

Dataworkforce 2010 Benefits Contribution Confirmation

I hereby confirm group insurance for myself and for my dependents as elected or declined on separate enrollment documents. Coverage changes will be effective January 1, 2010. The associated employee contributions will be deducted on a bi-weekly basis from my check in accordance with the schedule below beginning January 8, 2010. I understand that my share of eligible group premium(s) automatically will be deducted before taxes. I also understand, that if I do not wish to take advantage of having my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department.

If I have declined coverage, I have done so of my own free will without inducement of pressure by my employer, the agent or insurer(s). I understand that if I and/or my dependents decline coverage and desire to participate in the plan at a later date due to a family status change, evidence of insurability satisfactory to the insurance company(ies) must be furnished (where allowed by law).

Printed Name: _____

Signature: _____

Date: _____

		Medical	Dental	Vision
Employee Contribution (per pay period)				
Core				
Emp	Employee only	\$25.13	\$16.80	\$4.43
Emp/Sp	Employee + child(ren)	\$225.95	\$36.11	\$7.46
Emp/Ch	Employee + spouse	\$203.51	\$42.78	\$7.61
Fam	Family	\$386.71	\$62.10	\$13.41
Buyup				
Emp+	Employee only	\$47.10	N/A	N/A
Emp/Sp+	Employee + child(ren)	\$289.24	N/A	N/A
Emp/Ch+	Employee + spouse	\$262.19	N/A	N/A
Fam+	Family	\$482.43	N/A	N/A

Election effective: January 1, 2010