



2019

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 **1/15/2019**, otherwise your insurance coverage will remain the same as 2018

Employee ID:	1111	Hire Date	01/12/77
Employee Name:	Valued Employee		

Period Wage:	
\$2,500	
Age	58
<25	
25-29	
30-34	
35-39	
40-44	
45-49	
50-54	
55-59	1
60-64	
65-69	
70>	

Relco's Contribution towards to Benefit Program			
Medical			Waiver
Employee Status:	\$155 Single		\$0
	\$282 Spouse		\$0
	\$282 Children		\$0
	\$405 Family	1	\$405

Due to changes in health care legislation RELCO may no longer offer a waiver for employees who do not wish to participate

Money RELCO contributes to your benefit program each pay period: **\$405**

BCBS HSA PPO (Plan MPS91605)				Health
Single Deduct \$1500	In network presented			
Family Deduct \$3000				
Coinsurance 100%, 80%				
Prescription 80% after deductible				
	Employee	\$207		\$0
	Employee, Spouse	\$435		\$0
	Employee, Child(ren)	\$416		\$0
	Family	\$644		\$0

BCBS - Major Medical (Plan NPVC3705)				Health
Single Deduct \$2500	In network presented			
Family Deduct \$7500				
Coinsurance 80%				
Prescription 80% after deductible				
	Employee	\$179		\$0
	Employee, Spouse	\$375		\$0
	Employee, Child(ren)	\$358		\$0
	Family	\$555		\$0

BCBS - Delux Plan (Plan MIBPP107)				Health
Single Deduct \$1500	In network presented			
Family Deduct \$4500				
Coinsurance 80%				
Prescription: \$0,\$10,\$50,etc.				
Doctors Visit: \$30				
	Employee	\$221		\$0
	Employee, Spouse	\$465		\$0
	Employee, Child(ren)	\$444		\$0
	Family	\$688		\$0

Employee Declines All Medical Insurance (Signature/Date)	
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Unum Accident Insurance

Includes: Life insurance, Treatment Reimbursement and Other Coverages. See plan documents for full list.

Requires minimum employee participation to keep.

Employee	\$10		\$0
Employee, Spouse	\$17		\$0
Employee, Child(ren)	\$18		\$0
Family	\$25		\$0

Reimb.

Unum Employee Illness Insurance

Includes: Life insurance, Treatment Reimbursement and Other Coverages. See plan documents for full list.

Requires minimum employee participation to keep.

Non-Tobacco	\$10,000	\$0	\$0
Non-Tobacco	\$20,000	\$0	\$0
Tobacco	\$10,000	\$0	\$0
Tobacco	\$20,000	\$0	\$0

Reimb.

Unum Hospital Insurance

Includes: Life insurance, Treatment Reimbursement and Other Coverages. See plan documents for full list.

Requires minimum employee participation to keep.

Employee	\$11		\$0
Employee, Spouse	\$22		\$0
Employee, Child(ren)	\$15		\$0
Family	\$26		\$0

Reimb.

Guardian Dental

Single Deductible \$50
Family Deductible \$150
Annual Benefit \$1000
Coinsurance 100%/80%/50%
In network presented

Employee	\$15		\$0
Employee, Spouse	\$26		\$0
Employee, Child(ren)	\$29		\$0
Family	\$41		\$0

Dental

Guardian Vision

Copay \$10/exam
Copay \$25/materials
Exam & Lenses - once a year
Frames - once every two years
Two year commitment required
In network presented

Employee	\$4		0
Employee, Spouse	\$5		0
Employee, Child(ren)	\$6		0
Family	\$9		0

Vision

Dearborn STD & LTD (Required)

See plan details
All Employees Must have Disability

Short Term	\$8	1	\$8
Long Term	\$9	1	\$9

Disbi

Dearborn Life Insurance

\$20,000
\$30,000
\$40,000
\$50,000
\$100,000
\$500,000 *Maximum*

\$20,000
\$30,000
\$40,000
\$50,000
\$100,000 *Maximim*

Employee	\$5		\$0
Employee	\$8		\$0
Employee	\$10		\$0
Employee	\$12		\$0
Employee	\$24		\$0
Employee	\$118		\$0
Spouse	\$5		\$0
Spouse	\$8		\$0
Spouse	\$10		\$0
Spouse	\$12		\$0
Spouse	\$24		\$0

Life

\$10,000 Flat Fee for All Children (up to 10)

Children	\$2		\$2
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Employee Retirement Contribution

Transfer to Employee's Own IRA Account

\$ -

IRA Account Number

IRA

Employee Selection Total

\$19

Relco's Contribution per Payperiod

\$405

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

\$2

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

\$17



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	
Wife	Tira	7/15/78	222-22-2222	#1
Son	Tyler	11/15/08	333-33-3333	#2
				#3
				#4
				#5
				#6
				#7
				#8

I agree that I: (a) have read Relco's Employee Handbook (currently V36) 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.

Signature:

Date :