

2006 FLEXIBLE BENEFITS COST CALCULATION WORKSHEET

(This form is for your use only – it is not to be returned with enrollment forms.)

	<u>ANNUAL RATES</u>
1. Medical Coverage	\$ _____
2. Dental	\$ _____
3. Vision	\$ _____
4. Term Life Insurance (You must at a minimum enroll in Employee Core)	
Employee Core - \$25,000	\$57.00
Employee Optional \$ _____ x _____ (Age Rate) =	\$ _____
Use age on 1/1/2006	
(Coverage cannot exceed 5 times your base annual pay)	
Total Employee Life Cost = \$57.00 core + Optional	\$ _____
Spouse Core - \$12,500	\$47.00
(Coverage cannot exceed 50% of employee life coverage)	
Spouse Optional \$ _____ x _____ (Age Rate) =	\$ _____
Use age on 1/1/2006	
Total Spouse Life Cost = \$47.00 core + Optional	\$ _____
Child(ren)	\$ _____
5. AD&D (Maximum of 10 times your annual earnings)	
Employee only \$1.44 per \$10,000 coverage	\$ _____
OR	
Employee & family \$2.40 per \$10,000 coverage	\$ _____
6. Short Term Disability	\$ _____
7. Long Term Disability (Base coverage - 40% pay/60 day = no cost)	\$ _____
8. Health Care Spending Account	\$ _____
Dependent Care Spending Account	\$ _____
Total Cost	\$ _____
Deduct Company Contribution	\$ _____
FINAL COST	\$ _____