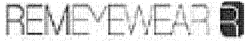


Rem Optical Company Inc | OE 2009



Bonnie Graham
 5482 Blanco Way
 Culver City, CA 90230

Enrollment Dates: 7/10/2009 - 12/31/2009
Home Phone:
Work Phone:
Gender: Female
SSN: 222-22-2222
Employee ID:
Birth Date: 12/15/1968
Date of Hire: 1/1/1995
Classification:
Location: Sun Valley
Paychecks per Year: 24
Department: brg
First Deduction Date: _____

NEW ELECTION FORM

Friday, August 28, 2009

Benefit ID	Benefit Name / Option	New or Existing	Coverage Starts	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	9/1/2009	\$0.00	\$0.00
CLA-Pre	<input checked="" type="checkbox"/> Colonial Short Term Disability * Colonial (Bonnie Graham) Accidental Death and Dismemberment Coverage 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) Health Screening Rider	New	Pending	\$33.33 Pre-Tax	\$0.00
Parking	<input checked="" type="checkbox"/> Parking @ \$20.00 PPD	Existing	8/1/2009	\$0.00	\$20.00
PTO	<input checked="" type="checkbox"/> Paid Time Off @ 12 per year	Existing	8/1/2009	\$0.00	\$138.75
Medical	<input checked="" type="checkbox"/> Health Insurance @ \$100.00 PPD	Existing	8/1/2009	\$0.00	\$100.00
Wcomp	<input checked="" type="checkbox"/> Worker Comp Protection @ \$15.00 PPD	Existing	8/1/2009	\$0.00	\$15.00
GTL	<input checked="" type="checkbox"/> Group Term Life @ \$2.25 PPD	Existing	8/1/2009	\$0.00	\$2.25
FUTA	<input checked="" type="checkbox"/> Unemployment Insurance @ \$18.00 PPD	Existing	8/1/2009	\$0.00	\$18.00
EVPC	<input checked="" type="checkbox"/> Employer Cafe Voluntary Premium Contribution Disability Income	Existing	8/1/2009	\$0.00	\$8.34
HOL	<input checked="" type="checkbox"/> Paid Holidays @ 6 per year	Existing	8/1/2009	\$0.00	\$115.62
			(Colonial Pre-Tax \$33.33)	Pre-Tax Subtotal	\$33.33
			(Colonial Post-Tax \$0.00)	Post-Tax Subtotal	\$0.00
			(Colonial Total \$33.33)	Grand Total	\$33.33 \$417.96

(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.