

ABC International, Inc. | 2009 Open Enrollment



Enrollment Dates: 7/29/2009 - 12/31/2009

Home Phone: 402-333-3333

Work Phone:

Gender: Male

Employee ID:

Birth Date: 1/1/1960

Date of Hire: 12/12/2000

Classification:

Location: Omaha

Paychecks per Year: 26

Department:

First Deduction Date: _____

JOE SMITH
123 Main
Omaha, NE 68114

NEW ELECTION FORM

Wednesday, September 16, 2009

Benefit ID	Benefit Name / Option	New or Existing	Deduction Employee	Deduction Employer
MEDA	<input checked="" type="checkbox"/> Medical Insurance Plan A (Family)	New	\$223.72 Pre-Tax	\$273.43
DENA	<input checked="" type="checkbox"/> Dental Insurance Plan A (Family)	New	\$44.03 Pre-Tax	\$0.00
FSA1	<input checked="" type="checkbox"/> Health Care FSA Health Care FSA / Goal Amount \$2,000	New	\$76.92 Pre-Tax	\$0.00
FSA2	<input checked="" type="checkbox"/> Dependent Care FSA Dependent Care FSA / Goal Amount \$5,000	New	\$192.31 Pre-Tax	\$0.00
FSA3	<input checked="" type="checkbox"/> Individual Premium FSA Individual Premium FSA / Goal Amount \$4,500	New	\$173.08 Pre-Tax	\$0.00
CLA-Post	<input checked="" type="checkbox"/> Short Term Disability * Colonial (JOE SMITH) Off Job Accident and Off Job Sickness Disability (\$1,600.00 per Month)	New	\$20.31 Post-Tax	\$0.00
CLA-Post	<input checked="" type="checkbox"/> Accident Benefit Reviewed - No Coverage	New		
CLA-Pre	<input checked="" type="checkbox"/> Cancer * Colonial (JOE SMITH + Family) Employee and Spouse (with or without dependents) Cancer Coverage Initial Diagnosis Benefit	New	\$27.92 Pre-Tax	\$0.00

(Colonial Pre-Tax \$27.92)	Pre-Tax Subtotal	\$737.98	
(Colonial Post-Tax \$20.31)	Post-Tax Subtotal	\$20.31	
(Colonial Total \$48.23)	Grand Total	\$758.29	\$273.43

(26 deductions per year)

This summary only includes benefits that are processed by this system.

* This application for coverage has been submitted to Colonial for review. If the application is approved you will receive a policy. Coverage under the policy will not be effective until the policy/certificate is issued and the first premium is paid. If the application is declined, you will be notified by Colonial.

I understand that I am allowed to reduce my salary for the purchase of qualified benefits as part of a flexible benefits plan ("plan") under Section 125 of the Internal Revenue Code. I hereby authorize and direct my employer to reduce my salary in the amount necessary to pay for this coverage. I further authorize future adjustment in the amount of the salary reduction in the event that the cost of coverage in any program selected for "Pre-Tax" is changed during the plan year. I further authorize a payroll deduction for the amount necessary to pay for the coverage selected for "Post-Tax", if any.

I further authorize the allocation of funds provided by my employer for the purchase of qualified benefits, if any.

Additional Terms: As required by the Internal Revenue Service (IRS) regulations, contributions under the plan will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of, and consistent with, a change in status (e.g. marriage, divorce, death, and termination of employment of spouse) or as otherwise allowed under IRS regulations.

I understand that the insurance claim payments under certain coverages may be subject to federal and state taxes when the premium is paid by salary reductions or employer contributions.

I understand that the selection of a benefit and the indication that a premium is to be paid does not necessarily include me in the insurance portions of this plan. In most instances an application for insurance must also be completed.

I have read and agree to all terms listed above.

Signature: Electronic Signature on File for JOE SMITH

Date: 9/16/2009 1:00:19 PM EDT

Thomas D Fuller | 660799

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY