

YOUR PERSONAL BENEFIT OPTIONS

2009 ENROLLMENT FORM THE JOHNS HOPKINS UNIVERSITY

APPLIED PHYSICS LABORATORY

For Coverage Effective 2/1/2009

INSTRUCTIONS

			Office not later than	

REFER TO YOUR PERSONAL REPORT TO ENTER THE FOLLOWING INFORMATION

										——					_
Print Your Name:						Employe	e Number:	1	0 0	1	0 5	0	7		
K	Kenneth W. Ross							Credits report	\$			Α			
								Enter \$29.13 waiving med	7 if you dical ins	are surance	\$			В	
								Total Benefit	t Credit	s	\$			C	
	YOUR	PΕ	RSONAL BENEFIT PLAN OPTIONS	6	ENTER		ENTER COV	'ERAGE		ВЕ	FORE	Α	FTER		
		OPT	PLAN NAME		OPTION		CATEGO				TAX		TAX		
Medical		1 2 W	NCAS PPO NCAS Comprehensive Waive Coverage (Write "0" in block D.)		1	3	1. Self (2. Self - 3. Self -)	\$				D	
Dental		1 2 W	Delta Dental High Option (No Orthodontia Delta Dental Low Option (with Orthodontia Waive Coverage (Write "0" in block E.)		2	3	1. Self (2. Self - 3. Self -		Э	\$				Ε	
Life Insuranc	е		\$50,000 Basic		X							\$	0.	F]
Supplementa Life Insuranc		1 2 3 W	$ \begin{array}{c cccc} 1 \times \text{Salary} & & 4 & 4 \times \text{Salary} \\ 2 \times \text{Salary} & & 5 & 5 \times \text{Salary} \\ 3 \times \text{Salary} & & 6 & 6 \times \text{Salary} \\ \text{Waive Coverage (Write "0" in block G.)} \end{array} $		6							\$		G	
Personal Acci	ident		\$10,000 Basic		X							\$	0.	Н	
Supplementa Personal Acci Insurance		1 2 3 W	\$50,000		6		I. Indiv			\$					_
Long-Term Disability		1 50% Pay Replacement (Before-Tax) 2 66²/3% Pay Replacement (Before-Tax) 3 50% Pay Replacement (After-Tax) 4 66²/3% Pay Replacement (After-Tax)			4		iust make a sit cannot be		his	\$		\$		J]
Flexible Sper	nding		ter your new/revised 2009 goal amount. e minimum in each account is \$96.												
Health Care Spending Acc					nt you want to contribute on a twice-monthly basis. ution, write "0" in block K.					\$				K	
Dependent Ca Flexible Spend Account (Maximum annu amount is \$5,00	ding ual				unt you want to contribute on a twice-monthly basis. oution, write "0" in block L.				is.	\$				L	_
Legal Plan		1 W	Hyatt Legal Plan Waive Coverage (Write "0" in block M.)		1							\$		M	Ī
		Add both columns, D through M. Your before-tax amount in Block N cannot exceed \$844.00.								\$		\$		N	
		Add both N totals. 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. 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.								\$				0	
										\$				P	
										\$				Q	
annual reenro reduction will a submitted. If I	Ilment pe automatic use fewe	riod ally r Be	reduce my salary by the amount that is no s, the insurance election (Medical, Denta be adjusted to the level necessary to mai nefit Credits than APL will provide me fo nedical coverage, I certify that I have oth	al, LTD, Life intain these or the comin	e, Persona e elections. ng year, I u	l Accident, a Flexible Sp nderstand	and Legal P ending Acc the balance	lan) on this ounts will b will be retu	s form e set a urned	will ren at zero u to me a	nain in et unless a	ffect, a new el	nd the ection f	salary orm is	/
SIGN HERE						APL EX	т.	D	ATE						