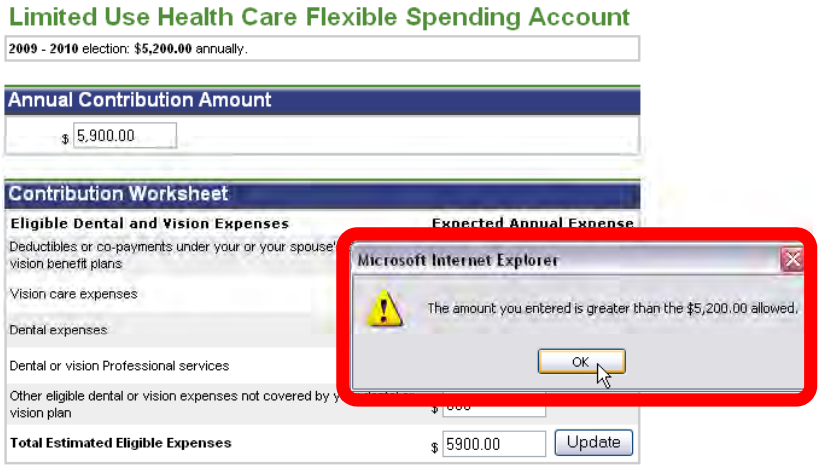
2009 - 2010 election: **Waived Limited Use Flexible Spending Account**.

Annual Contribution Amount

$ 0.00

Contribution Worksheet

Eligible Dental and Vision Expenses	Expected Annual Expense
Deductibles or co-payments under your or your spouse's dental or vision benefit plans	$ 0.00
Vision care expenses	$ 0.00
Dental expenses	$ 0.00
Dental or vision Professional services	$ 0.00
Other eligible dental or vision expenses not covered by your dental or vision plan	$ 0.00
Total Estimated Eligible Expenses	$ Update



If your Annual Contribution Amount exceeds the $5,200 limit, you will be warned with a dialog box as shown. Click the “OK” button, change your Annual Contribution Amount to $5,200.00 or less and click the “Continue” button to proceed.

Beneficiary Information Section

Beneficiary Designations

Beneficiary Information

Basic Life Insurance

Name	Relationship	Percent	Designation
[illegible]	Spouse	90%	Primary
[illegible]	Beneficiary	5%	Primary
[illegible]	Beneficiary	5%	Primary

Basic Accidental Death & Dismemberment

Name	Relationship	Percent	Designation
[illegible]	Spouse	90%	Primary
[illegible]	Beneficiary	5%	Primary
[illegible]	Beneficiary	5%	Primary

Additional Life Insurance

Name	Relationship	Percent	Designation
[illegible]	Spouse	100%	Primary
[illegible]	Beneficiary	50%	Contingent
[illegible]	Beneficiary	50%	Contingent

Additional Accidental Death & Dismemberment

Name	Relationship	Percent	Designation
[illegible]	Spouse	100%	Primary
[illegible]	Beneficiary	100%	Contingent

To add a beneficiary not listed here, to update information for a beneficiary, or to delete a beneficiary click on the “Beneficiary Information” button.

Once you are finished with this section, review all your elections to ensure everything you have chosen reflects on the summary page.

Continue

Cancel

INSTRUCTIONS

You may add, delete, and update **beneficiaries** from this page. You will make your beneficiary designations on each benefit election screen.

To **update** a beneficiary, click on the beneficiary's number, edit the information and click Update.

To **delete** a beneficiary, click on the beneficiary's number and click Delete.

To **add** a new beneficiary, complete the information in the Beneficiary Maintenance table and click Add.

Use the **clear** button to clear any information that you have entered in the boxes.

When you are finished, click on the **Continue** button.

Beneficiary Information

	Name	Relation	Address	City	State	Zip	Country
1	[illegible]	Spouse					
2	[illegible]						
3	[illegible]						

Beneficiary Maintenance

First Name

Middle Initial

Last Name

OR

Trust/Estate Name

Relation Spouse

Address

Address 2

City

State

Zip

Country Code

Update Delete Add Clear

Beneficiary Designations Section

Beneficiary Designations

Beneficiary Information

Basic Life Insurance

Name	Relationship	Percent	Designation
[illegible]	Spouse	90%	Primary
[illegible]	Beneficiary	5%	Primary
[illegible]	Beneficiary	5%	Primary

Basic Accidental Death & Dismemberment

Name	Relationship	Percent	Designation
[illegible]	Spouse	90%	Primary
[illegible]	Beneficiary	5%	Primary
[illegible]	Beneficiary	5%	Primary

Additional Life Insurance

Name	Relationship	Percent	Designation
[illegible]	Spouse	100%	Primary
[illegible]	Beneficiary	50%	Contingent
[illegible]	Beneficiary	50%	Contingent

Additional Accidental Death & Dismemberment

Name	Relationship	Percent	Designation
[illegible]	Spouse	100%	Primary
[illegible]	Beneficiary	100%	Contingent

The designated beneficiary's name, relationship and percentage of designation is shown for each option under the Beneficiary Designations section.

To change the designation amount and/or designation type, click on the appropriate benefit option link as shown by the arrows.

Once you are finished with this section, review all your elections to ensure everything you have chosen reflects on the summary page.

INSTRUCTIONS

To add a beneficiary not listed here or to update information for a beneficiary, click on the Beneficiary Information button.

Step 1: Designate your beneficiaries for each benefit by entering a percentage value (1% to 100%). If a person is listed but is not intended to receive a share of this benefit, assign a percentage of 0%. To add a new beneficiary, click on the Beneficiary Information button.

Step 2: Assign a designation of primary or contingent to each individual with a value greater than 0%.

Step 3: Click on the **Continue** button when you are finished.

Beneficiary Designations

Beneficiary Information

Continue

Cancel

Basic Life Insurance - Coverage Amount: $45,000.00

Name	Relation	Percent	Designation
[illegible]	Spouse	100 %	Primary
[illegible]	Beneficiary	100 %	Contingent

Basic Accidental Death & Dismemberment - Coverage Amount: $45,000.00

Name	Relation	Percent	Designation
[illegible]	Spouse	100 %	Primary
[illegible]	Beneficiary	100 %	Contingent

Additional Life Insurance - Coverage Amount: $90,000.00

Name	Relation	Percent	Designation
[illegible]	Spouse	100 %	Primary
[illegible]	Beneficiary	100 %	Contingent

Additional Accidental Death & Dismemberment - Coverage Amount: $90,000.00

Name	Relation	Percent	Designation
[illegible]	Spouse	100 %	Primary
[illegible]	Beneficiary	100 %	Contingent

PLEASE REVIEW ALL YOUR SELECTIONS BEFORE SUBMITTING

INSTRUCTIONS

Step 1: Carefully review your elections for accuracy.

Step 2: To make a change to one of your **dependents**, click on the name of the dependent you want to change in the Dependents table to the right. To **add a dependent**, click on the Add Dependent button. To **delete a dependent**, click on the Delete button next to that dependent's name.

Step 3: To make a change to your **benefit elections**, click on the name of the benefit you want to change in the Benefit Elections table to the right.

Step 4: To make a change to your **beneficiary designations**, click on the name of the benefit you want to change in the Beneficiary Designation table to the right.

Click on the **Beneficiary Information** button to add or update a beneficiary.

Step 5: When you are finished, click on the **Submit** button to save your elections.

2009 - 2010 Benefit Summary

Submit

Cancel

Personal Information

Name:		Address:	
Birth Date:			
Base Salary:	$59,280.00		
			USA

Dependents

Add Dependent

Name	Relationship	Birth Date
	Spouse	

Benefit Elections

Benefit	Plan Election	Coverage	Employee Cost Per Pay Period	Employer Cost Per Pay Period
Medical	Choice Fund-Health Savings Account Benefits Plan	Employee plus Spouse	$30.00	$424.01
Medical Waiver Credit Summary	Medical Waiver Credit Not Elected		$0.00	$0.00
Biometric Screening Incentive	I have completed Biometric Screening		-$5.00	$0.00
Health Risk Assessment Incentive	I have completed the Health Risk Assessment		-$5.00	$0.00
Non-Tobacco User Incentive	No one (emp & covered dependent(s)) uses Tobacco products		-$20.00	$0.00
Pharmacy	Choice Fund HSA Pharmacy Benefit Plan	Employee plus Spouse	$0.00	$0.00
Vision	Vision Benefit Plan	Employee plus Spouse	$0.00	$4.95
Active Behavioral Health	Behavioral Health Benefit Plan	Employee plus Spouse	$0.00	$0.00
Dental	Delta Dental Benefit Plan	Employee plus Spouse	$26.31	$21.14
Basic Life Insu[illegible]	1 times Annual Base		Company Pai[illegible]	$3.00

[illegible] & Dismemberment	[illegible] times Salary		Co[illegible]any Paid	
Additional Life Insurance	5 times Annual Base Salary	Non Tobacco User	$10.50	$0.00
Additional Accidental Death & Dismemberment	5 times Annual Base Salary	Employee plus Family	$5.31	$0.00
Spouse Life Insurance	$50,000		$2.50	$0.00
Child Life Insurance	Waived Child Life		$0.00	$0.00
Short Term Disability	60% Short-term Disability Coverage		$20.98	$0.00
Employee Assistance Program	Employee Assistance Plan		Company Paid	$0.00
Group Legal Services	Waived Group Legal Services		$0.00	$0.00

Total Employee Cost Per Pay Period: $65.60

Total Employer Cost Per Pay Period: $453.70

Annual Account Elections

Benefit	Plan Election	Before-Tax Contribution
Dependent Care Flexible Spending Account	Contribute	$5,000.00
Health Savings Account	Waived Contribution to Health Savings Account	$0.00
Limited Use Health Care Flexible Spending Account	Contributing	$5,100.00

Beneficiary Designations

Beneficiary Information

Basic Life Insurance

Name	Relationship	Percent	Designation
	Spouse	90%	Primary
	Beneficiary	5%	Primary
	Beneficiary	5%	Primary

Basic Accidental Death & Dismemberment

Name	Relationship	Percent	Designation
	Spouse	90%	Primary
	Beneficiary	5%	Primary
	Beneficiary	5%	Primary

Additional Life Insurance

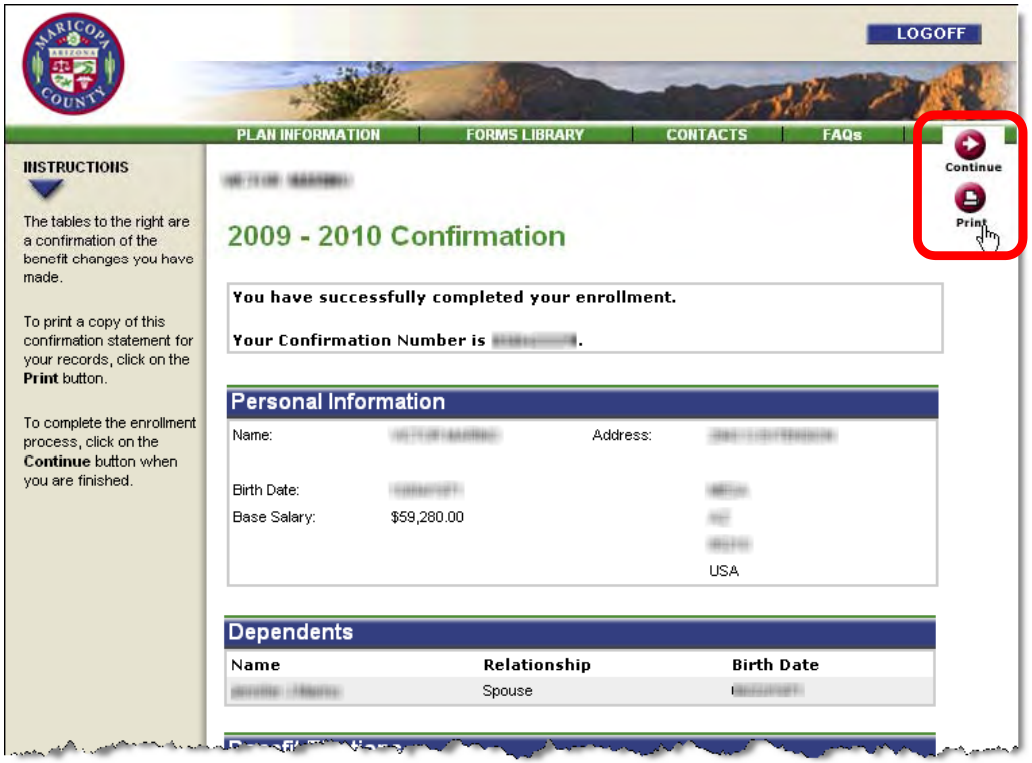
Name	Relationship	Percent	Designation
	Spouse	100%	Primary
	Beneficiary	50%	Contingent
	Beneficiary	50%	Contingent

Additional Accidental Death & Dismemberment

Name	Relationship	Percent	Designation
	Spouse	100%	Primary
	Beneficiary	100%	Contingent

2009-2010 Confirmation

When you click on the “Submit” button, a pop-up window will appear asking for your email address to send you an email acknowledgement. If you do not want the email acknowledgement, click on the “Cancel” button. Otherwise, enter your email address and click “OK”.



CONGRATULATIONS!!!

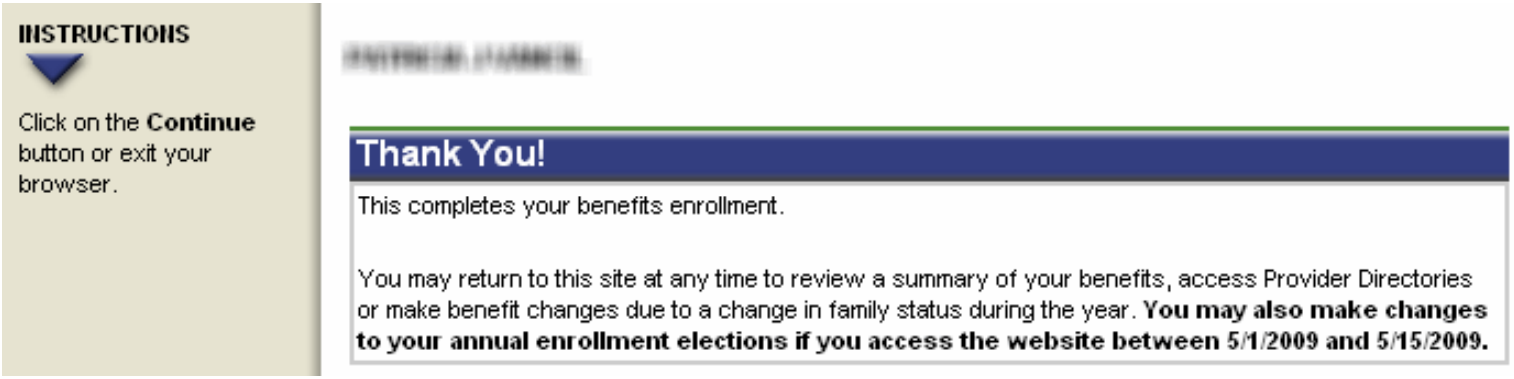
The Confirmation page displays with your elections.

Print a copy of this page for your records.

A Confirmation Statement will be mailed to your home address the week of May 18th. Compare the Confirmation page with the Confirmation Statement. If they do not match, log back into the Benefit Enrollment System and make the appropriate changes. If you made any changes, a new Confirmation Statement will be mailed to you the week of June 1st.

Click the “Continue” button.

Thank you!



"This document is brought to you by the Employee Health Initiatives Department"