

Employee Name _____ **ID #** _____

2009-2010 HEALTH AND WELFARE CALCULATION SHEET

A. <u>MEDICAL</u>	<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
Blue Cross Plan 4A	<input type="checkbox"/> \$715.20	<input type="checkbox"/> \$1226.40	<input type="checkbox"/> \$1550.40
Blue Cross Plan 5B	<input type="checkbox"/> \$705.60	<input type="checkbox"/> \$1208.40	<input type="checkbox"/> \$1526.40
Blue Cross Plan 6B	<input type="checkbox"/> \$657.60	<input type="checkbox"/> \$1129.20	<input type="checkbox"/> \$1425.60
Blue Cross Plan 8C	<input type="checkbox"/> \$579.60	<input type="checkbox"/> \$ 993.60	<input type="checkbox"/> \$1255.20
Blue Cross HDHP-2	<input type="checkbox"/> \$463.20	<input type="checkbox"/> \$ 788.40	<input type="checkbox"/> \$ 998.40
Kaiser Plan 1	<input type="checkbox"/> \$733.20	<input type="checkbox"/> \$1257.60	<input type="checkbox"/> \$1586.40
Kaiser Plan 7	<input type="checkbox"/> \$624.00	<input type="checkbox"/> \$1069.20	<input type="checkbox"/> \$1348.80
PacifiCare 4W	<input type="checkbox"/> \$882.00	<input type="checkbox"/> \$1760.40	<input type="checkbox"/> \$2490.00

Amount of Plan Selected from Section A

B. <u>DENTAL</u>			
Dental-Incentive	<input type="checkbox"/> \$72.52	<input type="checkbox"/> \$131.26	<input type="checkbox"/> \$188.70
Dental- Non Incentive	<input type="checkbox"/> \$56.11	<input type="checkbox"/> \$ 107.68	<input type="checkbox"/> \$184.96

Amount of Plan Selected from Section B

C. <u>VISION</u>			
VSP	<input type="checkbox"/> \$10.74	<input type="checkbox"/> \$20.05	<input type="checkbox"/> \$29.78

Amount of Plan Selected from Section C

TOTAL FROM SECTIONS A, B & C*

CALCULATION

Your Employee Contribution for 2009-2010 Benefit year will be as follows:

*Total from Sections A, B & C	=	<input style="width: 100%;" type="text"/>	
Subtract Defined Contribution	=	<input style="width: 100%; background-color: #cccccc;" type="text" value="-1303.42"/>	
Employee Contribution	=	<input style="width: 100%; background-color: #cccccc;" type="text"/>	x _____ (Signature)

For Office Use Only:

Deduction \$ _____ Effective Date: _____

Processed By HR Representative _____ Date _____