

Full Time

FIRSTHEALTH OF THE CAROLINAS
2008 FIRSTCHOICE BENEFIT SELECTION FORM

MEDICAL INSURANCE

Price

Table with 6 columns: Employee Only, Employee Child, Employee Children, Employee Spouse, Employee Family, Price. Row: Employee Contribution with values \$25.00, \$60.00, \$100.00, \$122.00, \$145.00.

DENTAL INSURANCE

Table with 5 columns: Employee Only, Employee Child, Employee Spouse, Employee Family, Price. Row: Employee Contribution with values \$9.00, \$20.00, \$20.00, \$32.00.

SHORT TERM DISABILITY INSURANCE

(Based on base hourly rate) \$

Bi-Weekly Pre-tax Insurance Payroll Deduction \$

MEDICAL SPENDING ACCOUNT: (\$20.00 per payperiod Minimum) \$

DEPENDENT CARE SPENDING ACCOUNT: (\$20.00 per payperiod Minimum) \$

DEPENDENT HEALTH INSURANCE AFTER-TAX X \$35.00 \$

DEPENDENT DENTAL INSURANCE AFTER-TAX X \$11.00 \$

TERM LIFE INSURANCE: (Optional 1 x Annual Salary-updated each December-After Tax) \$

DEPENDENT LIFE INSURANCE: (After Tax) \$

I understand that I cannot change or revoke my choices during 2008, unless I have a change in my family status (marriage, divorce, death of a spouse or child, birth of or adoption of a child, or termination of my spouse's employment.)

Signature

Date

**Regular Part-time**

**FIRSTHEALTH OF THE CAROLINAS  
2008 FIRSTCHOICE BENEFIT SELECTION FORM**

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**MEDICAL INSURANCE**

**Price**

	Employee <u>Only</u>	Employee <u>Child</u>	Employee <u>Children</u>	Employee <u>Spouse</u>	Employee <u>Family</u>	
Employee Contribution	\$ 80.00	\$115.00	\$165.00	\$180.00	\$220.00	\$_____

**DENTAL INSURANCE**

	Employee <u>Only</u>	Employee <u>Child</u>	Employee <u>Spouse</u>	Employee <u>Family</u>	
Employee Contribution	\$ 9.00	\$ 20.00	\$ 20.00	\$ 32.00	\$_____

**SHORT TERM DISABILITY INSURANCE**

(Based on base hourly rate) \$\_\_\_\_\_

**Bi-Weekly Pre-tax Insurance Payroll Deduction** \$\_\_\_\_\_

**MEDICAL SPENDING ACCOUNT:** (\$20.00 per payperiod Minimum) \$\_\_\_\_\_

**DEPENDENT CARE SPENDING ACCOUNT:** (\$20.00 per payperiod Minimum) \$\_\_\_\_\_

**DEPENDENT HEALTH INSURANCE AFTER-TAX** \_\_\_\_\_ X \$35.00 \$\_\_\_\_\_

**DEPENDENT DENTAL INSURANCE AFTER-TAX** \_\_\_\_\_ X \$11.00 \$\_\_\_\_\_

**I understand that I cannot change or revoke my choices during 2008, unless I have a change in my family status (marriage, divorce, death of a spouse or child, birth of or adoption of a child, or termination of my spouse's employment.)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date