

FY10 Benefits Enrollment Worksheet

Enrollment Period Effective July 1, 2009 – June 30, 2010

Name: _____ Employee ID No: _____
 Dept.: _____ Age: _____
 Hire Date: _____ Years of Service: _____

FLEX CREDITS \$ _____

NOTE: BENEFITS ENROLLMENT FOR THE PLAN YEAR BEGINNING JULY 1, 2009 WILL BE COMPLETED ON-LINE THROUGH THE BENELOGIC WEBSITE AT WWW.LOYOLA.BENELOGIC.COM STATEMENT OF HEALTH FORMS CAN BE PRINTED FROM THE BENELOGIC ENROLLMENT SITE AND THE HUMAN RESOURCES WEBSITE AT WWW.LOYOLA.EDU/HR/BENEFITS.

Waiver of Medical Coverage

In waiving medical coverage, I certify I have medical insurance under another plan and do not wish to elect medical insurance through Loyola. I understand I will not be able to elect medical insurance until the next open enrollment period, unless I have a life event as described in the Benefit workbook. I understand I may still enroll in any of the other optional benefits.

NOTE: BE SURE YOU CLICK THIS OPTION ON-LINE TO DECLINE MEDICAL INSURANCE.

Medical Options*- Annual Cost

	Individual	Two Party	Family
Carefirst Blue Cross Blue Shield PPO	\$ 1,304.62	\$ 5,179.20	\$ 7,775.23
Blue Choice HMO	\$ 1,246.49	\$ 5,000.54	\$ 7,129.68

Dental* - Annual Cost

MetLife Dental Products	Individual	Two Party	Family
PPO Plan	\$ 335.55	\$ 672.20	\$ 1,166.52
Copay Plan	\$ 218.04	\$ 457.32	\$ 821.76

Vision*- Annual Cost

	Individual	Two Party	Family
VSP Buy-UP	\$ 88.68	\$ 134.16	\$ 252.36

Life Insurance - Optional life elections are based on your age as of July 1, 2009.

Age	29 or under	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54
<input type="checkbox"/> \$25,000	13.20	19.80	26.40	29.70	45.00	69.00
<input type="checkbox"/> \$50,000	26.40	39.60	52.80	59.40	90.00	138.00
<input type="checkbox"/> \$100,000	52.80	79.20	105.60	118.80	180.00	276.00
<input type="checkbox"/> \$150,000	79.20	118.80	158.40	178.20	270.00	414.00
Age	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 or older
<input type="checkbox"/> \$25,000	129.00	184.80	353.10	570.90	570.90	570.90
<input type="checkbox"/> \$50,000	258.00	369.60	706.20	1,141.80	1,141.80	1,141.80
<input type="checkbox"/> \$100,000	516.00	739.20	1,412.40	2,283.60	2,283.60	2,283.60
<input type="checkbox"/> \$150,000	774.00	1,108.80	2,118.60	3,425.40	3,425.40	3,425.40

Current employees must provide medical approval when electing any level of optional life as a new or increased benefit. A Statement of Health form must be completed and submitted to Human Resources.

Dependent Life Insurance

\$10,000.00 Spouse / \$5,000.00 Child(ren)	Employee's Annual Premium : \$28.80
---	--

Short-Term Disability – Premiums are based on your salary as of July 1, 2009

Use this calculation if you are receiving Loyola's Retirement Plan Contribution.

Base Wage	Divide by	Multiply by	Annual Cost
\$	100	0.234	\$

Use this calculation if you are not receiving Loyola's Retirement Plan Contribution.

Base Wage	Divide by	Multiply by	Annual Cost
\$	100	0.190	\$

Current employees must provide medical approval when electing short-term disability as a new benefit. A Statement of Health form must be completed and submitted to Human Resources.

Flexible Spending Accounts (you must make a new election each benefit year)

- Health Care Flexible Spending Account (annual maximum \$5,000.00)
- Dependent Care Flexible Spending Account (annual maximum \$5,000.00)

***IT IS VERY IMPORTANT THAT YOU READ AND UNDERSTAND THE AUTHORIZATION BEFORE CLICKING THE FINISHED BUTTON TO SUBMIT YOUR FINAL ELECTIONS THROUGH BENELOGIC. PRINT THE PERSONALIZED ENROLLMENT SUMMARY FROM BENELOGIC FOR YOUR RECORDS.**