

CURRENT BENEFITS WORKSHEET

Debra Test
308 Church Street
LaGrange, GA 30241

LOCATION: Test
DATE: May 18, 2010

Enroll with a Benefits Counselor at
your location, call 1-800-523-7135, or
online at:

www.houze.org/crhs

ENROLLMENT PIN NO.:

CRH9996



Listed below are the benefits our records indicate you have currently selected. **The 2010 rates shown are for the new plan year effective July 1, 2010.** You will need to complete new enrollment or change forms during the current Open Enrollment period if you wish to make any changes. You may review a summary of each benefit and the new costs in the enclosed *Employee Benefit Package* or online at www.houze.org/crhs.

The new rates and new options you select during Open Enrollment will be reflected on your July 2, 2010 paycheck. Any benefit changes you make will be effective July 1, 2010 unless pending approval from the insurance carrier.

| PLAN | SUMMARY OF BENEFITS | 2009 RATE | 2010 RATE |
|----------------------------------|--|-----------|----------------|
| Medical | HMO Employee Only | \$37.00 | \$40.00 |
| Dental | Premium Individual | \$7.00 | \$7.00 |
| Vision | Employee Only | \$3.20 | \$3.20 |
| Dependent Care Flex Spending | Not Participating | \$0.00 | 0.00 |
| Medical Flex Spending | Current annual election - \$390 | \$15.00 | Must Re-enroll |
| AFLAC | CANCER LEVEL 2 - \$13.80/ACCIDENT - \$11.12/PERSONAL SICKNESS - \$12.97 | \$37.89 | \$37.89 |
| Basic Group Life | Employee Coverage - \$40,000 | \$0.00 | \$0.00 |
| Optional Group Life | No Coverage | \$0.00 | \$0.00 |
| Dependent Group Life | No Coverage | \$0.00 | \$0.00 |
| Long Term Disability | 50% of earnings beginning 181st day, \$5,000/mo. maximum | \$0.00 | \$0.00 |
| Short Term Disability | No Coverage | \$0.00 | \$0.00 |
| Legal Plan | No Coverage | \$0.00 | \$0.00 |
| PrePaid Legal Plan | No Coverage | \$0.00 | \$0.00 |
| Home Auto Plan | No Coverage | \$0.00 | \$0.00 |
| Individual Life Insurance (SHEN) | No Coverage | \$0.00 | \$0.00 |
| Individual Universal Life (UNUM) | DEBRA - \$52,000 - \$49.40 | \$49.40 | \$49.40 |
| Long Term Care | No Coverage | \$0.00 | \$0.00 |

PLEASE REVIEW THE ENCLOSED INFORMATION PRIOR TO ENROLLING.

