

Dear Employer:

The following document is designed to meet the Printing Industries Benefit Trust (PIBT) rules concerning employee contributions towards the cost of its group benefit plans. The PIBT requires participating employers to contribute only the cost of the least expensive group benefit plan funded by the Trust, which is elected by the employer. Of course, you can make a larger contribution for your employees if you wish to do so. If the employee wants coverage that is more expensive than that provided by the employer contribution, including coverage for a spouse and/or dependents, the employee will be required to pay the additional amount for this coverage.

To facilitate these employee contributions, the PIBT has made it possible for participating employers to adopt “cafeteria plans” which will allow the employer to withhold the employee contribution from the employee’s pay so that the employee contribution may be made on a pre-tax rather than after-tax basis. Thus, if all applicable rules are satisfied, the employee contributions to the cafeteria plan may be excluded from the employee’s wages for the purpose of the employee’s income tax. In addition, the employee contributions to the cafeteria plan may be excluded from the employee’s wages for purpose of both the employee’s and employer’s share of the FICA tax.

In order for payment to be made on a pre-tax basis, you will have to comply with certain rules established under Section 125 of the Internal Revenue Code:

1. You must adopt a cafeteria plan. We have enclosed a form of plan document that you must use for this purpose. The cafeteria plan must be adopted before the first pay period for which an employee’s contribution is made. The cafeteria plan document includes detailed rules for making elections to contribute to the plan. Generally these elections are irrevocable until the beginning of the next plan year, although there are narrow circumstances (such as certain changes in the family status) set forth in the plan in which an election may be revoked.
2. Contributions must be withheld from employees’ paychecks in accordance with a Salary Reduction Agreement, a form of which is also enclosed. Each employee who wishes to make pre-tax contribution to the cafeteria plan must sign the Salary Reduction Agreement and return it to the administrator of the plan after it is adopted but before the beginning of the first pay period for which a contribution will be withheld. The employee can not write a check or give the employer cash to cover his share of the cost of coverage.
3. Only the employees are eligible to make contributions on a pre-tax basis. Sole proprietors, partners, independent contractors and two-percent or greater shareholders in subchapter S corporations may only contribute on an after-tax basis.

4. No more than 25 percent of the benefit available under the cafeteria plan may be provided to key employees. For the purpose, a “key employee” would be an employee who at any time during the plan year or any of the four preceding plan years is or was:
 - a. An officer having annual compensation greater than \$160,000 for 2009 (or such other amounts for any other plan year as IRS may announce)
 - b. A five percent owner or
 - c. A one percent owner having annual compensation of more than \$150,000
5. The cafeteria plan may not discriminate in favor of highly compensated employees with respect to eligibility, contributions or benefits. For this purpose, the term “highly compensated employee” includes:
 - a. An officer
 - b. A five percent owner
 - c. An individual treated as “highly compensated” under applicable law or
 - d. A spouse or dependent of any of the above.

Paragraphs 4 and 5 above only summarize the rules concerning discrimination with respect to “key employees” and “highly compensated employees.” There are detailed provisions under the Internal Revenue Code and applicable regulations describing the operation of these rules including requirements that ownership be determined taking into account both direct ownership and attributed ownership through related parties. A full discussion of these rules is beyond the scope of this letter. If you require more detailed information, you should consult with your tax advisor.

Violations of the rules in paragraphs 4 and 5 above will cause the contributions made by the key employee or highly compensated employee, whichever is applicable, to be treated as after-tax, rather than pre-tax contributions. Failure to satisfy the rules in paragraphs 1, 2 and 3 above will cause the contributions made by all affected employees to be treated as after-tax, rather than pre-tax contributions. You and your tax advisor will have to determine whether your cafeteria plan is in compliance to properly report your employees’ income for tax purposes to the employees and the IRS. Along with the requirements provided under the Internal Revenue Code for the contributions to be treated as pre- tax contributions, there are several other rules that apply to your cafeteria plan.

Amounts withheld from employees’ paychecks must be transferred to PIBT as soon as these funds can be segregated from the employees’ assets. Employers with fewer than 100 participants may transfer funds within seven (7) business days of withholding.

An employer is required to file a Form 5500 with the IRS with respect to a group health plan unless the plan satisfies all of the following requirements:

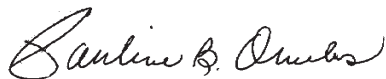
- (1) the plan has fewer than 100 participants at the beginning of the plan year;
- (2) benefits are provided either from the employer’s general assets or through an insurance company or similar organization which is qualified to do business in any state and premiums are paid directly by the employer from its general assets or partly from its general assets and partly from contributions by employees that are forwarded by the employer within three months of receipt; and
- (3) if the contributing participants are entitled to any refunds from the plan, the employer must return such refunds to them within three months of receipt and contributing participants are informed upon entry into the plan of any provisions concerning refunds.

If these requirements are satisfied, no Form 5500 is due with respect to the employer's group health plan. For those employers with over 100 participants or that otherwise fail to satisfy the requirements for the exemption, the Form 5500 is due seven months after the end of the plan year. If the calendar year is the plan year, the Form 5500 for 2009 would be due no later than July 31, 2010. A one-time 2.5-month extension may be obtained by filing IRS Form 5558 prior to the filing deadline.

Failure to file this form on time may result in significant tax penalties. Again, if you have any questions concerning when this form is due and how it should be filled out, you should consult your tax advisor. The PIBT will not be preparing or filling out this form for your cafeteria plan.

The proper operation of the cafeteria plan including compliance with the rules described above, is your responsibility. Although the PIBT cannot review the operation of your cafeteria plan to assure that it will satisfy these rules, we will try to answer your questions whenever possible. If you have any questions about the cafeteria plan, please contact our offices at PIBT at (323) 728-9500 or (800) 449-4898 (outside So. Cal. area).

Cordially,

A handwritten signature in cursive script that reads "Pauline B. Ornelas".

Pauline B. Ornelas
V.P. Insurance Services

CAFETERIA PLAN

1. INTRODUCTION

1.1 *Purpose of plan.* The purpose of this Plan is to provide Employees with a choice between cash, if applicable, and certain benefit plans offered by the Company and funded through the Printing Industries Benefit Trust.

1.2 *Cafeteria plan status.* This plan is intended to qualify as a “cafeteria plan” under Section 125 of the Code and is to be interpreted in a manner consistent with the requirements of that section.

2. DEFINITIONS

2.1 “Administrator” means the Company or such other person or committee as may be appointed by the Company to supervise the administration of the Plan.

2.2 “Code” means the Internal Revenue Code of 1986, as amended.

2.3 “Company” means the employer which has adopted this Plan as set forth on Schedule 1.

2.4 “Dependents” mean the Participant’s spouse and children who are eligible for coverage under the PIBT Plans.

2.5 “Effective Date” means the date the Company adopted the Plan as set forth on Schedule 1.

2.6 “Employee” means an individual employed by the Company.

2.7 “Participant” means a Participant who has elected to participate in the Plan in accordance with Article 4.

2.8 “PIBT Plans” mean the group benefit plans offered by the Company which are funded by the PIBT and are set forth on Schedule 1.

2.9 “PIBT Trust” means the Printing Industries Benefit Trust.

2.10 “Plan” means the cafeteria plan as set forth herein, together with any and all amendments and supplements.

2.11 “Plan Year” means the period beginning on the Effective Date and ending on the subsequent December 31 and each calendar year thereafter.

3. PARTICIPATION

3.1 *Commencement of Participation.* Each Employee will become a Participant in the Plan on the later of:

(a) the Effective Date; or

(b) the date on which the Employee becomes entitled to coverage under the PIBT Plans as set forth in the Participation Agreement between the Company and the PIBT Trust.

3.2 *Cessation of Participation.* A Participant will cease to be a Participant in the Plan on the earliest of:

(a) the date on which the Plan terminates; or

(b) the date on which the Participant ceases to be an Employee of the Company entitled to coverage under the PIBT Plans.

3.3 *Reinstatement of Participation.* A former Participant will become a Participant if and when the former Participant again satisfies the requirements of Section 3.1 .

4. CONTRIBUTIONS

4.1 *Non-elective contributions.* For each Plan year, the Company shall make a non-elective contribution to the PIBT Trust on behalf of each Participant; provided, however, that the amount of such non-elective contribution shall be no less than the cost of coverage for such Plan Year for the Participant under the least expensive of the PIBT Plans elected by the Company. If the amount of the non-elective contribution made by the Company on behalf of a Participant exceeds the cost of the coverage selected by the Participant, no such excess amount will be paid to the Participant.

4.2 *Elective contributions.* Each Participant may elect to receive the full amount of his or her cash compensation for any Plan Year, if applicable, or to have a portion of his or her cash compensation withheld and contributed by the Company to the PIBT Trust toward the cost of coverage for the Participant and/or the Participant's Dependents under the PIBT Plan chosen by the Participant. The PIBT Plans offered by the Company and the monthly cost of each of the PIBT Plans in excess of the Company's non-elective contribution are set forth on Schedule 1.

4.3 *Incorporation of PIBT Plans.* While the election of optional coverage described in Section 4.2 may be made under this Plan, the coverage and benefits thereunder will be provided by the PIBT Plan chosen by the Participant. The types and amounts of benefits available under each of the PIBT Plans, the requirements for participating in each of the PIBT Plans, and other terms and conditions of coverage and benefits under the PIBT Plans are set forth in the plan document for each of the PIBT Plans. The description of benefits in the plan document for each of the PIBT Plans, as in effect from time to time, is hereby incorporated by reference into this Plan.

4.4 *Election procedure.* Within 60 days prior to the commencement of each Plan Year, the Administrator shall provide a written election form (which shall include a compensation reduction agreement) to each Participant and to each Employee who is expected to become a Participant at the beginning of the Plan Year. The election form shall be effective as of the first day of the Plan Year. Each Participant who desires optional benefit coverage described in Section 4.2 for the Plan Year shall specify on the election form the PIBT Plan under which the Participant elects coverage and whether coverage is to extend to the Participant's Dependents. Each such Participant shall agree to a reduction in his or her compensation in an amount equal to the Participant's share of the cost of the optional coverage elected by the Participant. Each election form must be completed and returned to the Administrator on or before such date as the Administrator shall specify, which date shall be no later than the beginning of the first pay period for which the individual's compensation reduction will apply.

4.5 *New participants.* At the time that an Employee becomes a Participant, the Administrator shall provide the written election form described in Section 4.4 to the Participant. If the Participant desires optional coverage described in Section 4.2 for the balance of the Plan Year, the Employee shall so specify on the election form and shall agree to a reduction in his or her compensation as provided in Section 4.4. The election form must be completed and returned to the Administrator on or before such date as the Administrator shall specify, which date shall be no later than the beginning of the first pay period for which the individual's compensation reduction will apply.

4.6 Failure to return election form. Failure by a Participant to return a completed election form to the Administrator under Section 4.4 or 4.5 on or before the specified due date for the initial Plan Year of the Plan, or for the Plan Year in which he or she first becomes a Participant, shall constitute an election to receive his or her full compensation in cash and coverage for the Participant alone under the most expensive PIBT Plan under which such coverage can be provided entirely by the Company's non-elective contributions for the Participant. Failure by a Participant to return a completed election form to the Administrator on or before the specified due date for any subsequent Plan Year shall constitute (a) a re-election of the same coverage as was in effect for the Participant just prior to the end of the preceding Plan Year, and (b) an agreement to a reduction in the Participant's compensation for the subsequent Plan Year equal to the Participant's share of the cost during such Plan Year of such coverage.

4.7 Irrevocability of election by Participant during the Plan Year. Any election made under the Plan (including an election made through inaction under section 4.6) shall be irrevocable by the Participant during the Plan Year, except that a Participant may revoke an election in writing for the balance of the Plan Year and, to the extent applicable, file a new election in writing if both the revocation and the new election are (a) on account of an event described in sections 4.7.1 through 4.7.12, (b) consistent with the terms of the applicable PIBT Plans, and (c) consistent with the reason that such change was permitted. Any revocation and new election under this Section 4.7 shall be effective at such time as the Administrator shall prescribe, but no earlier than the beginning of the first pay period after the revocation and election.

4.7.1 "Change in status" means the marriage, or divorce, separation or annulment of marriage of the Participant, the death of the Participant's Dependent, the birth or adoption of a child by the Participant, the termination or commencement of employment of the Participant's spouse, the switch between part-time and full-time employment by the Participant or the Participant's spouse, the taking of an unpaid leave of absence by the Participant or the Participant's spouse, a significant change in the health coverage of the Participant or the Participant's spouse attributable to the spouse's employment, or such other event that the Administrator determines will constitute a "change in status" for purposes of Code Section 125.

4.7.2 A significant increase or decrease in the cost of coverage under the PIBT Plan chosen by the Participant or the termination or significant curtailment or significant improvement of coverage.

4.7.3 A termination or commencement of employment by the Participant or a Dependent.

4.7.4 A change in the employment status of the Participant or a Dependent, including a switch between part-time and full-time, a strike or lockout, or commencement or return from an unpaid leave of absence, or a change in worksite.

4.7.5 A dependent satisfying or ceasing to satisfy the requirements for coverage due to attainment of age, student status, or any similar circumstance as provided under the applicable PIBT plan.

4.7.6 A change in the place of residence or work of the Participant or a Dependent.

4.7.7 A judgement, decree or order resulting from a divorce, legal separation, annulment or change in legal custody that requires health coverage for a Participant's child.

4.7.8 A change in the number of the Participant's Dependents as a result of a birth, adoption, placement for adoption or death.

4.7.9 A Participant or Dependent becoming entitled to coverage or losing coverage under Medicare or Medicaid.

4.7.10 A Participant or Dependent becoming entitled to enroll in one of the PIBT Plans in accordance with the special enrollment rights provided under Code Section 9801(f).

4.7.11 A change in coverage or loss of coverage under another group health plan of the Company or the group health plan of another employer.

4.7.12 A Participant taking leave under the Family and Medical Leave Act.

4.8 *Changes by Administrator.* If the Administrator determines, before or during any Plan Year that the Plan may fail to satisfy for such Plan Year any requirement or limitation imposed by the Code so that benefits received under the Plan are excludable from income for federal income tax purposes, the Administrator shall take such action as the Administrator deems appropriate, under rules uniformly applicable to similarly situated participants, to assure compliance with such requirement or limitation. Such action may include, without limitation, a modification of elections by “highly compensated employees” or “key employees” (as such terms are defined in the Code) without the consent of the Participant.

4.9 *Adjustment of compensation reductions.* If the cost of coverage under any of the PIBT Plans increases or decreases during a Plan Year, the Administrator may, on a reasonable and consistent basis, make a corresponding change in the compensation reductions of Participants receiving such coverage.

4.10 *Automatic termination of election.* Any election made under this Plan (including an election made through inaction under Section 4.6) shall automatically terminate on the date on which the Participant ceases to be a Participant in this Plan in accordance with Section 3.2, although coverage under the PIBT Plan may continue if and to the extent permitted under the terms of the PIBT Plan. In the event a former Participant again becomes a Participant before the end of the same Plan Year, the elections previously in effect for such Participant shall automatically be reinstated for the remainder of such Plan Year.

4.11 *Maximum elective contributions.* The maximum elective contribution under the Plan for any participant for any Plan Year shall be equal to the lesser of (a) the Participant’s compensation for the Plan Year, or (b) the cost of the most expensive coverage for any of the PIBT Plans for the Plan Year, as set forth on Schedule 1.

4.12 *Cessation of required contributions.* Nothing in this Plan shall prevent the cessation of coverage or benefits under the PIBT Plans, in accordance with the terms of the PIBT Plans, on account of the Company’s and/or Participant’s failure to pay any portion of the cost of such coverage or benefits, through compensation reduction or otherwise.

5. ADMINISTRATION

5.1 The administration of the Plan shall be under the supervision of the Administrator. It shall be the principal duty of the Administrator to see that the Plan is carried out, in accordance with its terms, for the exclusive benefit of persons entitled to participate in the Plan without discrimination among them and interpreted in a manner consistent with requirements of Code Section 125. The Administrator will have full power to administer the Plan in all of its details, subject to applicable requirements of law. For this purpose, the Administrator’s powers will include, but will not be limited to, the following authority, in addition to all powers provided by this Plan:

5.1.1 To make and enforce such rules and regulations as it deems necessary or proper for the efficient administration of the Plan;

5.1.2 To interpret the Plan, its interpretation thereof in good faith to be final and conclusive on all persons claiming benefits under the Plan;

5.1.3 To decide all questions concerning the Plan including, but not limited to, the amount of benefits which any Participant is entitled to receive, and the eligibility of any person to participate in the Plan;

5.1.4 To appoint such agents, counsel, accountants, consultants and other persons as may be required to assist in administering the Plan; and

5.1.5 To allocate and delegate its responsibilities under the Plan and to designate other persons to carry out any of its responsibilities under the Plan, with such allocation, delegation or designation to be in writing.

Notwithstanding the foregoing, any claim which arises under the PIBT Plans shall not be subject to review under this Plan, and the Administrator's authority under this Section 5.1 shall not extend to any matter as to which an administrator under any of the PIBT Plans is empowered to make determinations under such plan.

5.2 *Records and reports.* The Administrator shall keep a record of all actions taken and shall keep all other books of account, records and other data as may be necessary for proper administration of the Plan and shall be responsible for supplying all information and reports to government agencies or departments, Participants, Dependents and other parties as required by law. The Administrator will make available to each Participant his records under the Plan that pertain to the Participant, for examination at reasonable times during normal business hours.

5.3 *Reliance on table, etc.* In administering the Plan, the Administrator will be entitled to the extent permitted by law to rely conclusively on all tables, valuations, certificates, opinions and reports which are furnished by, or in accordance with the instructions of, the administrators of the PIBT Plans or by accountants, counsel or other experts employed or engaged by the Administrator.

5.4 *Non-discriminatory exercise of authority.* Whenever, in the administration of the Plan, any discretionary action by the Administrator is required, the Administrator shall exercise its authority in a non-discriminatory manner so that all persons similarly situated will receive substantially the same treatment.

5.5 *Indemnification of Administrator.* The Company agrees to indemnify and to defend to the fullest extent permitted by law any Employee serving as the Administrator or as a member of a committee designated as Administrator (including an Employee or former Employee who formerly served as Administrator or as a member of such committee) against all liabilities, damages, costs and expenses (including attorneys' fees and amounts paid in settlement of any claims approved by the Company) occasioned by any act or omission to act in connection with the Plan, if such act or omission is in good faith.

5.6 *Expenses of administration.* All expenses incurred that shall arise in connection with the administration of the Plan, including but not limited to administrative expense and other expenses and charges of any legal counsel, accountants, actuaries, consultants, specialists or other persons employed or engaged by the Administrator or the Company in connection with the administration of the Plan shall be paid by the Company.

6. AMENDMENT AND TERMINATION OF PLAN.

The Company shall have the right at any time to amend or terminate the Plan by a written instrument signed by the Board of Directors of the Company or such other entity or individual with authority to do so; provided, however, that any such amendment shall not be effective until approved by the trustees of PIBT.

7. MISCELLANEOUS

7.1 *Information to be furnished.* Participants shall provide the Company, Administrator and PIBT Trust with such information and evidence, and shall sign such documents, as may reasonably be requested from time to time for the purpose of administration of the Plan.

7.2 *Benefits not assignable.* The benefits provided under this Plan shall not be subject, in any manner, to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance, charge, garnishment, execution, or levy of any kind, whether voluntary or involuntary. Any attempt to anticipate, alienate, sell, transfer, assign, pledge, encumber, charge or otherwise transfer any benefits under the Plan by any Participant shall be void.

7.3 *Employment rights.* This Plan shall not be deemed to constitute a contract between the Company and any Participant or Employee or to be a consideration or an inducement for the employment of any Participant or Employee. Nothing contained herein shall be deemed to give any Participant or Employee the right to be retained in the service of the Company or to interfere with the right of the Company to discharge any Participant or Employee at any time regardless of the effect which such discharge shall have upon him as a Participant in the Plan.

7.4 *Limitation of rights.* Neither the establishment of the Plan nor any amendment thereof, nor the payment of any benefits, will be construed as giving to any Participant or other person any legal or equitable right against the Company, Administrator, or PIBT except as provided herein.

7.5 *Counterparts.* This instrument may be executed in any number of counterparts each of which shall be considered an original.

7.6 *Construction.* Wherever used herein, the masculine pronoun shall include the feminine and the singular forms shall include the plural, and vice versa, unless a different meaning is plainly required by the content of the language.

7.7 *Governing law.* To the extent that federal law does not apply, this Plan shall be construed, administered and enforced according to the laws of the state of California.

IN WITNESS WHEREOF, the Company has adopted this Plan as of the Effective Date.

THE COMPANY:

By:

Title:

Cafeteria Plan

Company Name: _____

Effective Date: _____

(Employee Contributions)

Schedule 1. PIBT Plans - Elective Contributions

POS Plans

	Under 30	Under 40	Under 50	Under 55	Under 60	Under 65	65 & Over
<input type="checkbox"/> Blue Shield Added Advantage POS							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

Health Net Select 3-Tier POS 20

Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

Elect Open Access Plans (EOA)

Health Net Standard EOA 10

Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

Health Net Value EOA 10

Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

Health Net Value EOA 20

Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

Health Net Standard EOA 30

Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

Health Net Value EOA 30

Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

HMO Plans

	Under 30	Under 40	Under 50	Under 55	Under 60	Under 65	65 & Over
<input type="checkbox"/> Blue Shield Access+ HMO 5							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser HMO 5 (NC only)							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield Access+ HMO 10							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser HMO 10							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser Deductible HMO 500/10							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield Access+ HMO 15							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser HMO 15							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser HMO 20							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net Standard HMO 20							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield Access+ HMO 20							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

HMO Plans (cont.)

	Under 30	Under 40	Under 50	Under 55	Under 60	Under 65	65 & Over
<input type="checkbox"/> CIGNA HMO 20/40							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net HMO Value 20							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser Hosp. Ded. HMO 500/20/10%							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser Hosp. Ded. HMO 500/20/20%							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser Deductible HMO 1000/20							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser HMO 25							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield Access+ HMO 25							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield Access+ HMO 30							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> CIGNA HMO 30/50							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser HMO 30							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

HMO Plans (cont.)

	Under 30	Under 40	Under 50	Under 55	Under 60	Under 65	65 & Over
<input type="checkbox"/> Health Net SILVER Standard HMO 30							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net SILVER Value HMO 30							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser Hosp. Ded. HMO 1000/30							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser Deductible HMO 1500/100%							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser Deductible HMO 2000/30							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kaiser HMO 40							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield Access+ HMO 40							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net Standard HMO 40							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net SILVER Standard HMO 40							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net Value HMO 40							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

HMO Plans (cont.)

	Under 30	Under 40	Under 50	Under 55	Under 60	Under 65	65 & Over
<input type="checkbox"/> Health Net SILVER Value HMO 40							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

Active Choice Plans

<input type="checkbox"/> Blue Shield Active Choice Plan 750 SG							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

<input type="checkbox"/> Blue Shield Active Choice Plan 500 SG							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

PPO Plans

<input type="checkbox"/> Blue Shield Spectrum PPO Zero Deductible							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

<input type="checkbox"/> Blue Shield Spectrum PPO 250 Premier							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

<input type="checkbox"/> Blue Shield Spectrum PPO 250 Standard							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

<input type="checkbox"/> Blue Shield Spectrum PPO 500 Premier							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

<input type="checkbox"/> Health Net Standard PPO 20							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

<input type="checkbox"/> Blue Shield Spectrum PPO 500 Standard							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

PPO Plans (cont.)

	Under 30	Under 40	Under 50	Under 55	Under 60	Under 65	65 & Over
<input type="checkbox"/> Health Net Value PPO 20							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield Spectrum PPO 500 Value							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net Standard PPO 30							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net Value PPO 30							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net Standard PPO 40							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net Value PPO 40							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield Spectrum PPO 1000							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield Spectrum PPO 1000 Value							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield Spectrum PPO 1500 Value							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net Value HSA PPO 2500							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

PPO Plans (cont.)

	Under 30	Under 40	Under 50	Under 55	Under 60	Under 65	65 & Over
<input type="checkbox"/> Blue Shield PPO Savings Plan 2250							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield PPO Savings Plan 2500							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blue Shield Spectrum PPO 3000							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net Value HSA PPO 3500							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Health Net Value HSA PPO 4500							
Employee Only	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child(ren)	_____	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____	_____

Ancillary Benefits

Dental

CIGNA Dental DMO W1-06
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

Blue Shield DMO Plan 252
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

Western Dental DMO 7750
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

Western Dental DMO 7740
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

Safeguard Metlife DMO SGX-225
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

Humana DPO Indemnity Plan
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

Chiropractic

Landmark Chiro Basic
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

Landmark Chiro Acupuncture Advantage
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

Vision

Vision Service Plan VSP I
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

Vision Service Plan VSP II
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

Vision Indemnity
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

EyeMed Vision Care Access Plan B
Employee Only _____
Spouse _____
Child(ren) _____
Family _____

Mental Health Programs

Employee Assistance Program
Employee Only _____
Spouse _____
Child(ren) _____
Family _____