



BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION (PLAN YEAR 01/09 – 12/09)

YOU ARE REQUIRED TO COMPLETE THIS FORM. The bi-weekly health insurance plan rates below (rounded) represent employee contributions toward the payment of Sanrio health insurance plan premiums. Please check the box(es) below that represent your health plan coverage election.

BI-WEEKLY HEALTH INSURANCE PLAN RATES

Sanrio Health Insurance Plan Coverage Level	HMO Medical/Vision/EAP	OAP Medical/Vision/EAP	DENTAL (DHMO)	DENTAL (DPPO)
	Your Bi-Weekly Payroll Deduction Rate	Your Bi-Weekly Payroll Deduction Rate	Your Bi-Weekly Payroll Deduction Rate	Your Bi-Weekly Payroll Deduction Rate
Employee Only	<input type="checkbox"/> \$26.77	<input type="checkbox"/> \$66.92	<input type="checkbox"/> \$6.91	<input type="checkbox"/> \$8.54
Employee + One Dependent	<input type="checkbox"/> \$53.54	<input type="checkbox"/> \$134.31	<input type="checkbox"/> \$11.84	<input type="checkbox"/> \$17.08
Employee + Family	<input type="checkbox"/> \$80.31	<input type="checkbox"/> \$204.00	<input type="checkbox"/> \$20.40	<input type="checkbox"/> \$25.61

SUPPLEMENTAL & VOLUNTARY LIFE INSURANCE PLAN RATES (See reverse for Supplemental Life Rate Sheet for rate calculation).

Supplemental & Voluntary Term Life Insurance Coverage	Supplemental Employee Life/AD&D Insurance	Supplemental Dependent (Spouse/ Children) Life Insurance	Your Bi-Weekly Payroll Deduction Rate
	Your Bi-Weekly Payroll Deduction Rate = Monthly Premium X 12 ÷ 26	Your Bi-Weekly Payroll Deduction Rate	\$
Bi-Weekly Premium	<input type="checkbox"/> \$	<input type="checkbox"/> \$4.15	

HEALTH PLAN CONTRIBUTION PAYROLL DEDUCTION ELECTION (Required): Please select one.

☐ **PRE-TAX PAYROLL DEDUCTION:** I authorize SANRIO, INC. to deduct the health insurance contribution amount selected above from my base earnings on a PRE-TAX basis (according to Section 125 of the Internal Revenue Code) and have this amount applied to the health insurance premium. I understand that this election allows me to pay my health insurance plan contribution selected above on a pre-tax basis. (NOTE: Your health insurance contribution will be deducted from your gross payroll earnings before Federal, State, and Social Security taxes are taken out. As a result, the amount of your Income Tax and Social Security deductions will be less [than post-tax deductions] and can increase your amount of take-home pay.)

☐ **POST-TAX PAYROLL DEDUCTION:** I do not elect to deduct the health insurance contribution amount selected above from my base earnings on a PRE-TAX basis. I understand with this election my health insurance plan contribution will be deducted from my payroll earnings after Federal, State, and Social Security taxes are taken out.

Employee Name (Please Print)

Employee Signature

Date



SUPPLEMENTAL LIFE INSURANCE PREMIUM CALCULATION WORKSHEET

If you are a current participant in Cigna's Supplemental & Voluntary Employee Life and AD&D Insurance Plan, please note your supplemental life Insurance coverage amount, as noted on the attached "Current Plan Coverage" Form, was determined by your 12/08 base salary. Therefore, it is necessary that you complete this worksheet to recalculate your new insurance premium.

Monthly Rate for Employee Coverage

AGE	Rate Per \$1,000
Under 20	0.079
20 - 24	0.075
25 - 29	0.085
30 - 34	0.107
35 - 39	0.136
40 - 44	0.201
45 - 49	0.326
50 - 54	0.493
55 - 59	0.856
60 - 64	1.445
65 - 69	2.379
70 - 74	3.69
75 - 79	5.566
80+	9.381

FOR DEPENDENT COVERAGE

Spouse	9.00 unit rate for spouse
Covered Children	and all eligible children

NOTE: YOUR PREMIUM WILL INCREASE AS YOU MOVE FROM ONE AGE GROUP TO ANOTHER.

To calculate your insurance premium:

1. Calculate the amount of coverage you want:

- a) \$ _____ Your annual salary
- b) x _____ Select from 1, 2, 3 salary multiples
- c) = _____ Amount of coverage you want
- d) = _____ Round the amount of coverage you want to the next highest thousand (ex., \$102,500 becomes \$103,000).

2. Find the rate for your age group in the above table.

3. Multiply the rate by the amount of coverage in thousands you want.

4. Add the premium for you and your dependent coverage to get your total monthly cost.

5. Calculate your bi-weekly payroll deduction rate on the "Bi-Weekly Payroll Deduction Authorization" Form (reverse side).