



YOUR PERSONAL BENEFIT OPTIONS
2009 ENROLLMENT FORM
THE JOHNS HOPKINS UNIVERSITY
APPLIED PHYSICS LABORATORY

For Coverage
Effective
2/1/2009

INSTRUCTIONS

Please complete, sign, and return this form in the accompanying envelope to the Staff Benefits Office not later than _____.

REFER TO YOUR PERSONAL REPORT TO ENTER THE FOLLOWING INFORMATION

Print Your Name: Kenneth W. Ross	Employee Number:	1	0	0	1	0	5	0	7
	Enter your Benefit Credits from your personal report	\$.	A					
	Enter \$29.17 if you are waiving medical insurance	\$.	B					
	Total Benefit Credits	\$.	C					

YOUR PERSONAL BENEFIT PLAN OPTIONS				ENTER OPTION	ENTER COVERAGE CATEGORY	BEFORE TAX	AFTER TAX	
	OPT	PLAN NAME						
Medical	1	NCAS PPO		1	3 1. Self Only 2. Self + One 3. Self + 2 or More	\$.	D	
	2	NCAS Comprehensive						
	W	Waive Coverage (Write "0" in block D.)						
Dental	1	Delta Dental High Option (No Orthodontia)		2	3 1. Self Only 2. Self + One 3. Self + 2 or More	\$.	E	
	2	Delta Dental Low Option (with Orthodontia)						
	W	Waive Coverage (Write "0" in block E.)						
Life Insurance		\$50,000 Basic		X			\$ 0. F	
Supplemental Life Insurance	1	1 × Salary	4	4 × Salary	5		\$.	G
	2	2 × Salary	5	5 × Salary				
	3	3 × Salary	6	6 × Salary				
	W	Waive Coverage (Write "0" in block G.)						
Personal Accident		\$10,000 Basic		X			\$ 0. H	
Supplemental Personal Accident Insurance	1	\$50,000	4	\$200,000	6	F I. Individual F. Family	\$.	I
	2	\$100,000	5	\$250,000				
	3	\$150,000	6	\$300,000				
	W	Waive Coverage (Write "0" in block I.)						
Long-Term Disability	1	50% Pay Replacement (Before-Tax)		4	You must make a selection. This benefit cannot be waived.	\$.	J	
	2	66⅔% Pay Replacement (Before-Tax)						
	3	50% Pay Replacement (After-Tax)						
	4	66⅔% Pay Replacement (After-Tax)						
Flexible Spending Accounts	Enter your new/revised 2009 goal amount. The minimum in each account is \$96.							
Health Care Flexible Spending Account		\$200.00			Enter amount you want to contribute on a twice-monthly basis. If no contribution, write "0" in block K.	\$.	K	
Dependent Care Flexible Spending Account (Maximum annual amount is \$5,000.)					Enter amount you want to contribute on a twice-monthly basis. If no contribution, write "0" in block L.	\$.	L	
Legal Plan	1	Hyatt Legal Plan		1			\$. M	
	W	Waive Coverage (Write "0" in block M.)						
Add both columns, D through M. Your before-tax amount in Block N cannot exceed \$844.00.						\$.	N	
Add both N totals.						\$.	O	
If block C is larger than Block O, subtract O from C and write the amount in block P. This amount will be added to your pay throughout 2009.						\$.	P	
If block O is larger than Block C, subtract C from O and write the amount in Block Q. This amount will be subtracted from your pay throughout 2009.						\$.	Q	

I authorize the Laboratory to reduce my salary by the amount that is needed to maintain the benefit elections indicated on this form. Unless I change my elections during annual reenrollment periods, the insurance election (Medical, Dental, LTD, Life, Personal Accident, and Legal Plan) on this form will remain in effect, and the salary reduction will automatically be adjusted to the level necessary to maintain these elections. Flexible Spending Accounts will be set at zero unless a new election form is submitted. If I use fewer Benefit Credits than APL will provide me for the coming year, I understand the balance will be returned to me as additional pay throughout the year. If I have waived medical coverage, I certify that I have other medical coverage that will remain in effect throughout 2009.

SIGN HERE

APL EXT.

DATE