

Screen 1



Benefits



11463

Chg Person Id

(This line shows only for Nancy and developers for testing)

Welcome !

Employee ID: 11463

Your current coverage will continue into 2010 until negotiations are completed with your bargaining unit. To maintain the status quo during the collective bargaining process, you and all currently enrolled dependents will continue coverage on the plan you selected for 2009 into 2010. Pierce County will continue to pay the same premium amount towards benefits as in 2009. Employees will contribute the difference between the 2009 premium and the providers' increase(s) in the 2010 premium, if any.

Please complete the process and submit no later than 4:30 p.m. on Wednesday, December 16, 2009.

[Continue Process](#)

[Sign Out](#)

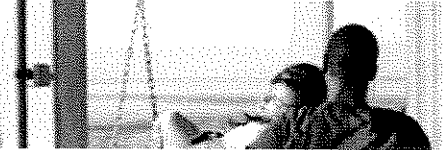
- [Frequently Asked Questions](#)

[Flexible Spending Arrangement \(FSA\) Reimbursement Accounts](#)
(Formerly called Personal Choice Account)



Benefits

Screen 2



Medical and Dental Coverage

You are currently enrolled in the following medical and dental plans. Based on your current plans, you will contribute the monthly amount shown. This will be taken through monthly payroll deduction beginning with the January 15, 2010 pay check.

You Are Enrolled In The Following Plan(s)	Your Monthly Employee Payroll Deduction Amount
Regence Selections	\$110.66
Washington Dental Service	\$ 0.00
Your total contribution:	\$110.66

Payroll deductions will be taken before taxes. If you wish to opt out of making contributions pre-tax, complete a [Flexible Spending Arrangement \(FSA\) Form](#) and deliver it to Human Resources no later than 4:30 p.m. on Wednesday, December 16, 2009.

Please refer to the [2010 Calendar of Benefits Payroll Deductions](#) for pay checks which will have medical/dental premium payroll deductions.

[Domestic partner 2010 taxable values of benefits](#)

Flexible Spending Arrangement (FSA) (formerly called Personal Choice Account)

[Flexible Spending Arrangement \(FSA\)](#) If you elect to participate in 2010, you must complete a 2010 enrollment form and deliver it to Human Resources no later than 4:30 p.m. on Wednesday, December 16, 2009.

Terms

I understand that willfully providing false information on this enrollment may lead to termination of benefits and disciplinary action up to and including discharge from employment.

I hereby authorize Pierce County to take the total monthly payroll deduction of **\$110.66** for the plan(s) which I am enrolled in. Failure to click Submit will not authorize payroll deduction and failure to pay will cause medical and/or dental coverage to lapse.

Select box to indicate you have read and agree to the terms above. Then click Submit.

(Check box above to enable Submit button)



Benefits



Your information has been submitted and you have authorized the total monthly payroll deduction shown below.

[Sign Out](#)

Medical and Dental Coverage

You are currently enrolled in the following medical and dental plans. Based on your current plans, you will contribute the monthly amount shown. This will be taken through monthly payroll deduction beginning with the January 15, 2010 pay check.

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