

"OPTION 125" EMPLOYEE BENEFIT SURVEY

NAME _____
FIRST MIDDLE LAST

HOME PHONE: _____ WORK PHONE: _____ DOB _____ SSN _____

PERSONALLY PAID & REIMBURSABLE EXPENSES THREE MAJOR CATEGORIES

I. PREMIUMS DEDUCTED FROM PAYCHECK

WE WILL PROBABLY HAVE THIS INFORMATION FROM THE EMPLOYER

GROUP MEDICAL	\$ _____ MONTHLY
GROUP CANCER	\$ _____ MONTHLY
GROUP DENTAL	\$ _____ MONTHLY
GROUP TERM	\$ _____ MONTHLY
GROUP DISABILITY	\$ _____ MONTHLY
ACCIDENT INSURANCE	\$ _____ MONTHLY
HOSPITAL CASH POLICY	\$ _____ MONTHLY
OTHER	\$ _____ MONTHLY
TOTAL	\$ _____ MONTHLY

II. OUT-OF-POCKET MEDICAL EXPENSE

COSTS NOT PAID FOR OR REIMBURSED BY INSURANCE

DEDUCTIBLE	\$ _____ MONTHLY
CO-INSURANCE AMOUNTS	\$ _____ MONTHLY
PHYSICALS/DOCTOR VISITS	\$ _____ MONTHLY
PRESCRIPTION DRUGS	\$ _____ MONTHLY
(COPAYS - DEDUCTIBLE)	
DENTAL (EXAMS, CLEANING)	\$ _____ MONTHLY
VISION (GLASSES, CONTACTS)	\$ _____ MONTHLY
HEARING (AIDS, BATTERIES)	\$ _____ MONTHLY
OTHER	\$ _____ MONTHLY
TOTAL	\$ _____ MONTHLY

III. CHILD OR DEPENDENT CARE

CHILD/DEPENDENT CARE	\$ _____ MONTHLY
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THIS IS ONLY SURVEY! A PERSONAL CAFETERIA ILLUSTRATION WILL BE PREPARED FROM THIS INFORMATION. YOU WILL THEN DECIDE IF IT WOULD BENEFIT YOU TO PARTICIPATE, AS PARTICIPATION IS VOLUNTARY, BUT COMMUNICATION TO YOU IS MANDATORY AND REQUIRED BY LAW.