

EMPLOYEE NAME _____ EMPLOYEE NO. _____

PRE-65 RETIREE DENTAL PLAN (Effective the date of retirement.)

- I want to WAIVE coverage I want to CHANGE coverage
- I want to enroll in the Pre-65 Retiree Dental Plan (Select one Category below; the monthly cost is listed under each category.)

If you enroll in the Plan, you must remain in it the entire Calendar Year. The only exception to this would be if you turn age 65 during the year. Eligible dependents can be covered in the Plan if the Retiree is enrolled. See applicable Plan on www.MROBenefits.com for definitions of eligible dependents.

CATEGORIES

- Retiree Only \$27.00 | Retiree + Spouse \$56.00 | Retiree + Child(ren) \$60.00 | Retiree + Family \$94.00

PRE-65 RETIREE VISION PLAN (Effective the date of retirement.)

- I want to Waive coverage I want to CHANGE coverage
- I want to enroll in the Pre-65 Retiree Vision Plan (Select one Category below; the monthly cost is listed under each category.)

If you enroll in the Plan, you must remain in it the entire Calendar Year. The only exception to this would be if you turn age 65 during the year. Eligible dependents can be covered in the Plan if the Retiree is enrolled. See applicable Plan on www.MROBenefits.com for definitions of eligible dependents.

CATEGORIES

- Retiree Only \$5.92 | Retiree + Spouse \$10.07 | Retiree + Child(ren) \$10.69 | Retiree + Family \$15.98

DEPENDENT PARTICIPATION

If you have dependents, please list them below. The Plan Administrator reserves the right to request Affirmation for Eligible Dependents at any time.

HEALTH		Pre-65 DENTAL		Pre-65 VISION		Name	Relationship	Event*	Event Date
Add	Drop	Add	Drop	Add	Drop				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

*Event Examples: Marriage, Birth, Adoption, Divorce, Death, Dependent No Longer Eligible, Loss of Other Employer Coverage.

I agree to pay my contributions to the Company as billed by UHC. If I decide to Waive coverage, I will notify the Company at the address listed on page 1. I understand that the benefits currently offered above never vest, either before or after my retirement, are not considered part of my earned compensation, and may be changed or eliminated in the future by the Company.

Employee Signature

Date

ADDRESS _____
Street City State Zip Code Phone

2017 MOC Retiree Contributions - HEALTH												
% of Comp	Member Only Per Month			Member+Spouse Per Month			Member+Child(ren) Per Month			Member+Family Per Month		
Cost	PPO Trad	PPO HIP VALUE	PPO HIP PLUS	PPO Trad	PPO HIP VALUE	PPO HIP PLUS	PPO Trad	PPO HIP VALUE	PPO HIP PLUS	PPO Trad	PPO HIP VALUE	PPO HIP PLUS
Total Cost->	\$783	\$807	\$769	\$1,565	\$1,614	\$1,537	\$1,565	\$1,614	\$1,537	\$2,348	\$2,421	\$2,306
Comp Cost->	\$619	\$638	\$638	\$1,236	\$1,275	\$1,275	\$1,236	\$1,275	\$1,275	\$1,855	\$1,913	\$1,913
100	\$164	\$169	\$131	\$329	\$339	\$262	\$329	\$339	\$262	\$493	\$508	\$393
99	\$170	\$175	\$137	\$341	\$352	\$275	\$341	\$352	\$275	\$512	\$527	\$412
98	\$176	\$182	\$144	\$354	\$365	\$288	\$354	\$365	\$288	\$530	\$546	\$431
97	\$183	\$188	\$150	\$366	\$377	\$300	\$366	\$377	\$300	\$549	\$565	\$450
96	\$189	\$195	\$157	\$378	\$390	\$313	\$378	\$390	\$313	\$567	\$585	\$470
95	\$195	\$201	\$163	\$391	\$403	\$326	\$391	\$403	\$326	\$586	\$604	\$489
94	\$201	\$207	\$169	\$403	\$416	\$339	\$403	\$416	\$339	\$604	\$623	\$508
93	\$207	\$214	\$176	\$416	\$428	\$351	\$416	\$428	\$351	\$623	\$642	\$527
92	\$214	\$220	\$182	\$428	\$441	\$364	\$428	\$441	\$364	\$641	\$661	\$546
91	\$220	\$226	\$188	\$440	\$454	\$377	\$440	\$454	\$377	\$660	\$680	\$565
90	\$226	\$233	\$195	\$453	\$467	\$390	\$453	\$467	\$390	\$679	\$699	\$584
89	\$232	\$239	\$201	\$465	\$479	\$402	\$465	\$479	\$402	\$697	\$718	\$603
88	\$238	\$246	\$208	\$477	\$492	\$415	\$477	\$492	\$415	\$716	\$738	\$623
87	\$244	\$252	\$214	\$490	\$505	\$428	\$490	\$505	\$428	\$734	\$757	\$642
86	\$251	\$258	\$220	\$502	\$518	\$441	\$502	\$518	\$441	\$753	\$776	\$661
85	\$257	\$265	\$227	\$514	\$530	\$453	\$514	\$530	\$453	\$771	\$795	\$680
84	\$263	\$271	\$233	\$527	\$543	\$466	\$527	\$543	\$466	\$790	\$814	\$699
83	\$269	\$277	\$239	\$539	\$556	\$479	\$539	\$556	\$479	\$808	\$833	\$718
82	\$275	\$284	\$246	\$551	\$569	\$492	\$551	\$569	\$492	\$827	\$852	\$737
81	\$282	\$290	\$252	\$564	\$581	\$504	\$564	\$581	\$504	\$845	\$871	\$756
80	\$288	\$297	\$259	\$576	\$594	\$517	\$576	\$594	\$517	\$864	\$891	\$776
79	\$294	\$303	\$265	\$589	\$607	\$530	\$589	\$607	\$530	\$883	\$910	\$795
78	\$300	\$309	\$271	\$601	\$620	\$543	\$601	\$620	\$543	\$901	\$929	\$814
77	\$306	\$316	\$278	\$613	\$632	\$555	\$613	\$632	\$555	\$920	\$948	\$833
76	\$313	\$322	\$284	\$626	\$645	\$568	\$626	\$645	\$568	\$938	\$967	\$852
75	\$319	\$329	\$291	\$638	\$658	\$581	\$638	\$658	\$581	\$957	\$986	\$871
74	\$325	\$335	\$297	\$650	\$671	\$594	\$650	\$671	\$594	\$975	\$1,005	\$890
73	\$331	\$341	\$303	\$663	\$683	\$606	\$663	\$683	\$606	\$994	\$1,025	\$910
72	\$337	\$348	\$310	\$675	\$696	\$619	\$675	\$696	\$619	\$1,012	\$1,044	\$929
71	\$344	\$354	\$316	\$687	\$709	\$632	\$687	\$709	\$632	\$1,031	\$1,063	\$948
70	\$350	\$360	\$322	\$700	\$722	\$645	\$700	\$722	\$645	\$1,050	\$1,082	\$967
69	\$356	\$367	\$329	\$712	\$734	\$657	\$712	\$734	\$657	\$1,068	\$1,101	\$986
68	\$362	\$373	\$335	\$725	\$747	\$670	\$725	\$747	\$670	\$1,087	\$1,120	\$1,005
67	\$368	\$380	\$342	\$737	\$760	\$683	\$737	\$760	\$683	\$1,105	\$1,139	\$1,024
66	\$374	\$386	\$348	\$749	\$773	\$696	\$749	\$773	\$696	\$1,124	\$1,158	\$1,043
65	\$381	\$392	\$354	\$762	\$785	\$708	\$762	\$785	\$708	\$1,142	\$1,178	\$1,063
64	\$387	\$399	\$361	\$774	\$798	\$721	\$774	\$798	\$721	\$1,161	\$1,197	\$1,082
63	\$393	\$405	\$367	\$786	\$811	\$734	\$786	\$811	\$734	\$1,179	\$1,216	\$1,101
62	\$399	\$411	\$373	\$799	\$824	\$747	\$799	\$824	\$747	\$1,198	\$1,235	\$1,120
61	\$405	\$418	\$380	\$811	\$836	\$759	\$811	\$836	\$759	\$1,216	\$1,254	\$1,139
60	\$412	\$424	\$386	\$823	\$849	\$772	\$823	\$849	\$772	\$1,235	\$1,273	\$1,158
59	\$418	\$431	\$393	\$836	\$862	\$785	\$836	\$862	\$785	\$1,254	\$1,292	\$1,177
58	\$424	\$437	\$399	\$848	\$875	\$798	\$848	\$875	\$798	\$1,272	\$1,311	\$1,196

% of Comp	Member Only Per Month			Member+Spouse Per Month			Member+Child(ren) Per Month			Member+Family Per Month		
	Cost	PPO Trad	PPO HIP VALUE	PPO HIP PLUS	PPO Trad	PPO HIP VALUE	PPO HIP PLUS	PPO Trad	PPO HIP VALUE	PPO HIP PLUS	PPO Trad	PPO HIP VALUE
57	\$430	\$443	\$405	\$860	\$887	\$810	\$860	\$887	\$810	\$1,291	\$1,331	\$1,216
56	\$436	\$450	\$412	\$873	\$900	\$823	\$873	\$900	\$823	\$1,309	\$1,350	\$1,235
55	\$443	\$456	\$418	\$885	\$913	\$836	\$885	\$913	\$836	\$1,328	\$1,369	\$1,254
54	\$449	\$462	\$424	\$898	\$926	\$849	\$898	\$926	\$849	\$1,346	\$1,388	\$1,273
53	\$455	\$469	\$431	\$910	\$938	\$861	\$910	\$938	\$861	\$1,365	\$1,407	\$1,292
52	\$461	\$475	\$437	\$922	\$951	\$874	\$922	\$951	\$874	\$1,383	\$1,426	\$1,311
51	\$467	\$482	\$444	\$935	\$964	\$887	\$935	\$964	\$887	\$1,402	\$1,445	\$1,330
50	\$474	\$488	\$450	\$947	\$977	\$900	\$947	\$977	\$900	\$1,421	\$1,465	\$1,350
49	\$480	\$494	\$456	\$959	\$989	\$912	\$959	\$989	\$912	\$1,439	\$1,484	\$1,369
48	\$486	\$501	\$463	\$972	\$1,002	\$925	\$972	\$1,002	\$925	\$1,458	\$1,503	\$1,388
47	\$492	\$507	\$469	\$984	\$1,015	\$938	\$984	\$1,015	\$938	\$1,476	\$1,522	\$1,407
46	\$498	\$514	\$476	\$996	\$1,028	\$951	\$996	\$1,028	\$951	\$1,495	\$1,541	\$1,426
45	\$504	\$520	\$482	\$1,009	\$1,040	\$963	\$1,009	\$1,040	\$963	\$1,513	\$1,560	\$1,445
44	\$511	\$526	\$488	\$1,021	\$1,053	\$976	\$1,021	\$1,053	\$976	\$1,532	\$1,579	\$1,464
43	\$517	\$533	\$495	\$1,034	\$1,066	\$989	\$1,034	\$1,066	\$989	\$1,550	\$1,598	\$1,483
42	\$523	\$539	\$501	\$1,046	\$1,079	\$1,002	\$1,046	\$1,079	\$1,002	\$1,569	\$1,618	\$1,503
41	\$529	\$545	\$507	\$1,058	\$1,091	\$1,014	\$1,058	\$1,091	\$1,014	\$1,587	\$1,637	\$1,522
40	\$535	\$552	\$514	\$1,071	\$1,104	\$1,027	\$1,071	\$1,104	\$1,027	\$1,606	\$1,656	\$1,541
39	\$542	\$558	\$520	\$1,083	\$1,117	\$1,040	\$1,083	\$1,117	\$1,040	\$1,625	\$1,675	\$1,560
38	\$548	\$565	\$527	\$1,095	\$1,130	\$1,053	\$1,095	\$1,130	\$1,053	\$1,643	\$1,694	\$1,579
37	\$554	\$571	\$533	\$1,108	\$1,142	\$1,065	\$1,108	\$1,142	\$1,065	\$1,662	\$1,713	\$1,598
36	\$560	\$577	\$539	\$1,120	\$1,155	\$1,078	\$1,120	\$1,155	\$1,078	\$1,680	\$1,732	\$1,617
35	\$566	\$584	\$546	\$1,132	\$1,168	\$1,091	\$1,132	\$1,168	\$1,091	\$1,699	\$1,751	\$1,636
34	\$573	\$590	\$552	\$1,145	\$1,181	\$1,104	\$1,145	\$1,181	\$1,104	\$1,717	\$1,771	\$1,656
33	\$579	\$596	\$558	\$1,157	\$1,193	\$1,116	\$1,157	\$1,193	\$1,116	\$1,736	\$1,790	\$1,675
32	\$585	\$603	\$565	\$1,169	\$1,206	\$1,129	\$1,169	\$1,206	\$1,129	\$1,754	\$1,809	\$1,694
31	\$591	\$609	\$571	\$1,182	\$1,219	\$1,142	\$1,182	\$1,219	\$1,142	\$1,773	\$1,828	\$1,713
30	\$597	\$616	\$578	\$1,194	\$1,232	\$1,155	\$1,194	\$1,232	\$1,155	\$1,792	\$1,847	\$1,732
29	\$603	\$622	\$584	\$1,207	\$1,244	\$1,167	\$1,207	\$1,244	\$1,167	\$1,810	\$1,866	\$1,751
28	\$610	\$628	\$590	\$1,219	\$1,257	\$1,180	\$1,219	\$1,257	\$1,180	\$1,829	\$1,885	\$1,770
27	\$616	\$635	\$597	\$1,231	\$1,270	\$1,193	\$1,231	\$1,270	\$1,193	\$1,847	\$1,904	\$1,789
26	\$622	\$641	\$603	\$1,244	\$1,283	\$1,206	\$1,244	\$1,283	\$1,206	\$1,866	\$1,924	\$1,809
25	\$628	\$648	\$610	\$1,256	\$1,295	\$1,218	\$1,256	\$1,295	\$1,218	\$1,884	\$1,943	\$1,828
24	\$634	\$654	\$616	\$1,268	\$1,308	\$1,231	\$1,268	\$1,308	\$1,231	\$1,903	\$1,962	\$1,847
23	\$641	\$660	\$622	\$1,281	\$1,321	\$1,244	\$1,281	\$1,321	\$1,244	\$1,921	\$1,981	\$1,866
22	\$647	\$667	\$629	\$1,293	\$1,334	\$1,257	\$1,293	\$1,334	\$1,257	\$1,940	\$2,000	\$1,885
21	\$653	\$673	\$635	\$1,305	\$1,346	\$1,269	\$1,305	\$1,346	\$1,269	\$1,958	\$2,019	\$1,904
20	\$659	\$679	\$641	\$1,318	\$1,359	\$1,282	\$1,318	\$1,359	\$1,282	\$1,977	\$2,038	\$1,923
19	\$665	\$686	\$648	\$1,330	\$1,372	\$1,295	\$1,330	\$1,372	\$1,295	\$1,996	\$2,058	\$1,943
18	\$672	\$692	\$654	\$1,343	\$1,385	\$1,308	\$1,343	\$1,385	\$1,308	\$2,014	\$2,077	\$1,962
17	\$678	\$699	\$661	\$1,355	\$1,397	\$1,320	\$1,355	\$1,397	\$1,320	\$2,033	\$2,096	\$1,981
16	\$684	\$705	\$667	\$1,367	\$1,410	\$1,333	\$1,367	\$1,410	\$1,333	\$2,051	\$2,115	\$2,000
15	\$690	\$711	\$673	\$1,380	\$1,423	\$1,346	\$1,380	\$1,423	\$1,346	\$2,070	\$2,134	\$2,019