

YOUR 1999 DEFAULT COVERAGE

The information below shows your default coverage. If you do not choose any Optional Benefits this page will serve as your confirmation statement. If you choose any Optional Benefits you will receive a separate confirmation statement. It is important that you retain copies of your benefit choices for your personal records as evidence of enrollment.

Benefit	Option	Coverage Level	Cost Per Pay Period
Medical Care	Premium	You and Your Spouse	\$15.11
Dental, Vision and Hearing Care	Premium	You and Your Spouse	\$12.80
Core Employee Life and AD&D Insurance	Coverage of 1 x FLEX Earnings	\$66,000	\$0.00
Optional Employee Life Insurance	1 x FLEX Earnings	Non-Smoker (\$66,000)	\$1.21
Dependent Life Insurance - Spouse	25000		\$1.66
Dependent Life Insurance - Child	No Coverage		\$0.00
Core Short-Term Disability	Coverage of 13 Weeks at 100% of FLEX Earnings followed by 13 weeks at 70%		\$0.00
Optional Short-Term Disability	Raise 70% benefit to 90%		\$1.93
Core Long-Term Disability	Coverage of 50% of FLEX Earnings		\$0.00
Optional Long-Term Disability	Raise 50% benefit to 70%		\$11.33
Cost Per Pay Period of Your 1999 Choices			\$44.04
FLEX Credits:			\$19.98
Difference:			
This amount will be added to each pay.			\$24.06

NOTE: Some benefit costs including excess credits will be subject to applicable taxes. Refer to your 1999 FLEX Benefits Handbook for tax application details.

Should you have any questions regarding the information on this enrollment worksheet, please call the InfoCentre at ESN-333-4636 or 1-800-684-4636.


5 Dependent Life Insurance — Child(ren)

Cost shown is the total for **all** your eligible dependent Child(ren). Refer to your *1999 FLEX Benefits Handbook* for a definition of eligible dependents.

You may choose optional Child Life Insurance coverage as follows:

- | | | |
|--|--------|---------|
| <input type="radio"/> 10000 | \$0.43 | |
| <input checked="" type="radio"/> No Coverage | \$0.00 | \$ 0.00 |

Short-Term Disability

You cannot make changes to this benefit until you have returned to active status at work for 60 consecutive days.

- | | | |
|--|--------|--------|
| <input type="radio"/> Raise 70% benefit to 90% | \$1.93 | \$1.93 |
|--|--------|--------|

Long-Term Disability

You cannot make changes to this benefit until you have returned to active status at work for 60 consecutive days.

- | | | |
|--|---------|---------|
| <input type="radio"/> Raise 50% benefit to 70% | \$11.33 | \$11.33 |
|--|---------|---------|

Subtotal (B) \$ _____

Total Cost of Your 1999 Choices (Subtotals A + B)

\$ _____

If the Total Cost is less than your Total FLEX Credits per pay period, calculate the difference and write the amount here:

\$ _____

These are excess credits you can allocate to **one** of the following:

Health Care Reimbursement Account
(Minimum: \$1.00 per pay period)

OR

Pay

OR

If the Total Cost is greater than your Total FLEX Credits per pay period, calculate the difference and write the amount here:

\$ _____

(This amount will be deducted from each pay. See your *1999 FLEX Benefits Handbook* for an explanation of how credits are applied.)

NOTE: Some benefit costs including excess credits will be subject to applicable taxes. Refer to your *1999 FLEX Benefits Handbook* for tax application details.

When completing your enrollment choices on the Web or Phone, please record and keep your confirmation number for future reference.