

**Group Insurance Report
Presented To:**

Sample Group

HealthPlansOnline.com

0B53920

818-338-3558



Weekly Deduction (circle one plan only)

Permanent Health Insurance HMO RAF: 0.90	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Power Select HMO **					
Saver HMO	\$0.00	\$15.16	\$6.53	\$6.53	\$22.92
Classic HMO	\$0.00	\$33.16	\$20.15	\$20.15	\$45.76
HMO 100%	\$9.46	\$56.01	\$37.92	\$37.92	\$73.45
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$35 Copay GenRx Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Power HealthFund 500 Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO \$40 Copay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Power HealthFund 750 Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO \$30 Copay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Advantage PPO \$25 Copay	\$0.46	\$5.47	\$0.46	\$0.46	\$11.15
Premier \$20 Copay	\$9.69	\$23.47	\$9.69	\$9.69	\$34.45
Premier \$10 Copay	\$17.54	\$35.93	\$17.54	\$17.54	\$55.22

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

** The proposed plan is not available for this employee because the employee lives outside of the plan service area.

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 45 - 95464
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver HMO	\$0.00	\$40.52	\$7.08	\$7.08	\$53.03
Classic HMO	\$0.00	\$46.52	\$10.32	\$10.32	\$60.65
HMO 100%	\$23.31	\$93.14	\$38.70	\$38.70	\$114.65
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$65.91	\$0.00	\$0.00	\$36.65
\$35 Copay GenRx Plan	\$0.69	\$96.60	\$1.55	\$1.55	\$67.34
Power HealthFund 500 Plan	\$18.46	\$121.75	\$18.46	\$18.46	\$70.34
PPO \$40 Copay	\$39.23	\$187.06	\$46.78	\$46.78	\$158.72
Power HealthFund 750 Plan	\$51.69	\$193.75	\$59.93	\$59.93	\$176.03
PPO \$30 Copay	\$66.92	\$250.75	\$77.24	\$77.24	\$222.65
Advantage PPO \$25 Copay	\$106.15	\$344.68	\$123.39	\$123.39	\$317.26
Premier \$20 Copay	\$136.62	\$415.98	\$159.62	\$159.62	\$389.72
Premier \$10 Copay	\$176.31	\$508.98	\$206.24	\$206.24	\$482.49

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 70 - 91364
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.55
Saver HMO	\$0.00	\$23.93	\$14.12	\$14.12	\$33.32
Classic HMO	\$0.00	\$23.47	\$14.12	\$14.12	\$32.40
HMO 100%	\$8.31	\$43.78	\$29.58	\$29.58	\$57.32
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$1.94
High Deductible EPO	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.85	\$0.00	\$0.00	\$4.94
\$35 Copay GenRx Plan	\$2.31	\$10.55	\$2.31	\$2.31	\$17.63
Power HealthFund 500 Plan	\$9.00	\$19.32	\$9.00	\$9.00	\$18.55
PPO \$40 Copay	\$17.08	\$41.47	\$19.66	\$19.66	\$55.48
Power HealthFund 750 Plan	\$21.92	\$44.01	\$26.35	\$26.35	\$62.86
PPO \$30 Copay	\$27.69	\$63.39	\$34.89	\$34.89	\$82.48
Advantage PPO \$25 Copay	\$42.69	\$95.47	\$57.28	\$57.28	\$121.25
Premier \$20 Copay	\$54.69	\$119.01	\$75.28	\$75.28	\$151.48
Premier \$10 Copay	\$73.85	\$154.08	\$104.82	\$104.82	\$201.78

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 46 - 90048
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GROUP INSURANCE ENROLLMENT WORKSHEET



Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date



Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 35 - 90046
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007



Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date



Weekly Deduction (circle one plan only)

Permanent Health Insurance HMO RAF: 0.90	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Classic HMO	\$0.00	\$20.84	\$9.69	\$9.69	\$34.75
Saver HMO	\$0.46	\$20.84	\$10.62	\$10.62	\$36.14
HMO 100%	\$10.38	\$41.61	\$25.38	\$25.38	\$62.91
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.07	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$15.99	\$0.69	\$0.69	\$0.00
High Deductible EPO	\$2.31	\$10.45	\$2.31	\$2.31	\$2.31
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$3.00	\$33.99	\$3.00	\$3.00	\$10.75
\$35 Copay GenRx Plan	\$9.23	\$47.61	\$11.77	\$11.77	\$26.45
Power HealthFund 500 Plan	\$18.69	\$59.61	\$20.54	\$20.54	\$28.06
PPO \$40 Copay	\$29.31	\$90.07	\$37.62	\$37.62	\$70.98
Power HealthFund 750 Plan	\$36.23	\$92.61	\$45.92	\$45.92	\$79.98
PPO \$30 Copay	\$43.85	\$118.92	\$55.85	\$55.85	\$103.06
Advantage PPO \$25 Copay	\$64.38	\$162.30	\$83.08	\$83.08	\$148.98
Premier \$20 Copay	\$80.31	\$195.30	\$102.46	\$102.46	\$184.75
Premier \$10 Copay	\$107.31	\$246.30	\$139.62	\$139.62	\$247.52

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 50 - 91307
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver HMO	\$0.00	\$16.15	\$4.75	\$4.75	\$29.35
Classic HMO	\$0.00	\$24.92	\$11.91	\$11.91	\$41.82
HMO 100%	\$10.62	\$45.69	\$27.37	\$27.37	\$69.97
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$35 Copay GenRx Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Power HealthFund 500 Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO \$40 Copay	\$0.00	\$22.62	\$0.00	\$0.00	\$0.00
Power HealthFund 750 Plan	\$0.23	\$26.08	\$0.23	\$0.23	\$2.12
PPO \$30 Copay	\$6.46	\$47.31	\$6.46	\$6.46	\$20.35
Advantage PPO \$25 Copay	\$22.85	\$81.92	\$26.22	\$26.22	\$57.74
Premier \$20 Copay	\$34.85	\$106.15	\$42.37	\$42.37	\$82.66
Premier \$10 Copay	\$63.23	\$159.69	\$79.75	\$79.75	\$147.51

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date



Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver HMO	\$0.00	\$15.90	\$10.38	\$10.38	\$23.45
Classic HMO	\$0.00	\$21.67	\$15.92	\$15.92	\$31.29
HMO 100%	\$7.62	\$40.36	\$31.85	\$31.85	\$54.83
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$35 Copay GenRx Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Power HealthFund 500 Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO \$40 Copay	\$0.00	\$15.44	\$0.00	\$0.00	\$6.14
Power HealthFund 750 Plan	\$0.00	\$17.98	\$0.00	\$0.00	\$10.75
PPO \$30 Copay	\$0.00	\$32.98	\$5.31	\$5.31	\$24.14
Advantage PPO \$25 Copay	\$5.08	\$57.67	\$21.92	\$21.92	\$51.37
Premier \$20 Copay	\$12.23	\$76.59	\$35.77	\$35.77	\$73.06
Premier \$10 Copay	\$23.77	\$104.28	\$58.62	\$58.62	\$108.83

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 36 - 91042
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver HMO	\$0.00	\$15.90	\$10.38	\$10.38	\$23.45
Classic HMO	\$0.00	\$21.67	\$15.92	\$15.92	\$31.29
HMO 100%	\$7.62	\$40.36	\$31.85	\$31.85	\$54.83
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$35 Copay GenRx Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Power HealthFund 500 Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO \$40 Copay	\$0.00	\$15.44	\$0.00	\$0.00	\$6.14
Power HealthFund 750 Plan	\$0.00	\$17.98	\$0.00	\$0.00	\$10.75
PPO \$30 Copay	\$0.00	\$32.98	\$5.31	\$5.31	\$24.14
Advantage PPO \$25 Copay	\$5.08	\$57.67	\$21.92	\$21.92	\$51.37
Premier \$20 Copay	\$12.23	\$76.59	\$35.77	\$35.77	\$73.06
Premier \$10 Copay	\$23.77	\$104.28	\$58.62	\$58.62	\$108.83

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 30 - 91040
Copyright 1997-2007 (c) Quotit Corporation



Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 38 - 90404
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Weekly Deduction (circle one plan only)

Permanent Health Insurance HMO RAF: 0.90	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.55
Classic HMO	\$0.00	\$23.47	\$14.12	\$14.12	\$32.40
Saver HMO	\$0.00	\$23.93	\$14.12	\$14.12	\$33.32
HMO 100%	\$8.31	\$43.78	\$29.58	\$29.58	\$57.32
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$1.94
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.85	\$0.00	\$0.00	\$4.94
\$35 Copay GenRx Plan	\$2.31	\$10.55	\$2.31	\$2.31	\$17.63
Power HealthFund 500 Plan	\$9.00	\$19.32	\$9.00	\$9.00	\$18.55
PPO \$40 Copay	\$17.08	\$41.47	\$19.66	\$19.66	\$55.48
Power HealthFund 750 Plan	\$21.92	\$44.01	\$26.35	\$26.35	\$62.86
PPO \$30 Copay	\$27.69	\$63.39	\$34.89	\$34.89	\$82.48
Advantage PPO \$25 Copay	\$42.69	\$95.47	\$57.28	\$57.28	\$121.25
Premier \$20 Copay	\$54.69	\$119.01	\$75.28	\$75.28	\$151.48
Premier \$10 Copay	\$73.85	\$154.08	\$104.82	\$104.82	\$201.78

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 49 - 91340
Copyright 1997-2007 (c) Quotit Corporation



Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.55
Saver HMO	\$0.00	\$23.93	\$14.12	\$14.12	\$33.32
Classic HMO	\$0.00	\$23.47	\$14.12	\$14.12	\$32.40
HMO 100%	\$8.31	\$43.78	\$29.58	\$29.58	\$57.32
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$1.94
High Deductible EPO	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.85	\$0.00	\$0.00	\$4.94
\$35 Copay GenRx Plan	\$2.31	\$10.55	\$2.31	\$2.31	\$17.63
Power HealthFund 500 Plan	\$9.00	\$19.32	\$9.00	\$9.00	\$18.55
PPO \$40 Copay	\$17.08	\$41.47	\$19.66	\$19.66	\$55.48
Power HealthFund 750 Plan	\$21.92	\$44.01	\$26.35	\$26.35	\$62.86
PPO \$30 Copay	\$27.69	\$63.39	\$34.89	\$34.89	\$82.48
Advantage PPO \$25 Copay	\$42.69	\$95.47	\$57.28	\$57.28	\$121.25
Premier \$20 Copay	\$54.69	\$119.01	\$75.28	\$75.28	\$151.48
Premier \$10 Copay	\$73.85	\$154.08	\$104.82	\$104.82	\$201.78

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 40 - 90026
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 31 - 90046
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver HMO	\$0.00	\$15.07	\$11.70	\$11.70	\$21.44
Classic HMO	\$0.00	\$18.76	\$15.85	\$15.85	\$27.90
HMO 100%	\$6.23	\$34.68	\$30.16	\$30.16	\$48.44
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$35 Copay GenRx Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Power HealthFund 500 Plan	\$0.00	\$0.53	\$0.00	\$0.00	\$0.00
PPO \$40 Copay	\$0.00	\$14.84	\$0.00	\$0.00	\$5.98
Power HealthFund 750 Plan	\$0.00	\$16.22	\$1.55	\$1.55	\$10.36
PPO \$30 Copay	\$0.00	\$28.68	\$7.32	\$7.32	\$22.13
Advantage PPO \$25 Copay	\$4.15	\$49.45	\$23.01	\$23.01	\$45.67
Premier \$20 Copay	\$9.23	\$65.61	\$34.32	\$34.32	\$64.13
Premier \$10 Copay	\$19.15	\$89.84	\$55.08	\$55.08	\$95.52

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 29 - 91040
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver HMO	\$0.00	\$15.90	\$10.38	\$10.38	\$23.45
Classic HMO	\$0.00	\$21.67	\$15.92	\$15.92	\$31.29
HMO 100%	\$7.62	\$40.36	\$31.85	\$31.85	\$54.83
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$35 Copay GenRx Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Power HealthFund 500 Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO \$40 Copay	\$0.00	\$15.44	\$0.00	\$0.00	\$6.14
Power HealthFund 750 Plan	\$0.00	\$17.98	\$0.00	\$0.00	\$10.75
PPO \$30 Copay	\$0.00	\$32.98	\$5.31	\$5.31	\$24.14
Advantage PPO \$25 Copay	\$5.08	\$57.67	\$21.92	\$21.92	\$51.37
Premier \$20 Copay	\$12.23	\$76.59	\$35.77	\$35.77	\$73.06
Premier \$10 Copay	\$23.77	\$104.28	\$58.62	\$58.62	\$108.83

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 35 - 91040
Copyright 1997-2007 (c) Quotit Corporation



Weekly Deduction (circle one plan only)

Permanent Health Insurance HMO RAF: 0.90	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Classic HMO	\$0.00	\$32.12	\$9.48	\$9.48	\$35.31
Saver HMO	\$0.46	\$33.05	\$9.02	\$9.02	\$35.54
HMO 100%	\$12.92	\$61.89	\$27.95	\$27.95	\$66.46
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$7.43	\$0.00	\$0.00	\$6.92
High Deductible EPO	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$1.85	\$22.66	\$1.85	\$1.85	\$25.62
\$35 Copay GenRx Plan	\$8.77	\$41.82	\$11.79	\$11.79	\$43.38
Power HealthFund 500 Plan	\$20.31	\$56.12	\$22.18	\$22.18	\$45.23
PPO \$40 Copay	\$33.46	\$93.51	\$42.72	\$42.72	\$97.38
Power HealthFund 750 Plan	\$40.85	\$96.05	\$52.41	\$52.41	\$107.08
PPO \$30 Copay	\$50.08	\$128.35	\$63.95	\$63.95	\$134.77
Advantage PPO \$25 Copay	\$75.23	\$181.89	\$95.79	\$95.79	\$190.38
Premier \$20 Copay	\$95.54	\$222.51	\$120.95	\$120.95	\$233.08
Premier \$10 Copay	\$129.23	\$286.66	\$163.87	\$163.87	\$308.54

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 56 - 91401
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GROUP INSURANCE ENROLLMENT WORKSHEET



Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.55
Saver HMO	\$0.00	\$23.93	\$14.12	\$14.12	\$33.32
Classic HMO	\$0.00	\$23.47	\$14.12	\$14.12	\$32.40
HMO 100%	\$8.31	\$43.78	\$29.58	\$29.58	\$57.32
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$1.94
High Deductible EPO	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.85	\$0.00	\$0.00	\$4.94
\$35 Copay GenRx Plan	\$2.31	\$10.55	\$2.31	\$2.31	\$17.63
Power HealthFund 500 Plan	\$9.00	\$19.32	\$9.00	\$9.00	\$18.55
PPO \$40 Copay	\$17.08	\$41.47	\$19.66	\$19.66	\$55.48
Power HealthFund 750 Plan	\$21.92	\$44.01	\$26.35	\$26.35	\$62.86
PPO \$30 Copay	\$27.69	\$63.39	\$34.89	\$34.89	\$82.48
Advantage PPO \$25 Copay	\$42.69	\$95.47	\$57.28	\$57.28	\$121.25
Premier \$20 Copay	\$54.69	\$119.01	\$75.28	\$75.28	\$151.48
Premier \$10 Copay	\$73.85	\$154.08	\$104.82	\$104.82	\$201.78

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 40 - 90048
Copyright 1997-2007 (c) Quotit Corporation



Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 36 - 91601
Copyright 1997-2007 (c) Quotit Corporation



Weekly Deduction (circle one plan only)

Permanent Health Insurance HMO RAF: 0.90	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Classic HMO	\$0.00	\$20.84	\$9.69	\$9.69	\$34.75
Saver HMO	\$0.46	\$20.84	\$10.62	\$10.62	\$36.14
HMO 100%	\$10.38	\$41.61	\$25.38	\$25.38	\$62.91
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.07	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$2.31	\$10.45	\$2.31	\$2.31	\$2.31
PPO 2400	\$0.00	\$15.99	\$0.69	\$0.69	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$3.00	\$33.99	\$3.00	\$3.00	\$10.75
\$35 Copay GenRx Plan	\$9.23	\$47.61	\$11.77	\$11.77	\$26.45
Power HealthFund 500 Plan	\$18.69	\$59.61	\$20.54	\$20.54	\$28.06
PPO \$40 Copay	\$29.31	\$90.07	\$37.62	\$37.62	\$70.98
Power HealthFund 750 Plan	\$36.23	\$92.61	\$45.92	\$45.92	\$79.98
PPO \$30 Copay	\$43.85	\$118.92	\$55.85	\$55.85	\$103.06
Advantage PPO \$25 Copay	\$64.38	\$162.30	\$83.08	\$83.08	\$148.98
Premier \$20 Copay	\$80.31	\$195.30	\$102.46	\$102.46	\$184.75
Premier \$10 Copay	\$107.31	\$246.30	\$139.62	\$139.62	\$247.52

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 52 - 91302
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 34 - 91403
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Shoemaker

GROUP INSURANCE ENROLLMENT WORKSHEET



Weekly Deduction (circle one plan only)

Permanent Health Insurance HMO RAF: 0.90	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Power Select HMO **					
Saver HMO	\$0.00	\$19.71	\$10.64	\$10.64	\$29.86
Classic HMO	\$0.00	\$29.63	\$17.79	\$17.79	\$41.40
HMO 100%	\$8.77	\$50.40	\$33.72	\$33.72	\$67.25
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$35 Copay GenRx Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Power HealthFund 500 Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO \$40 Copay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Power HealthFund 750 Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO \$30 Copay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Advantage PPO \$25 Copay	\$7.62	\$18.78	\$7.62	\$7.62	\$26.40
Premier \$20 Copay	\$16.85	\$37.02	\$16.85	\$16.85	\$48.55
Premier \$10 Copay	\$27.69	\$56.17	\$32.33	\$32.33	\$78.09

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

** The proposed plan is not available for this employee because the employee lives outside of the plan service area.

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 42 - 93003
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 32 - 90036
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Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver HMO	\$0.00	\$23.42	\$4.15	\$4.15	\$25.87
Classic HMO	\$0.00	\$32.88	\$9.69	\$9.69	\$35.79
HMO 100%	\$13.62	\$63.12	\$28.15	\$28.15	\$67.41
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$35 Copay GenRx Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Power HealthFund 500 Plan	\$0.00	\$4.04	\$0.00	\$0.00	\$0.00
PPO \$40 Copay	\$5.31	\$32.88	\$6.69	\$6.69	\$35.33
Power HealthFund 750 Plan	\$11.31	\$35.42	\$14.31	\$14.31	\$42.95
PPO \$30 Copay	\$18.46	\$60.58	\$23.77	\$23.77	\$64.64
Advantage PPO \$25 Copay	\$38.31	\$102.12	\$48.46	\$48.46	\$107.79
Premier \$20 Copay	\$53.54	\$133.96	\$67.85	\$67.85	\$140.79
Premier \$10 Copay	\$79.15	\$180.58	\$99.92	\$99.92	\$197.33

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 56 - 91210
Copyright 1997-2007 (c) Quotit Corporation



Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver HMO	\$0.00	\$17.10	\$9.16	\$9.16	\$25.41
Classic HMO	\$0.00	\$24.02	\$14.47	\$14.47	\$33.02
HMO 100%	\$8.54	\$44.79	\$30.39	\$30.39	\$58.18
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$35 Copay GenRx Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Power HealthFund 500 Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO \$40 Copay	\$0.00	\$5.33	\$0.00	\$0.00	\$11.79
Power HealthFund 750 Plan	\$4.15	\$7.64	\$4.15	\$4.15	\$17.56
PPO \$30 Copay	\$8.54	\$22.64	\$8.54	\$8.54	\$32.79
Advantage PPO \$25 Copay	\$20.31	\$47.33	\$23.24	\$23.24	\$62.79
Premier \$20 Copay	\$29.77	\$66.25	\$37.32	\$37.32	\$86.56
Premier \$10 Copay	\$44.08	\$91.64	\$59.24	\$59.24	\$123.48

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007



Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date



Weekly Deduction (circle one plan only)

	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Permanent Health Insurance HMO RAF: 0.90					
Power Select HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48
Saver HMO	\$0.00	\$21.92	\$15.55	\$15.55	\$31.41
Classic HMO	\$0.00	\$21.46	\$15.78	\$15.78	\$30.95
HMO 100%	\$8.31	\$39.92	\$31.25	\$31.25	\$54.48
Permanent Health Insurance HSA					
PPO 3500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO 2400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
High Deductible EPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Permanent Health Insurance PPO					
Basic PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Saver PPO	\$0.00	\$11.54	\$0.00	\$0.00	\$0.25
\$35 Copay GenRx Plan	\$0.00	\$20.77	\$0.00	\$0.00	\$11.79
Power HealthFund 500 Plan	\$0.00	\$29.31	\$4.25	\$4.25	\$12.95
PPO \$40 Copay	\$4.38	\$51.23	\$18.32	\$18.32	\$45.95
Power HealthFund 750 Plan	\$7.85	\$54.00	\$25.94	\$25.94	\$52.18
PPO \$30 Copay	\$12.00	\$73.15	\$34.02	\$34.02	\$69.48
Advantage PPO \$25 Copay	\$23.08	\$105.00	\$56.17	\$56.17	\$104.56
Premier \$20 Copay	\$31.62	\$129.23	\$72.78	\$72.78	\$132.25
Premier \$10 Copay	\$47.77	\$168.00	\$103.94	\$103.94	\$180.95

Plan costs based on employer contribution of 100% employee/70% dependent(s) of Blue Cross Classic HMO

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Sample Group to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature

Date

Proposed Effective Date: 2/1/2007

Age: 34 - 90045
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Census

Employee	Gender	Age	Coverage Type	Zip
Applen	Male	45	Employee + Spouse	95464
Barney	Female	70	Employee	91364
Brown	Female	46	Employee	90048
Bird	Female	36	Employee	91607
Blum	Male	35	Employee	90046
Ciance	Male	36	Employee + Children	90038
Corbett	Male	36	Employee	90266
Corwin	Male	50	Employee	91307
Culp	Female	51	Employee + Children	92376
Dichecco	Male	36	Employee + Family	91042
Dixon	Male	30	Employee + Spouse	91040
Ehbracht	Male	38	Employee	90404
Garrison	Female	49	Employee + Family	91340
Gervino	Female	40	Employee	90026
Graham	Female	31	Employee	90046
Hammer	Male	29	Employee	91040
Jones	Male	35	Employee + Family	91040
Jurich	Female	56	Employee	91401
Marks	Male	40	Employee	90048
Neurath	Female	36	Employee	91601
Polger	Male	52	Employee + Family	91302
Riehn	Female	34	Employee	91403
Rose	Female	34	Employee	91311
Shoemaker	Male	42	Employee + Family	93003
Shukoff	Male	32	Employee	90036
Supnik	Female	56	Employee + Family	91210
Thomas	Female	41	Employee + Spouse	90638
Vincent	Female	34	Employee	90254
Wyrick	Male	34	Employee	90045

Employer Costs

Insurance Type	Contribution	Amount
Permanent Health	Power Select HMO *	\$10,799.60
Total:		\$10,799.60

Important Rate Information

It is our goal to provide you with an accurate report based on the information provided. Although we believe the rate and benefit information to be current and correct, keep in mind that final rates and benefits are based upon actual enrollment. We assume no liability for rate or benefit level differences and ask that you not cancel your current group insurance policy until a new policy is approved and you have confirmed the rates and benefits to your satisfaction. This is a summary of plan rates and benefits. For comprehensive details refer to the Master Contract or Benefits Booklet.

Carriers participation guidelines will determine plan eligibility. Rates illustrated on this report are reflective of the carriers "Standard Risk Rates" plus or minus any risk adjustment factor applied to the final rates. Keep in mind that final rates and benefits are based on actual plan selection (including plan riders you may request), the Employee's zip code of residence, the Employer's SIC code, and the assignment of any rate adjustment factors due to the health plan's underwriting guidelines.

Do not cancel your current coverage until a new policy is approved and you have received written confirmation of the policy's rates and benefits by the insurance companies underwriting department. Rates in this report are subject to change without notice.