



Bonnie R. Graham
5482 Blanco Way
Culver City, CA 90230

Enrollment Dates: 9/10/2009 - 12/31/2009
Home Phone:
Work Phone:
Gender: Female
Employee ID:
Birth Date: 12/15/1968
Date of Hire: 1/1/1995
Classification:
Location:
Paychecks per Year: 24
Department: brg
First Deduction Date:

NEW ELECTION FORM

Friday, August 21, 2009

Benefit ID	Benefit Name / Option	New or Existing	Deduction Employee	Deduction Employer
Yes	<input checked="" type="checkbox"/> Open Enrollment Employee Satisfaction Survey Yes, I found the process informative and helpful. I understand and have been offered my Voluntary Benefit options. I feel my employer is compliant with E R I S A SUMMARY PLAN DESCRIPTION REQUIREMENTS (Employee Only)	New	\$0.00	\$0.00
HOL	<input checked="" type="checkbox"/> PAID HOLIDAYS @ 6 per year Paid Holidays	Existing	\$0.00	\$48.45
VAC	<input checked="" type="checkbox"/> Vacation Days @ 15 per year Paid Vacation	Existing	\$0.00	\$121.13
Sick	<input checked="" type="checkbox"/> Sickdays @ 7 per year Paid Sick Days	Existing	\$0.00	\$56.53
Medical	<input checked="" type="checkbox"/> Health Insurance @ \$100.00 PPD	Existing	\$0.00	\$100.00
FUTA	<input checked="" type="checkbox"/> Unemployment Insurance @ \$18.00 PPD	Existing	\$0.00	\$18.00
Parking	<input checked="" type="checkbox"/> Parking @ \$20 PPD	Existing	\$0.00	\$20.00
GTL	<input checked="" type="checkbox"/> Group Term Life @ \$2.50 PPD	Existing	\$0.00	\$2.50
WComp	<input checked="" type="checkbox"/> Worker Comp Protection @ \$15.00 PPD	Existing	\$0.00	\$15.00
CLA-Pre	<input checked="" type="checkbox"/> Hospital Confinement Indemnity * Colonial (Bonnie Graham) Hospital Confinement Coverage	New	\$15.70	\$0.00 Pre-Tax
CLA-Pre	<input checked="" type="checkbox"/> Colonial Short Term Disability * Colonial (Bonnie Graham) Accidental Death and Dismemberment Coverage Health Screening Rider On/Off Job Accident and On/Off Job Sickness Disability. On Job benefit amount is 50% of Off Job benefit amount of (\$1,000.00 per Month)	New	\$29.18	\$0.00 Pre-Tax
EVPC	<input checked="" type="checkbox"/> Employer Cafe Voluntary Premium Contribution	Existing	\$0.00	\$13.37
			(Colonial Pre-Tax \$44.88)	Pre-Tax Subtotal \$44.88
			(Colonial Post-Tax \$0.00)	Post-Tax Subtotal \$0.00
			(Colonial Total \$44.88)	Grand Total \$44.88 \$394.98

(24 deductions per year)

This summary only includes benefits that are processed by this system.

* This application for coverage has been submitted to Colonial for review. If the application is approved you will receive a policy. Coverage under the policy will not be effective until the policy/certificate is issued and the first premium is paid. If the application is declined, you will be notified by Colonial.

I understand that I am allowed to reduce my salary for the purchase of qualified benefits as part of a flexible benefits plan ("plan") under Section 125 of the Internal Revenue Code. I hereby authorize and direct my employer to reduce my salary in the amount necessary to pay for this coverage. I further authorize future adjustment in the amount of the salary reduction in the event that the cost of coverage in any program selected for "Pre-Tax" is changed during the plan year. I further authorize a payroll deduction for the amount necessary to pay for the coverage selected for "Post-Tax", if any.

I further authorize the allocation of funds provided by my employer for the purchase of qualified benefits, if any.

Additional Terms: As required by the Internal Revenue Service (IRS) regulations, contributions under the plan will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of, and consistent with, a change in status (e.g. marriage, divorce, death, and termination of employment of spouse) or as otherwise allowed under IRS regulations.

I understand that the insurance claim payments under certain coverages may be subject to federal and state taxes when the premium is paid by salary reductions or employer contributions.