

Telephone Enrollment Worksheet

TO ENROLL contact the Enrollment Center at 1-800-766-5710.

**Representatives will be available
Monday through Friday, 8:30 AM to 8:00 PM Eastern Time**



Step 1 **REVIEW PLAN INFORMATION** - The enrollment materials that you received contain important information about the benefits, costs, exclusions & limitations of the plans. Please review the enrollment materials carefully and decide which options are best for you and your family.

Step 2 **SELECT COVERAGE** - Refer to the table to the right for the weekly costs of the plans. Decide which plans you want to enroll in and who you would like to cover. Put an 'X' in the box next to the option you want. Remember, you may select only one of the Medical Plans.

Step 3 **GATHER INFORMATION** - In order to process your elections and complete your enrollment, we will need the following information for **YOURSELF** and for any **DEPENDENT** who you wish to enroll.

WEEKLY COSTS				
	Medical Plan A	Medical Plan B	Dental Plan	Term Life/ STD Plans*
Employee Only	<input type="checkbox"/> \$24.89	<input type="checkbox"/> \$33.42	<input type="checkbox"/> \$4.45	<input type="checkbox"/> \$4.25
Employee & Spouse	<input type="checkbox"/> \$52.51	<input type="checkbox"/> \$70.52	n/a	n/a
Employee & One Child	<input type="checkbox"/> \$37.33	<input type="checkbox"/> \$50.13	n/a	n/a
Employee & Children	<input type="checkbox"/> \$62.96	<input type="checkbox"/> \$84.56	n/a	n/a
Employee & Family	<input type="checkbox"/> \$83.61	<input type="checkbox"/> \$112.30	<input type="checkbox"/> \$12.75	<input type="checkbox"/> \$4.45

*STD Coverage is only available for employees (no dependent coverage) and is not available for employees who work in the States of CA, HI, NJ, NY, RI or in Puerto Rico. The weekly costs for Term Life only are: \$0.75 for Employee Only or \$0.95 for Employee & Family coverage.

- If electing coverage for **YOURSELF**, you will need the following information:

- Your Employer Strom Aviation, Inc.
- Date of Hire _____
- Full Name _____
- Social Security Number _____
- Home Phone Number _____
- Date of Birth _____
- Gender _____
- Complete Home Address _____

- If electing coverage for your **DEPENDENT(S)**, you will need the following information for EACH dependent:

- Full Name _____
- Social Security Number _____
- Relationship (spouse or child) _____
- Date of Birth _____
- Gender _____
- Address if different from yours _____
- Disabled, if your child is over 25. _____

Step 4 **CALL TO ENROLL** - Once you have all required information, call the Enrollment Center at 1-800-766-5710 to ENROLL. You will not be able to complete your enrollment unless you provide ALL necessary information. Please keep this form for your records. **Eligible employees may enroll in the Strom Aviation, Inc. BasicCare Program during the Open Enrollment Period that runs from November 29, 2010 through December 17, 2010. Newly hired employees have 31 days to enroll after the date they become eligible.**

By calling the Enrollment Center, I wish to participate in the benefit plan(s) that I've selected above and I authorize my employer to deduct the required costs from my paycheck. I understand and agree that any Term Life Plan benefits payable upon my death will be paid in equal shares to members of the first surviving beneficiary class, as follows: spouse; children; parents; brothers and sisters; or, if none, then my estate.

There may be events that will allow you to enroll yourself and your eligible dependents outside of the Open Enrollment Period. Please ask your employer for a Life Event Change Form which must be used for additions or changes to benefits (including Special Enrollments), outside of an Open Enrollment Period.