

Benefits Enrollment Form

First Name	Last Name	Social Security Number

Assignment Address _____		

Sex (M/F).....M ___ F ___		
Date of Birth..... / / _____		
Medical..... Yes ___ No ___		
Dental..... Yes ___ No ___		
Home Phone Number..... _____		
Marital Status (Single, Married, Divorced, Widowed)..... _____		
Marriage Date (if Married indicated above)..... _____		

Dependents to be enrolled, please select area to enroll in, if both, please indicate. Please list any additional dependents on the back of this form.

Last Name, First Name	Sex (M/F)	Social Security Number

Medical..... Yes ___ No ___		
Dental..... Yes ___ No ___		
Date of Birth..... / / _____		
Relationship..... _____		
Full Time Student..... Yes ___ No ___		

Last Name, First Name	Sex (M/F)	Social Security Number

Medical..... Yes ___ No ___		
Dental..... Yes ___ No ___		
Date of Birth..... / / _____		
Relationship..... _____		
Full Time Student..... Yes ___ No ___		

Last Name, First Name	Sex (M/F)	Social Security Number

Medical..... Yes ___ No ___		
Dental..... Yes ___ No ___		
Date of Birth..... / / _____		
Relationship..... _____		
Full Time Student..... Yes ___ No ___		

Date _____ Signature _____

Deduction Form

You must return this form with the enrollment forms for your coverage to become effective on your start date. No information will be processed without the required documents.

Medical Insurance- (Initial the PPO section for deduction cost)

<u>Tier</u>	<u>PPO Cost</u>
_____ Single	Free
_____ Employee + Child (ren)	\$70.00 per week
_____ Employee + Spouse	\$85.00 per week
_____ Family	\$155.00 per week

Dental Insurance (Initial on the blank line which coverage you would like)

<u>Tier</u>	<u>Dental Cost</u>
_____ Single	\$6.75 per week
_____ Employee + Child	\$13.75 per week
_____ Employee + Spouse	\$15.00 per week
_____ Family	\$22.50 per week

Section 125 Enrollment (please initial if you would like to participate)

The employees share of the premium cost is pre-taxed under the Tax Savings Premium Plan (Section 125 of the IRS Code). "Pre-tax" means premiums or contributions will be deducted from your paycheck before federal, state (in most cases), and social security taxes are computed and withheld. The employee's social security earnings will be based upon the pay amount remaining after the premium deduction is made. Under the terms of Section 125, no changes may be made to coverage until the next open enrollment period unless the employee experiences a "lifestyle" change. Examples of a "lifestyle" change include: marriage, birth or adoption of a child, divorce, separation, death of a covered dependent or change in job status of the employee or spouse.

_____ Yes I would like to participate and I have read the above information

_____ No I would not like to participate and have read the above information

Medical Allowance (ONLY IF NOT TAKING THE MEDICAL INSURANCE)

I would like to receive 23.00 per week instead of the medical insurance and aware that I can not make any changes to this selection until the start of my next assignment.

Sign: _____ Date: _____