

Personalized Enrollment Worksheet

Personalized Enrollment Confirmation

**Benefits Enrollment Worksheet**

**ENROLLMENT DEADLINE**  
12/01/2011

**Enrollment Instructions:**  
Step 1: Review the 2011 Benefits Enrollment Worksheet for your options. You will be enrolled in the coverage marked with a check (✓) unless you make a change. Please note, your current coverage is highlighted in bold.  
Step 2: Use the boxes on the left-hand side of the Worksheet to indicate the option code and cost for each benefit you select.  
Step 3: Enroll online at [www.thecompany.com](http://www.thecompany.com) by the Enrollment Deadline shown above.  
If you have any questions, please contact The Company Service Center at (555) 555-5555.

**Printed:** 01/12/2012  
**Event:** New Hire  
**Employee ID:** 99999

**Dependent Information**  
You are responsible for adding dependents and/or updating any incorrect or incomplete dependent information. If you want to add or change dependent information, you will need your dependent's SSN in addition to the information outlined below.

No.	Name	Relationship*	Birth Date	Sex	Student	Disabled	Medical	Dental	Vision
0	TOM JONES	EE	01/17/1950	M					

\*Relationship codes are:  
EE = Employee, SP = Spouse, DP = Domestic Partner, CH = Child, DC = Domestic Partner's Child, O = Other (any other eligible legal dependents)

**Medical**

Your Choice	Option Code	Option Name	Employee Only	Employee + One	Employee + Family
	001	Medical Plan 1	\$5.00	\$17.50	\$32.50
	002	Medical Plan 2	\$0.00	\$0.00	\$0.00
	000	Waived			

**Dental**

Your Choice	Option Code	Option Name	Employee Only	Employee + One	Employee + Family
	001	Dental Plan 1	\$3.50	\$6.50	\$13.00
	000	Waived			

**Vision**

Your Choice	Option Code	Option Name	Employee Only	Employee + One	Employee + Family
	001	Vision Plan 1	\$2.95	\$4.12	\$7.38
	000	Waived			

Enroll online at [www.thecompany.com](http://www.thecompany.com) by 12/01/2011

**Health Savings Account**

You may contribute to the Health Savings Account on an annual basis. If you do not actively elect, you will automatically waive participation. You may choose from the following options:

Option Code	Option Name
001	Contributing
000	Not Contributing

**Life Insurance**

Your Choice: Basic Life Insurance of 1 Times Annual Salary is provided to you at no cost. You may elect supplemental coverage from the following options:

Your Choice	Option Code	Coverage Level	Cost Per Pay Period	Option Code	Coverage Level	Cost Per Pay Period
	001	1 Times Annual Salary	\$1.66	000	Waived	
	002	2 Times Annual Salary	\$3.32			

**Spouse/Domestic Partner Life Insurance**

Your Choice	Option Code	Coverage Level	Cost Per Pay Period	Option Code	Coverage Level	Cost Per Pay Period
	001	\$10,000	\$0.40	003	\$50,000*	\$2.00
	002	\$20,000	\$1.00	000	Waived	

\* You must complete an Evidence of Insurability (EOI) form if you choose this Coverage Level. Please review enrollment information at [www.thecompany.com](http://www.thecompany.com) for details.

**Accidental Death and Dismemberment**

Your Choice: Basic Accidental Death and Dismemberment (AD&D) Insurance of 1 Times Annual Salary is provided to you at no cost. You may elect supplemental coverage from the following options:

Your Choice	Option Code	Coverage Level	Cost Per Pay Period	Option Code	Coverage Level	Cost Per Pay Period
	001	\$25,000	\$0.31	006	\$150,000	\$1.88
	002	\$50,000	\$0.63	007	\$175,000	\$2.19
	003	\$75,000	\$0.94	008	\$200,000	\$2.50
	004	\$100,000	\$1.25	000	Waived	
	005	\$125,000	\$1.56			

**Short Term Disability**

Your Choice	Option Code	Coverage Level	Cost Per Pay Period	Option Code	Coverage Level	Cost Per Pay Period
	001	66.23%-STD	\$0.88			

**Long Term Disability**

Basic Long Term Disability coverage of 66.23% Company Paid is provided to you at no cost.

Enroll online at [www.thecompany.com](http://www.thecompany.com) by 12/01/2011



Announcement Postcard

**Domtar**

It's time to make your decisions for benefits coverage

- Review your current plans and select coverage for you and your eligible dependents
- Enroll for the first time or re-enroll for Flexible Spending Accounts
- Update Beneficiary designations

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456 My Street  
Salt Lake City, UT 84119

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**Benefits Enrollment Confirmation**

The Company Service Center  
P.O. Box 25167  
Salt Lake City, UT 84125-0167

This statement confirms your selected benefit options effective through the plan year. If your choices are not reflected accurately, please log on to [www.thecompany.com](http://www.thecompany.com) or call The Company Service Center at (555) 555-5555.

**Printed:** January 12, 2012  
**Event:** Open enrollment  
**Employee ID:** 7777

Plan Name	Coverage	Cost(Credit) Per Pay Period	Effective Date
Medical: Medical Plan 1	Employee + 2 or More	\$151.67	01/01/2010
Spouse Medical Surcharge	Surcharge	\$25.00	01/01/2010
Healthcare Savings Account	Not Contributing	\$0.00	01/01/2010
Dental: Dental Plan 1	Employee + 2 or More	\$6.13	01/01/2010
Vision: Vision Plan 1	Employee + 2 or More	\$6.13	01/01/2010
Employer Provided Short Term Disability	Short-Term Disability	No Cost	01/01/2010
Employer Provided Long Term Disability	Long Term Disability	No Cost	01/01/2010
Employer Provided Life	1 X Annual Pay	No Cost	01/01/2010
Employer Provided AD&D	1 X Annual Pay	No Cost	01/01/2010
Voluntary Life	2 X Annual Pay	\$3.25*	01/01/2010
* This option requires Evidence of Insurability. Until approved, your coverage will be 1 X Annual Pay at a per pay period cost of \$1.56.			
Voluntary AD&D	1 X Annual Pay	\$2.16*	01/01/2010
* This option requires Evidence of Insurability. Until approved, your coverage will be Waive at a per pay period cost of \$0.00.			
Voluntary Spouse Life	Waive	\$0.00*	01/01/2010

**Annual Enrollment**  
May 10 - May 24th

It's time to make your decisions for benefits coverage.

- Review your current plans and select coverage for you and your eligible dependents
- Enroll for the first time or re-enroll for Flexible Spending Accounts
- Update Beneficiary designations

Benefit Enrollment packets will be mailed to employee homes on May 3rd. Get your dependent's full names, social security numbers, and birth dates ready. Update your employee benefits online during Annual Enrollment.

**Your Life**  
**Your Benefits**

Announcement Poster

**2015 Annual Enrollment Benefits Guide**

**Your Life**  
**Your Benefits**

Benefits Enrollment Guide

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Any Town, US 01234-5678

Window FPO

**Important Information: Please Open Immediately**

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#10 Statement Envelope

