

2009/2010 CHOICES

Premium Totals Worksheet

Medical: \$_____ (a)

Dental: \$_____ (b)

Basic Life/AD&D: \$_____ (c)

Long Term Disability: \$_____ (d)

Optional Vision: \$_____ (e)

Optional D&D: \$_____ (f)

Medical Flex Account: \$_____ (g)

Dependant Care Account: \$_____ (h)

Total Lines a-h: \$_____ (i)

Dependant Premium Waiver: \$_____ (j)

Employer Contribution: \$ **-679.00** (k)

Total Lines j-k: \$_____ (l)

Total Line (i) *minus* line l: \$_____ (m)

(This is your monthly before-tax insurance cost)

Optional Supplemental Life: \$_____ (n)

Optional Dependant Life: \$_____ (o)

Total Lines n-o: \$_____ (p)

(This is your monthly after-tax insurance cost)