



2018

# RELCO Locomotives, Inc. Employee Benefit Program Selection Form

Before completing this form, please carefully read all of the information (provided separately) for each of the program selections. IF you want make any insurance coverage changes, you need filling in the **yellow boxes** along with insurance enrollment forms and submit all to HR by **1/15/2018**, otherwise your insurance coverage will remain the same as 2017

<b>Employee ID:</b>	9999	<b>Hire Date</b>	08/01/15
<b>Employee Name:</b>			

<b>Period Wage:</b>	
<b>\$2,500</b>	
<b>Age</b>	<b>39</b>
<25	
25-29	
30-34	
35-39	1
40-44	
45-49	
50-54	
55-59	
60-64	
65-69	
70>	

Relco's Contribution towards to Benefit Program			
Employee Status:	Medical		Waiver
	\$155 Single		Due to changes in health care legislation RELCO may no longer offer a waiver for employees who do not wish to participate
	\$282 Spouse		
	\$282 Children		
	\$405 Family		

Money RELCO contributes to your benefit program each pay period: **\$0**

<b>BCBS HSA PPO (Plan MPS91605)</b> <i>Single Deduct \$1500 In network presented</i> <i>Family Deduct \$3000</i> <i>Coinsurance 100%, 80%</i> <i>Prescription 80% after deductible</i>				Health
Employee	\$\$\$		\$\$\$	
Employee, Spouse	\$\$\$		\$\$\$	
Employee, Child(ren)	\$\$\$		\$\$\$	
Family	\$\$\$		\$\$\$	

<b>BCBS - Major Medical (Plan NPVC3705)</b> <i>Single Deduct \$2500 In network presented</i> <i>Family Deduct \$7500</i> <i>Coinsurance 80%</i> <i>Prescription 80% after deductible</i>				Health
Employee	\$\$\$		\$\$\$	
Employee, Spouse	\$\$\$		\$\$\$	
Employee, Child(ren)	\$\$\$		\$\$\$	
Family	\$\$\$		\$\$\$	

<b>BCBS - Delux Plan (Plan MIBPP107)</b> <i>Single Deduct \$1500 In network presented</i> <i>Family Deduct \$4500</i> <i>Coinsurance 80%</i> <i>Prescription: \$0,\$10,\$50,etc.</i> <i>Doctobrs Visit: \$30</i>				Health
Employee	\$\$\$		\$\$\$	
Employee, Spouse	\$\$\$		\$\$\$	
Employee, Child(ren)	\$\$\$		\$\$\$	
Family	\$\$\$		\$\$\$	

Employee Declines All Medical Insurance (Signature/Date)		
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<b>Unum Accident Insurance</b> <i>Includes: Life insurance, Treatment Reimbursement and Other Coverages. See plan documents for full list.</i>	This is a new benefit. Requires minimum employee participation to start.				<b>Reimb.</b>
	Employee	\$\$\$		\$\$\$	
	Employee, Spouse	\$\$\$		\$\$\$	
	Employee, Child(ren)	\$\$\$		\$\$\$	
	Family	\$\$\$		\$\$\$	
	Declined				

<b>Unum Employee Illness Insurance</b> <i>Includes: Life insurance, Treatment Reimbursement and Other Coverages. See plan documents for full list.</i>	This is a new benefit. Requires minimum employee participation to start.				<b>Reimb.</b>
	Non-Tobacco	\$10,000	\$\$\$	\$\$\$	
	Non-Tobacco	\$20,000	\$\$\$	\$\$\$	
	Tobacco	\$10,000	\$\$\$	\$\$\$	
	Tobacco	\$20,000	\$\$\$	\$\$\$	
	Declined				

<b>Unum Hospital Insurance</b> <i>Includes: Life insurance, Treatment Reimbursement and Other Coverages. See plan documents for full list.</i>	This is a new benefit. Requires minimum employee participation to start.				<b>Reimb.</b>
	Employee	\$\$\$		\$\$\$	
	Employee, Spouse	\$\$\$		\$\$\$	
	Employee, Child(ren)	\$\$\$		\$\$\$	
	Family	\$\$\$		\$\$\$	
	Declined				

<b>Guardian Dental</b> <i>Single Deductible \$50  Family Deductible \$150  Annual Benefit \$1000  Coinsurance 100%/80%/50%</i>	<i>In network presented</i>				<b>Dental</b>
	Employee	\$\$\$		\$\$\$	
	Employee, Spouse	\$\$\$		\$\$\$	
	Employee, Child(ren)	\$\$\$		\$\$\$	
	Family	\$\$\$		\$\$\$	
	Declined				

<b>Guardian Vision</b> <i>Copay \$10/exam  Copay \$25/materials  Exam &amp; Lenses - once a year  Frames - once every two years  Two year commitment required</i>	<i>In network presented</i>				<b>Vision</b>
	Employee	\$\$\$		\$\$\$	
	Employee, Spouse	\$\$\$		\$\$\$	
	Employee, Child(ren)	\$\$\$		\$\$\$	
	Family	\$\$\$		\$\$\$	
	Declined				

<b>Dearborn STD &amp; LTD (Required)</b> <i>See plan details  All Employees Must have Disability</i>					<b>Disbl</b>
	Short Term	\$8	1	\$8	
	Long Term	\$8	1	\$8	

<b>MetLife Life Insurance</b> \$20,000 \$30,000 \$40,000 \$50,000 \$100,000 \$500,000 <i>Maximum</i>  \$20,000 \$30,000 \$40,000 \$50,000 \$100,000 <i>Maximim</i>  \$10,000 <i>Flat Fee for All Children (up to 10)</i>					<b>Life</b>
	Employee	\$\$\$		\$\$\$	
	Employee	\$\$\$		\$\$\$	
	Employee	\$\$\$		\$\$\$	
	Employee	\$\$\$		\$\$\$	
	Employee	\$\$\$		\$\$\$	
	Employee	\$\$\$		\$\$\$	
	Spouse	\$\$\$		\$\$\$	
	Spouse	\$\$\$		\$\$\$	
	Spouse	\$\$\$		\$\$\$	
	Spouse	\$\$\$		\$\$\$	
	Spouse	\$\$\$		\$\$\$	
	Children	\$\$\$		\$\$\$	
	Declined				

**Employee Retirement Contribution**

Transfer to Employee's Own IRA Account

\$ -

IRA

IRA Account Number

Employee Selection Total

\$\$\$

Relco's Contribution per Payperiod

\$\$\$

Employee's Insurance Deduction pre- tax \$ (for Medical, Dental, Vision, Life)

\$\$\$

Employee's Insurance Deduction after- tax \$ (for STD, LTD, IRA)

\$\$\$

\$

**Dependents:**

The Affordable Care Act ("Obamacare") now requires that you list all of your dependents so that the Federal government can audit your health care coverage. Failure to follow the requirements of the act can result in a substantial personal fine. If you have any questions about this Act, please contact your attorney or financial advisor.

Relation	Name	Birthdate	SSN	Relation	
					#1
					#2
					#3
					#4
					#5
					#6
					#7
					#8

*I agree that I: (a) have read Relco's Employee Handbook (currently V33) and understand the policy statements concerning the Benefit Program contained therein. I further agree that I will stay current with any changes to the handbook as may from time to time be published on RELCO'S employee website and available from HR. (b) shall thoroughly read the detailed documentation from each provider and has selected each benefit accordingly, and understand that the documentation from the provider is the most accurate information and anything else, including this form, may have an error and should not be relied upon. Similarly, I agree that neither RELCO, nor any of its personnel, are knowledgeable enough about the coverages and my particular needs to provide advice or representations and so I shall not rely on such. (c) have accurately listed all of my dependents even if I choose not to cover them on this program.*

<b>Signature:</b>		<b>Date :</b>
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