

THERESE PETERSON Hewitt Associates - 11-12-2010 8:28 a.m. Central Standard Time

Enroll in Your Benefits

Select a plan on the left below to review the coverage that will be effective **01-01-2011** if you don't make any changes. To see a list of available options, make changes, or decline coverage for a plan, choose 'Make Changes'. To see a complete list of your benefits choices, select All Benefits.

[View Your Current Coverage](#) | [Learn About Your Benefits](#)

Pay Period

Your Benefit Choices

Coverage effective 01-01-2011

Medical

Option	Decline
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MAKE CHANGES

Dental

Option	Decline
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MAKE CHANGES

Vision

Option	Decline
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MAKE CHANGES

Employee Life Insurance

Option	Basic Coverage
Coverage	\$45,000.00
Tobacco Status	Non-Smoker

[Choose a Beneficiary](#)

MAKE CHANGES

Spouse/Domestic Partner Life

Option	Decline
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MAKE CHANGES

Child Life Insurance

Option	Decline
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MAKE CHANGES

Related Info

Tools and Calculators

- [Compare Your Medical Options](#)
- [Find a Doctor or Hospital](#)

Your Pay Period Cost

\$0.00

Before-Tax

Related Info

Tools and Calculators

- [Compare Your Dental Options](#)
- [Find a Dentist](#)

Your Pay Period Cost

\$0.00

Before-Tax

Related Info

Tools and Calculators

- [Compare Your Vision Options](#)
- [Find an Eye Doctor](#)

Your Pay Period Cost

\$0.00

Before-Tax

Related Info

Tools and Calculators

- [Estimate Your Employee Life Insurance Needs](#)

Your Pay Period Cost

\$0.00

After-Tax

Related Info

Tools and Calculators

- [Estimate Your Spouse/Domestic Partner Life Needs](#)

Your Pay Period Cost

\$0.00

After-Tax

Your Pay Period Cost

\$0.00

After-Tax

Long-Term Disability

Option	70% of Pay
Coverage	\$31,500.00

[MAKE CHANGES](#)

Employee AD&D Insurance

Option	Basic Coverage
Coverage	\$45,000.00

[Choose a Beneficiary](#)[MAKE CHANGES](#)

Health Care FSA

Coverage Amount	\$0.00 /year
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[MAKE CHANGES](#)

Day Care FSA

Coverage Amount	\$0.00 /year
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[MAKE CHANGES](#)

Group Legal

Option	Decline
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[MAKE CHANGES](#)


Related Info

Your Pay Period Cost

\$5.28

After-Tax

Tools and Calculators

 [Estimate Your Long-Term Disability Needs](#)

Your Pay Period Cost

\$0.00

After-Tax

Your Pay Period Cost

\$0.00

Before-Tax


Related Info

Your Pay Period Cost

\$0.00

Before-Tax

Tools and Calculators

 [Estimate Your Day Care FSA Needs](#)

Your Pay Period Cost

\$0.00

After-Tax

[Pay Period](#)

Your Estimated Paycheck Deductions

Your Total Cost Summary

	Pay Period Before-Tax	Pay Period After-Tax
Your Cost	\$0.00	\$5.28

Complete Your Enrollment

Coverage effective 01-01-2011

If you've made all your choices and reviewed your estimated paycheck deductions, choose **Complete Enrollment**.

Remember, you can return to this site to make changes until **11-12-2010**.

After you complete your enrollment, you should print the Completed Successfully page for your records.

[COMPLETE ENROLLMENT](#)[QUIT](#)**Disclaimer**

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