



**BENEFIT COST AND ELECTION FORM (For Active Employee - UTFA Group)**

| OPTIONS (please choose)  | BENEFIT   | COST TO EMPLOYEE                                |  |
|--------------------------|---|---|--|
|                          | <b>Pension</b> (mandatory)  | 5.9% up to YMPE; 7.4% above YMPE <sup>(2)</sup> |  |
|                          | <b>Dental</b> (optional)  |   |  |
| <input type="checkbox"/> | Single  | 17.57   | Monthly <sup>(1)</sup>                   |
| <input type="checkbox"/> | Family  | 40.22   | Monthly <sup>(1)</sup>                   |
| <input type="checkbox"/> | I choose not to be covered  | -   |  |
|                          | <b>Vision</b> (optional)  |   |  |
| <input type="checkbox"/> | Single  | 3.71  | Monthly <sup>(1)</sup>                   |
| <input type="checkbox"/> | Family  | 8.01  | Monthly <sup>(1)</sup>                   |
| <input type="checkbox"/> | I choose not to be covered  | -   |  |
|                          | <b>Extended Health</b> (optional)                                     |   |  |
| <input type="checkbox"/> | Single  | 37.51   | Monthly <sup>(1)</sup>                   |
| <input type="checkbox"/> | Family  | 80.95   | Monthly <sup>(1)</sup>                   |
| <input type="checkbox"/> | I choose not to be covered  | -   |  |
|                          | <b>Long Term Disability</b> (mandatory)                               | 0.0092  | x \$ salary/100 <sup>(2)</sup> Bi-weekly |
|                          | Maximum insurable coverage: \$125,000                                 |   |  |
|                          | <b>Life insurance</b> (mandatory)                                     | No Cost   |  |
|                          | Basic Coverage 1x Salary up to \$125,000                              |   |  |
| <input type="checkbox"/> | 2 x Salary up to \$250,000  | 0.0636  | x \$ salary/1000 <sup>(2)</sup> Monthly  |
| <input type="checkbox"/> | 3 x Salary up to \$375,000  | 0.1272  | x \$ salary/1000 <sup>(2)</sup> Monthly  |
| <input type="checkbox"/> | 4 x Salary up to \$500,000  | 0.1908  | x \$ salary/1000 <sup>(2)</sup> Monthly  |
| <input type="checkbox"/> | <b>Survivor Income Benefit</b> (optional)                             | 0.3816  | x \$ salary/1000 <sup>(2)</sup> Monthly  |
|                          | 6x Salary up to \$390,000   |   |  |
|                          | SIB can be added in combination with Basic life insurance or 2x only. |   |  |
|                          | <b>Accidental Death and Dismemberment</b> (mandatory)                 |   |  |
|                          | Equal to your life insurance; your life insurance choice will apply   |   |  |
|                          | Basic Coverage 1x Salary up to \$125,000                              | 0.0198  | x \$ salary/1000 <sup>(2)</sup> Monthly  |
|                          | 2 x Salary up to \$250,000  | 0.0396  | x \$ salary/1000 <sup>(2)</sup> Monthly  |
|                          | 3 x Salary up to \$375,000  | 0.0594  | x \$ salary/1000 <sup>(2)</sup> Monthly  |
|                          | 4 x Salary up to \$500,000  | 0.0792  | x \$ salary/1000 <sup>(2)</sup> Monthly  |

<sup>(1)</sup> Benefit and Life Rates current as of Dec 1, 2020, Subject to change with notice.

<sup>(2)</sup> Benefit and life Rates current as of Dec 1, 2020 Subject to change with notice.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Employee Name (please print)