

Biweekly Enrollment Worksheet for 2004

This worksheet has been designed to help you calculate your biweekly benefit cost.

Step 1: Calculate the cost of you and your family's medical, dental and vision coverage plus your life insurance and disability coverage. Using the rate information in the Enrollment Guide, write in the biweekly cost for:

Health Coverage	\$ _____
Dental Coverage	\$ _____
Your Basic Life & AD&D insurance coverage	\$ <u>1.80</u>
Your Supplemental Life insurance, if any	\$ _____
Your disability coverage	\$ <u>2.90</u>
TOTAL COST OF COVERAGES	\$ _____ A

Step 2: Compare your biweekly cost of the Coverages above to your benefits allowance (B.A.). Your B.A. is determined by a legislative formula that basically covers the average of the core benefits for Employee only and 75% of the average of the high health insurance option for dependents. Go to the B.A. chart in the Enrollment Guide and see what your B.A. is based on whom you elect to cover. Compare this B.A. to your total cost above. Fill in the correct amount for your situation on the appropriate line below.

IF YOUR BIWEEKLY COST IS

<p><i>less than</i> your B.A.</p> <p>take the biweekly allowance \$ _____ & subtract the total in Box A \$ _____ \$ _____ B</p> <p>This "B" amount will be taxed and the balance is paid back to you each month in your paycheck. Or it can be deposited in a health care or dependent care reimbursement account tax-free.</p>	<p><i>more than</i> your B.A.</p> <p>write in the total from Box A \$ _____ & subtract the biweekly allowance \$ _____ ("C" = amount deducted from your \$ _____ C paycheck to cover additional elections)</p> <p>Through Premium conversion you may pay tax-free premiums for dependent health, dental and vision as well as your own vision and premiums for the first \$50,000 of your life insurance. Check "Yes" on your enrollment form for Premium Conversion and get the tax break!</p>
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Step 3. Calculate your other elections. Write in your biweekly contributions, if any:

Vision Plan premiums	\$ _____
Health Care Reimbursement Account deposits	\$ _____
Dependent Care Reimbursement Account deposits	\$ _____
Dependent Life Insurance premiums	\$ _____
TOTAL COST OF OTHER ELECTIONS	\$ _____ D

Step 4: Calculate your total benefit cost.

Write in the amount from Box B <u>OR</u> Box C and	\$ _____
Write in the amount from Box D	\$ _____
TOTAL BIWEEKLY PAYROLL BENEFIT DEDUCTIONS	\$ _____