MARYL[illegible] Department of Budget & Management

Summary Statement of Benefit Elections for Year 2009
Benefits Coverage Period July 1, 2008 through June 30, 2009

Status: Direct Pay
Category: CONTRACTUAL

Year 2009 Benefit Elections

	Enroll?	Plan Name or Coverage Amount	Coverage Level	Deductions $	Effective Date
Medical Plan	Yes	HMO - Kaiser Permanente	Individual	$368.04	09/16/2008
Prescription Drug	Yes		Individual	$177.23	09/16/2008
Dental	Yes	HMO - Dental Benefit Providers	Individual	$14.52	09/16/2008
Personal Accident & Dismemberment					
Term Life Employee					
Spouse					
Children					
Health Care FSA					
Dependent Care FSA					

Your Dependent(s) Information

Code Number	Name	Relationship	Sex	Date of Birth	Social Security Number	Health	Drug	Dental

This is a summary of your health plan elections for Year 2009. You must provide documentation for any dependent(s) added to your coverage this year (indicated by a * before the dependent code). Employees must submit the documentation to your Agency Benefits Coordinator **no later than 30 days from the date of the transaction listed below**. Retirees will receive instructions by mail for submitting the documentation.

The following paragraph applies to Term Life only:
If your Term Life selection has an (*) next to it, **YOU MUST SUBMIT A MEDICAL REVIEW FORM attached to a copy of this Summary Statement** to your Agency Benefits Coordinator **no later than 30 days from the "Date Printed"** (below) for approval by the Life Insurance carrier. If approved, you will receive a new Summary Statement with the increased amount of coverage. (Until approved, your coverage will remain the maximum allowed $50,000 for Employee and/or $25,000 for spouse or child(ren) unless approved in a previous plan year for a higher amount). See Benefits Booklet for more information.

Name:
Birth Date:
Social Security Number:

Date Printed: 12/10/2008

Agency/Check Distr. Code: