

EL MONTE UNION HIGH SCHOOL DISTRICT

**RETIREE
2010 TENTHLY CONTRIBUTION**

| | | | DISTRICT | EMPLOYEE |
|----------------|-----------|-------|-----------|-----------|
| KAISER 10/10 | Single | _____ | \$ 455.15 | \$ 0.00 |
| \$10 Co-Pay | Two Party | _____ | \$ 798.33 | \$ 99.80 |
| \$10 RX | | | | |
| PacifiCare HMO | Single | _____ | \$ 570.72 | \$ 0.00 |
| \$10 Co-Pay | Two Party | _____ | \$ 981.76 | \$ 144.24 |
| RX* | | | | |
| PacifiCare POS | Single | _____ | \$ 455.15 | \$ 297.49 |
| Triple Option | Two Party | _____ | \$ 798.33 | \$ 682.36 |
| Co-Pay* | | | | |
| RX* | | | | |

*See enrollment packet

I agree to pay insurance premiums (if any) by the first of the month the premiums are due.

Signature _____

I elect to waive all coverage at this time.

Signature _____

NOTE: Open enrollment is from November 3-6, 2009. Paperwork received after December 31, 2009 could result in loss of coverage. Changes in medical coverage will be discussed at the open enrollment meetings.

*If already not on file, employees electing two-party coverage must submit copies of marriage certificate if covering spouse.

Documents must be provided by December 31, 2009.