

Brown Integrated Logistics, Inc.
Health Care Premium Election Form



- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | NO CHANGE |
| <input type="checkbox"/> | Change of personal information |
| <input type="checkbox"/> | Change of Family Status |
| <input type="checkbox"/> | Transfer |
| | Effective Date _____ |
| <input type="checkbox"/> | Termination |
| <input type="checkbox"/> | Waive Participation _____ (initial) |

Personal Information: Employee ID number _____

Last Name	First Name	Middle Initial	Social Security Number	
Home Address	Street	City	State	Zip
Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Hire: / /	

2012-13 HEALTH INSURANCE RATES – In order to qualify for non-smoker rates employee must not currently use tobacco products and must not have used tobacco products in the previous 12 month period.

Rates Include health and life at annual salary up to \$50K

(Circle Benefits Elected)

Non Smoker Wellness Participation*	CLASSIC			PREMIUM			HIGH DEDUCTIBLE/HSA		
	Health	Dental	Vision	Health	Dental	Vision	Health	Dental	Vision
Employee	24.00	2.50	1.19	41.00	2.50	1.19	8.00	2.50	1.19
Employee/Spouse	129.00	5.00	2.02	162.00	5.00	2.02	95.00	5.00	2.02
Employee/Child	119.00	5.00	2.02	150.00	5.00	2.02	87.00	5.00	2.02
Employee/Family	197.00	7.50	2.95	248.00	7.50	2.95	144.00	7.50	2.95

Non Smoker, no Wellness Participation*	CLASSIC			PREMIUM			HIGH DEDUCTIBLE/HSA		
	Health	Dental	Vision	Health	Dental	Vision	Health	Dental	Vision
Employee	34.00	2.50	1.19	51.00	2.50	1.19	13.00	2.50	1.19
Employee/Spouse	149.00	5.00	2.02	182.00	5.00	2.02	105.00	5.00	2.02
Employee/Child	139.00	5.00	2.02	170.00	5.00	2.02	97.00	5.00	2.02
Employee/Family	227.00	7.50	2.95	278.00	7.50	2.95	159.00	7.50	2.95

Brown Integrated Logistics, Inc.
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Smoker, no Wellness Participation*	CLASSIC			PREMIUM			HIGH DEDUCTIBLE/HSA		
	Health	Dental	Vision	Health	Dental	Vision	Health	Dental	Vision
Employee	39.00	2.50	1.19	56.00	2.50	1.19	23.00	2.50	1.19
Employee/Spouse	159.00	5.00	2.02	192.00	5.00	2.02	125.00	5.00	2.02
Employee/Child	149.00	5.00	2.02	180.00	5.00	2.02	117.00	5.00	2.02
Employee/Family	242.00	7.50	2.95	293.00	7.50	2.95	189.00	7.50	2.95

*Please note - If an employee elects nonsmoker rates and is determined to be a tobacco user – the difference in rates will be retroactively adjusted to November 1 of the election year.

Tobacco User Status:

- I do not use tobacco products
- I have used tobacco products in the past 12 months

Total WEEKLY payroll deduction _____

Salary Reduction Agreement

I have read and understand the explanation I have received regarding my options under the Brown Integrated Logistics, Inc. Premium Only Plan. I understand I have the right to have the company redirect my salary on a pretax basis during the plan year and apply this amount toward the purchase of the medical coverage I have designated above. I understand that my share of the cost of this coverage may be adjusted from time to time to reflect the change in rates charged by the carriers. I acknowledge that my election is irrevocable unless there is a change in my status. A change in status includes: marriage; divorce; death of a spouse or dependent; birth of a dependent; birth or adoption of a child; change in number of dependents; termination of employment or commencement of employment; a strike or lockout; commencement or return from an unpaid leave of absence; a change in worksite; or any change in employment status that affects eligibility; a change in residence for me, my spouse or children; or my dependent either satisfies or ceases to satisfy requirements for coverage due to change in age, student status, or any similar circumstances; or a change in my or my spouse's employment status.

It is specifically the Participant's responsibility regarding insurance premium reimbursement not to request anything that could violate the terms of their insurance policy.

I hereby apply for the options listed above. If necessary, I authorize Brown Integrated Logistics, Inc. to adjust my pay as required by my elections. I understand that the benefit options I have elected will remain in force from November 1 until October 31, unless my family status changes.

 Employee Signature

 Date

 Company Representative

 Date