



Appendix-Employee Benefits and Payroll Services Requirements and Pricing

Employee Benefits

Request for Proposal IPB Ref #22036503

Agency Ref No.16-0011

APPENDIX I. EMPLOYEE BENEFITS SERVICES: OFFEROR INFORMATION

OFFEROR NAME _____

OFFEROR AND COMPANY INFORMATION

OFFEROR INFORMATION

Offeror name (Company name):	
Offeror contact name:	
Offeror contact phone:	
Offeror contact email:	
Offeror HQ address:	
Offeror Illinois address (if applicable):	

COMPANY INFORMATION

The Offeror must have experience providing similar services to other governmental agencies and/or entities of similar size and with rigorous external reporting requirements.

Please provide information on your company's make up and structure, along with its core capabilities with focus on your product and service portfolio.
e.g., provide the following information:

1. Description of each product and service category

2. Years in Business

APPENDIX I. EMPLOYEE BENEFITS SERVICES: OFFEROR INFORMATION

OFFEROR NAME _____

OFFEROR AND COMPANY INFORMATION

EMPLOYEE AND SERVICE DATA

Please provide data for each of the last 5 years (Please use the number of full-time employees for each of the questions below)	2010	2011	2012	2013	2014
Total number of employees (global)					
Total number of employees (U.S. only)					
Yearly employee turnover rate (in %)					

FINANCIAL DATA

Please provide financial data for each of the last 5 years	2010	2011	2012	2013	2014
Total company revenue					
Total company profit/loss					
Average % increase in premiums/rates for Offeror's HMO Plans					
Average % increase in premiums/rates for Offeror's POS Plans					
Average % increase in premiums/rates for Offeror's PPO Plans					

APPENDIX II. EMPLOYEE BENEFITS SERVICES: PRODUCTS AND SERVICES INFORMATION
OFFEROR NAME _____

OFFEROR PRODUCTS AND SERVICES INFORMATION

HEALTH AND MEDICAL PLANS

#	PLAN TYPE (PPO/HMO/POS)	PLAN NAME	# OF YEARS IN TOTAL WITH PROVIDER	HOW LONG OFFERED THIS PLAN?	MAJOR NETWORKS AFFILIATED WITH (COOK COUNTY)	MAJOR NETWORKS AFFILIATED WITH (OUTSIDE OF COOK COUNTY)	MONTHLY PREMIUM COST (SINGLE)	MONTHLY PREMIUM COST (COUPLE)	MONTHLY PREMIUM COST (EMP + 1)	MONTHLY PREMIUM COST (FAMILY)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

DENTAL PLANS

#	PLAN TYPE (PPO/HMO/POS)	PLAN NAME	# OF YEARS IN TOTAL WITH PROVIDER	HOW LONG OFFERED THIS PLAN?	MAJOR NETWORKS AFFILIATED WITH (COOK COUNTY)	MAJOR NETWORKS AFFILIATED WITH (OUTSIDE OF COOK COUNTY)	MONTHLY PREMIUM COST (SINGLE)	MONTHLY PREMIUM COST (COUPLE)	MONTHLY PREMIUM COST (EMP + 1)	MONTHLY PREMIUM COST (FAMILY)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

VISION PLANS

#	PLAN TYPE (PPO/HMO/POS)	PLAN NAME	# OF YEARS IN TOTAL WITH PROVIDER	HOW LONG OFFERED THIS PLAN?	MAJOR NETWORKS AFFILIATED WITH (COOK COUNTY)	MAJOR NETWORKS AFFILIATED WITH (OUTSIDE OF COOK COUNTY)	MONTHLY PREMIUM COST (SINGLE)	MONTHLY PREMIUM COST (COUPLE)	MONTHLY PREMIUM COST (EMP + 1)	MONTHLY PREMIUM COST (FAMILY)
1										
2										
3										
4										
5										

APPENDIX II. EMPLOYEE BENEFITS SERVICES: PRODUCTS AND SERVICES INFORMATION
OFFEROR NAME _____

OFFEROR PRODUCTS AND SERVICES INFORMATION

LIFE INSURANCE PRODUCTS

#	PLAN TYPE	PLAN NAME	# OF YEARS IN TOTAL WITH PROVIDER	HOW LONG OFFERED THIS PLAN?	PRE-TAX DEDUCTION?	POLICY LIMIT	MONTHLY PREMIUM COST (EMPLOYEE)			
1										
2										
3										
4										
5										

SHORT TERM DISABILITY

#	PLAN TYPE	PLAN NAME	# OF YEARS IN TOTAL WITH PROVIDER	HOW LONG OFFERED THIS PLAN?	PRE-TAX DEDUCTION?	POLICY LIMIT	MONTHLY PREMIUM COST (EMPLOYEE)			
1										
2										
3										
4										
5										

LONG TERM DISABILITY

#	PLAN TYPE	PLAN NAME	# OF YEARS IN TOTAL WITH PROVIDER	HOW LONG OFFERED THIS PLAN?	PRE-TAX DEDUCTION?	POLICY LIMIT	MONTHLY PREMIUM COST (EMPLOYEE)			
1										
2										
3										
4										
5										

FLEXIBLE SPENDING ACCOUNT (FSA) PLANS

#	PLAN TYPE (PAPER REIM/DEBIT CARD)	PLAN NAME	# OF YEARS IN TOTAL WITH PROVIDER	HOW LONG OFFERED THIS PLAN?	PRE-TAX DEDUCTION?	CONTRIBUTION MAX	ONLINE ACCESS?	AVG TURNAROUND TIME FOR REIMBURSEMENT, IF APPLICABLE	VENDORS CURRENTLY PARTICIPATING	
1										
2										
3										
4										
5										

APPENDIX II. EMPLOYEE BENEFITS SERVICES: PRODUCTS AND SERVICES INFORMATION
OFFEROR NAME _____

OFFEROR PRODUCTS AND SERVICES INFORMATION

COMMUTER BENEFITS PLANS

#	PLAN TYPE (PAPER REIM/DEBIT CARD)	PLAN NAME	# OF YEARS IN TOTAL WITH PROVIDER	HOW LONG OFFERED THIS PLAN?	PRE-TAX DEDUCTION?	CONTRIBUTION MAX	ONLINE ACCESS?	AVG TURNAROUND TIME FOR REIMBURSEMENT, IF APPLICABLE	VENDORS CURRENTLY PARTICIPATING	
1										
2										
3										
4										
5										

COLLEGE SAVINGS PLANS

#	PLAN TYPE (QUALIFIED 529/PREPAID)	PLAN NAME	# OF YEARS IN TOTAL WITH PROVIDER	HOW LONG OFFERED THIS PLAN?	PRE-TAX DEDUCTION?	CONTRIBUTION MAX	ONLINE ACCESS?	AVG TURNAROUND TIME FOR REIMBURSEMENT, IF APPLICABLE	VENDORS CURRENTLY PARTICIPATING	
1										
2										
3										
4										
5										

OTHER VOLUNTARY PROGRAMS OFFERED (i.e. Prepaid Legal, Pet Insurance, etc.)

#	PROGRAM TYPE	PLAN NAME	# OF YEARS IN TOTAL WITH PROVIDER	HOW LONG OFFERED THIS PROGRAM?	PRE-TAX DEDUCTION?	POLICY LIMIT/ CONTRIBUTION MAX	ONLINE ACCESS?	AVG TURNAROUND TIME FOR REIMBURSEMENT, IF APPLICABLE	VENDORS CURRENTLY PARTICIPATING	
1										
2										
3										
4										
5										

APPENDIX III. EMPLOYEE BENEFITS SERVICES-FUNCTIONAL REQUIREMENTS-EACH ITEM MUST BE RESPONDED TO

OFFEROR NAME _____

Requirement Code	Category	Desired Functionality	Do you currently provide this service and/or product? (Y or N Only)	Offeror's Comments (i.e., provide a brief description of the product or service)
1	BA	Benefits Administration	Group Health and Welfare Benefits. Vendor will offer a variety of cost effective health, dental, vision, short and long term disability and life insurance plans and benefits-including the onboarding/processing of new employees and life events for current employees. Vendor shall also provide toll-free telephone and TDD access for customer service that shall be available to all Enrollees, at a minimum, during regular business hours (8:30 a.m. to 5:00 p.m. CST).	
2	BA	Benefits Administration	Serve as the liaison between the Authority and the various benefits providers.	
3	BA	Benefits Administration	Negotiate rates/premiums for various benefits services with the medical, dental and other providers on behalf of the Authority.	
4	BA	Benefits Administration	Vendor will provide benefits administration for the Authority's Health and Welfare Plan, which includes Consolidated Omnibus Budget Reconciliation Act, as amended ("COBRA"), administration, plan administration, enrollment and renewal. Provide all census and claims data upon request (in accordance with HIPAA).	
5	BA	Benefits Administration	Workers' Compensation Claims Administration. Vendor will provide workers' compensation claims administration and provide a toll-free number for reporting claims.	
6	BA	Benefits Administration	Employment Practices Liability Insurance. Vendor will provide a claims-made Employment Practices Liability Insurance policy ("EPLI"), with an endorsement that extends coverage to the Authority for covered claims filed by employees and applicants against the Authority alleging wrongful employment practices as defined in the policy.	
7	BA	Benefits Administration	Legal Defense Benefit. Vendor will provide the Authority a Legal Defense Benefit for claims that are covered by the EPLI policy whereby Vendor will pay for a specified amount of the Authority's attorney's fees exclusive of costs and disbursements (e.g., travel costs, mediation expenses, deposition transcripts, filing fees, copying fees, etc.), subject to conditions described in this Section.	

APPENDIX III. EMPLOYEE BENEFITS SERVICES-FUNCTIONAL REQUIREMENTS-EACH ITEM MUST BE RESPONDED TO

OFFEROR NAME _____

Requirement Code	Category	Desired Functionality	Do you currently provide this service and/or product? (Y or N Only)	Offeror's Comments (i.e., provide a brief description of the product or service)	
8	BA	Benefits Administration	Modified Light Duty, Health Management and Disease Management. The vendor will assist the Authority in developing a modified light duty program for affected employees; provide comprehensive disease management programs to help properly manage chronic diseases such as asthma, diabetes, heart conditions, weight complications, Hepatitis C, fibromyalgia, irritable bowel syndrome, etc.; and health management programs including tobacco cessation, weight loss, cholesterol and blood pressure management, nutrition, physical activity and stress.		
9	BA	Benefits Administration	Flexible Spending Account Administration. Vendor will provide the Authority with an FSA plan, including debit card utilization for payment of allowable expenses.		
10	BA	Benefits Administration	College Savings Plan Benefits. Vendor will offer payroll deductions/contributions to qualified 529 savings plans such as Bright Start and College Illinois.		
11	BA	Benefits Administration	Commuter Benefits. Vendor will offer parking and transit benefits (via payroll deductions) with the issuance of related debit cards for employees.		
12	BA	Benefits Administration	Other Pre and Post Tax Payroll Deductions. To be determined by the Authority.		
13	HRG	Human Resources Guidance	Background Screenings. Vendor will provide the Authority with access to drug testing and a drug free workplace program, background screenings, and credit screenings.		
14	HRG	Human Resources Guidance	EEO-1 Filing. Vendor will file an EEO-1 report on behalf of the Authority, as required by the Equal Employment Opportunity Commission.		
15	HRG	Human Resources Guidance	Employee Assistance Program. Vendor will make available to employees, a confidential employee assistance program ("EAP").		
16	HRG	Human Resources Guidance	Employee Service Center. Vendor will provide the Authority with toll-free access to an Employee Service Center to assist employees.		
17	HRG	Human Resources Guidance	Ensure compliance with all applicable Federal, State, and Local employment laws.		

APPENDIX III. EMPLOYEE BENEFITS SERVICES-FUNCTIONAL REQUIREMENTS-EACH ITEM MUST BE RESPONDED TO

OFFEROR NAME _____

Requirement Code	Category	Desired Functionality	Do you currently provide this service and/or product? (Y or N Only)	Offeror's Comments (i.e., provide a brief description of the product or service)
18	HRG	Human Resources Guidance	Management Training and Materials. Vendor will provide the Authority with access to training on management and employee development, regulatory compliance and employment laws.	
19	HRG	Human Resources Guidance	The Fair Credit Reporting Act, Family and Medical Leave Act and Leave Administration. Vendor will administer employee leaves required under state or federal leave laws or Authority policy.	
20	HRG	Human Resources Guidance	Title VII of the Civil Rights Act; the Americans with Disabilities Act; the Pregnancy Discrimination Act, the Equal Pay Act; Affordable Care Act, Health Insurance Portability and Accountability Act etc.	
21	HRG	Human Resources Guidance	Worksite Safety Guidance. Vendor will provide the Authority with guidance regarding loss prevention and workplace safety practices; access to safety training; assistance with safety program development; a customizable safety manual and Occupational Safety and Health Act compliance assistance regarding employees.	
22	HRSP	Human Resources Services/Products	Vendor will provide the Authority with a secure, online human resources website which is easy to navigate, extract, upload employee information and is available 24 hours, 7 days per week.	
23	HRSP	Human Resources Services/Products	Vendor will provide the Authority with a secure, online human resources portal for employee benefits enrollments and updates which is easy to navigate, extract information and is available 24 hours, 7 days per week.	
24	HRSP	Human Resources Services/Products	Provides a knowledgebase with access to various electronic employer forms, including all common employee actions, i.e. hiring, termination, etc.	
25	HRSP	Human Resources Services/Products	Vendor will administer and process employee garnishments, liens and withholding orders.	
26	HRSP	Human Resources Services/Products	Will provide the Authority with assistance in preparation of a written response to a charge of discrimination and/or retaliation filed by an employee or applicant under any state or federal discrimination law, as needed/requested.	

APPENDIX III. EMPLOYEE BENEFITS SERVICES-FUNCTIONAL REQUIREMENTS-EACH ITEM MUST BE RESPONDED TO

OFFEROR NAME _____

Requirement Code	Category	Desired Functionality	Do you currently provide this service and/or product? (Y or N Only)	Offeror's Comments (i.e., provide a brief description of the product or service)
27	HRSP Human Resources Services/Products	Assist the Authority with the development of policies and procedures/best human resource practices and direct access to designated human resources, payroll and benefits subject matter experts.		
28	HRSP Human Resources Services/Products	Administer the Authority's Unemployment account, if required by state law.		
29	HRSP Human Resources Services/Products	Provide Unemployment claims administration.		
30	OTH Other	Produce annual report on internal controls in compliance with SSAE 16, a Service Organization Controls (SOC 1 or 2) reports must be submitted to the Authority at least annually for all services provided by the vendor-if required.		
31	OTH Other	Work with the Authority's Payroll Services vendor as required.		
32	OTH Other	Provide other employee benefit related duties.		

APPENDIX IV. EMPLOYEE BENEFITS SERVICES: IMPLEMENTATION PLAN
OFFEROR NAME _____

DEVELOPMENT AND SUBMISSION OF A DETAILED IMPLEMENTATION PLAN FOR EMPLOYEE BENEFITS SERVICES			
IMPLEMENTATION PLAN COMPONENTS/REQUIREMENTS			
#	CONTENT	FORMAT	OFFEROR'S COMMENTS
1	DETAILED TIMELINE	HARD COPY & ELECTRONIC	
2	DETAILED RESPONSIBILITIES (THE AUTHORITY, THE OFFEROR AND THE CURRENT VENDOR)	HARD COPY & ELECTRONIC	
3	DETAILED PROCEDURES; SPECIFIC TASKS AND DATES	HARD COPY & ELECTRONIC	
4	TRAINING PLAN/AGENDA	HARD COPY & ELECTRONIC	

APPENDIX V(a). EMPLOYEE BENEFITS SERVICES: OFFEROR EXPERIENCE/REFERENCE

OFFEROR NAME _____

Customer Reference Information	
Reference organization:	
Reference contact name:	
Reference contact phone:	
Reference role/title:	
Reference address:	

Reference Organization Details:	
Estimated number of employees:	
Estimated operating budget:	
Organizational structure:	

Project Scope:	
Please provide details on the project scope of the Employee Benefits Related Services and Human Resources Products procured from the Offeror	

Benefits Administration Services:		Check all services that apply ("x")	Project Details	Offeror's Comments
BA	College Savings Plan Benefits			
	Commuter Benefits			
	Employment Practices Liability Insurance			
	Group Health and Welfare Benefits			
	Legal Defense Benefits			
	Modified Light Duty			
	Serve as the liaison between the Authority and the various benefits providers.			
	Negotiate rates/premiums for various benefits services with the medical, dental and other providers			
	Consolidated Omnibus Budget Reconciliation Act, as amended ("COBRA"), administration, plan administration, enrollment and renewal			
Workers' Compensation Claims Administration				

Human Resources Guidance:		Check all services that apply ("x")	Project Details	Offeror's Comments
HRG	Background Screenings			
	EEO-1 Filing			
	Employee Assistance Program			
	Employee Service Center			
	Compliance with all applicable Federal, State, and Local employment laws			
	Management Training and Materials			
	The Fair Credit Reporting Act, Family and Medical Leave Act and Leave Administration			

APPENDIX V(a). EMPLOYEE BENEFITS SERVICES: OFFEROR EXPERIENCE/REFERENCE

OFFEROR NAME _____

Title VII of the Civil Rights Act; the Americans with Disabilities Act; the Pregnancy Discrimination Act, the Equal Pay Act, etc.		
Worksite Safety Guidance		

Human Resources Services/Products:		Check all services that apply ("x")	Project Details	Offeror's Comments
HSRP	Administer the Authority's Unemployment account, if required by state law.			
	Unemployment claims administration			
	Knowledgebase with access to various electronic employer forms, including all common employee actions, i.e. hiring, termination, etc.			
	Administer employee garnishments, liens and withholding orders			
	Secure, online human resources website which is easy to navigate, extract employee information and is available 24 hours, 7 days per week			
	Secure online human resources portal for employee benefits enrollments and updates which is easy to navigate, extract information and is available 24 hours, 7 days per week			
Preparation of a written responses to various compliance/labor relations related matters				

APPENDIX V(b). EMPLOYEE BENEFITS SERVICES: OFFEROR EXPERIENCE/REFERENCE

OFFEROR NAME _____

Customer Reference Information	
Reference organization:	
Reference contact name:	
Reference contact phone:	
Reference role/title:	
Reference address:	

Reference Organization Details:	
Estimated number of employees:	
Estimated operating budget:	
Organizational structure:	

Project Scope:	
Please provide details on the project scope of the Employee Benefits Related Services and Human Resources Products procured from the Offeror	

Benefits Administration Services:		Check all services that apply ("x")	Project Details	Offeror's Comments
BA	College Savings Plan Benefits			
	Commuter Benefits			
	Employment Practices Liability Insurance			
	Group Health and Welfare Benefits			
	Legal Defense Benefits			
	Modified Light Duty			
	Serve as the liaison between the Authority and the various benefits providers.			
	Negotiate rates/premiums for various benefits services with the medical, dental and other providers			
	Consolidated Omnibus Budget Reconciliation Act, as amended ("COBRA"), administration, plan administration, enrollment and renewal			
	Workers' Compensation Claims Administration			

Human Resources Guidance:		Check all services that apply ("x")	Project Details	Offeror's Comments
HRG	EEO-1 Filing			
	Employee Assistance Program			
	Employee Service Center			
	Ensure compliance with all applicable Federal, State, and Local employment laws			
	Management Training and Materials			
	The Fair Credit Reporting Act, Family and Medical Leave Act and Leave Administration			

APPENDIX V(b). EMPLOYEE BENEFITS SERVICES: OFFEROR EXPERIENCE/REFERENCE

OFFEROR NAME _____

Title VII of the Civil Rights Act; the Americans with Disabilities Act; the Pregnancy Discrimination Act, the Equal Pay Act, etc.		
Worksite Safety/OSHA (and other related) Guidance		

Human Resources Services/Products:		Check all services that apply ("x")	Project Details	Offeror's Comments
HSRP	Administer the Authority's Unemployment account, if required by state law.			
	Unemployment claims administration			
	Knowledgebase with access to various electronic employer forms, including all common employee actions, i.e. hiring, termination, etc.			
	Administer employee garnishments, liens and withholding orders			
	Provide a secure, online human resources website which is easy to navigate, extract employee information and is available 24 hours, 7 days per week			
	Provide a secure, online human resources portal for employee benefits enrollments and updates which is easy to navigate, extract information and is available 24 hours, 7 days per week			
	Preparation of a written responses to various compliance/labor relations related matters			

APPENDIX V(c). EMPLOYEE BENEFITS SERVICES: OFFEROR EXPERIENCE/REFERENCE

OFFEROR NAME _____

Customer Reference Information	
Reference organization:	
Reference contact name:	
Reference contact phone:	
Reference role/title:	
Reference address:	

Reference Organization Details:	
Estimated number of employees:	
Estimated operating budget:	
Organizational structure:	

Project Scope:	
Please provide details on the project scope of the Employee Benefits Related Services and Human Resources Products procured from the Offeror	

Benefits Administration Services:		Check all services that apply ("x")	Project Details	Offeror's Comments
BA	College Savings Plan Benefits			
	Commuter Benefits			
	Employment Practices Liability Insurance			
	Group Health and Welfare Benefits			
	Legal Defense Benefits			
	Modified Light Duty			
	Serve as the liaison between the Authority and the various benefits providers.			
	Negotiate rates/premiums for various benefits services with the medical, dental and other providers			
	Consolidated Omnibus Budget Reconciliation Act, as amended ("COBRA"), administration, plan administration, enrollment and renewal			
Workers' Compensation Claims Administration				

Human Resources Guidance:		Check all services that apply ("x")	Project Details	Offeror's Comments
HRG	EEO-1 Filing			
	Employee Assistance Program			
	Employee Service Center			
	Ensure compliance with all applicable Federal, State, and Local employment laws			
	Management Training and Materials			
	The Fair Credit Reporting Act, Family and Medical Leave Act and Leave Administration			

APPENDIX V(c). EMPLOYEE BENEFITS SERVICES: OFFEROR EXPERIENCE/REFERENCE

OFFEROR NAME _____

Title VII of the Civil Rights Act; the Americans with Disabilities Act; the Pregnancy Discrimination Act, the Equal Pay Act, etc.			
Worksite Safety/OSHA(and other related) Guidance			
Human Resources Services/Products:			
	Check all services that apply ("x")	Project Details	Offeror's Comments
HSRP	Administer the Authority's Unemployment account, if required by state law.		
	Unemployment claims administration		
	Knowledgebase with access to various electronic employer forms, including all common employee actions, i.e. hiring, termination, etc.		
	Administer employee garnishments, liens and withholding orders		
	Provide a secure, online human resources website which is easy to navigate, extract employee information and is available 24 hours, 7 days per week		
	Provide a secure, online human resources portal for employee benefits enrollments and updates which is easy to navigate, extract information and is available 24 hours, 7 days per week		
	Preparation of a written responses to various compliance/labor relations related matters		
Develop/provide policies and procedures/best human resource practices and direct access to designated human resources, payroll and benefits subject matter experts			

APPENDIX VI. EMPLOYEE BENEFITS SERVICES: PRICING SHEET

OFFEROR NAME _____

Services Category	Fees/Rates Per Year (Initial Term)	# of Years (Initial Term)	Total Fees*Years (Initial Term)	Fees/Rates Per Year (Renewal Term 1)	# of Years (Renewal Term 1)	Total Fee*Years (Renewal Term 1)	Fees/Rates Per Year (Renewal Term 2)	# of Years (Renewal Term 2)	Total Fee*Years (Renewal Term 2)	Total All Fees
Benefits Administration Management Fees:	-	3	-	-	1	-	-	1	-	-
Cost of Benefit Rates/Premiums:										
Medical	-	3	-	-	1	-	-	1	-	-
Dental	-	3	-	-	1	-	-	1	-	-
Vision	-	3	-	-	1	-	-	1	-	-
Life Insurance	-	3	-	-	1	-	-	1	-	-
Short Term Disability	-	3	-	-	1	-	-	1	-	-
Long Term Disability	-	3	-	-	1	-	-	1	-	-
Total Cost of Benefit Rates/Premiums:	-		-	-		-	-		-	-
Total Benefits Administration Management Fees/Rates/Costs:	-		-	-		-	-		-	-
Voluntary Services:										
Flexible Spending	-	3	-	-	1	-	-	1	-	-
Commuter Benefits	-	3	-	-	1	-	-	1	-	-
College Savings Plan	-	3	-	-	1	-	-	1	-	-
All Others	-	3	-	-	1	-	-	1	-	-
Total Cost of Voluntary Services:	-		-	-		-	-		-	-
Total Human Resources Guidance Fees:	-	3	-	-	1	-	-	1	-	-
Total Human Resources Services/Products Fees:	-	3	-	-	1	-	-	1	-	-
Grand Total	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -

APPENDIX VII. EMPLOYEE BENEFITS SERVICES-CURRENT PLANS

Plan A - Employees 5X Base Earnings Life Period: 30 Days HSA: N Domestic Partner: Y		Waiting	Employee	Employee +	Employee +	Employee +
Current Plan	Contribution Strategy		Count	Spouse Count	Children Count	Family Count
MEDICAL						
POS 500/100%-IL	ER%85.00/84.50/84.50/77.50		5	0	0	1
HMO 20/100%-IL	ER%85.00/84.50/84.50/77.50		2	0	1	1
DENTAL						
Managed Care	ER%85.00/84.50/84.50/77.50		0	0	0	1
Value Plan (optional)	ER%85.00/84.50/84.50/77.50		1	0	0	1
PPO	ER%85.00/84.50/84.50/77.50		6	0	0	1
VISION						
Vision Plan	ER%85.00/84.50/84.50/77.50		7	0	0	2
STD						
STD1 60% \$2,500/wk (14/14-13)	ER%100.00		10	0	0	0
LTD						
LTD1 60% \$5,000/mo-90	ER%100.00		10	0	0	0
LIFE						
Basic 5X ABE	ER%100.00		10	0	0	0

Plan B - 5X Life Insurance-PPO exception Waiting Period: 30 Days HSA: N Domestic Partner: Y		Employee	Employee +	Employee +	Employee +
Current Plan	Contribution Strategy	Count	Spouse Count	Children Count	Family Count
MEDICAL					
PPO 500/80%	ER%89.78/87.90/88.85/83.75	1	0	1	0
DENTAL					
Managed Care	ER%85.00/84.50/84.50/77.50	0	0	0	0
Value Plan (optional)	ER%85.00/84.50/84.50/77.50	0	0	0	0
PPO	ER%85.00/84.50/84.50/77.50	1	0	1	0
VISION					
Vision Plan	ER%85.00/84.50/84.50/77.50	1	0	1	0
STD					
STD1 60% \$2,500/wk (14/14-13)	ER%100.00	3	0	0	0
LTD					
LTD1 60% \$5,000/mo-90	ER%100.00	3	0	0	0
LIFE					
Basic 5X ABE	ER%100.00	3	0	0	0

Legend:

ER = Employer

EE = Employee

APPENDIX VIII. EMPLOYEE BENEFITS SERVICES-CENSUS DATA

EMPLID	BIRTHDATE	STATE	ZIP	PLAN TYPE	COVERAGE ELECT	BENEFIT PLAN DESCR	DEP/BENEF DOB	EMPLOYEE	DEP/BENEF	CLASS DESCRIPTION	OFFERING METHOD
								GENDER	GENDER		
1	23-Jul-60	IL	62082	1A	ELECT	PPO 500/80%-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	1B	ELECT	Dental Plan-PPO B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	1C	ELECT	- Vision Plan-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	2A	ELECT	Basic 5X ABE-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	2A	ELECT	Basic 5X ABE-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	2A	ELECT	Basic 5X ABE-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	2A	ELECT	Basic 5X ABE-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	2A	ELECT	Basic 5X ABE-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	2A	ELECT	Basic 5X ABE-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	2A	ELECT	Basic 5X ABE-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	3B	ELECT	LTD1 60% \$5,000/mo-90-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	60	ELECT	Health Care FSA-B		M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
1	23-Jul-60	IL	62082	61	WAIVED			M		(B) 5X Life Insurance-PPO exceptio	Life and LTD All
2	5-Feb-84	IL	60501	1A	ELECT	POS 500/100%-IL-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
2	5-Feb-84	IL	60501	1B	ELECT	Dental Plan-PPO A		M		(A) Employees5X Base Earnings Life	Life and LTD All
2	5-Feb-84	IL	60501	1C	ELECT	- Vision Plan-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
2	5-Feb-84	IL	60501	2A	ELECT	Basic 5X ABE-A	8/15/1951	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
2	5-Feb-84	IL	60501	2A	ELECT	Basic 5X ABE-A	1/30/1951	M	M	(A) Employees5X Base Earnings Life	Life and LTD All
2	5-Feb-84	IL	60501	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
2	5-Feb-84	IL	60501	3B	ELECT	LTD1 60% \$5,000/mo-90-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
2	5-Feb-84	IL	60501	60	ELECT	Health Care FSA-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
2	5-Feb-84	IL	60501	61	WAIVED			M		(A) Employees5X Base Earnings Life	Life and LTD All
3	28-Jan-60	IL	60608	1A	ELECT	POS 500/100%-IL-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
3	28-Jan-60	IL	60608	1B	ELECT	Dental Plan-PPO A		M		(A) Employees5X Base Earnings Life	Life and LTD All
3	28-Jan-60	IL	60608	1C	ELECT	- Vision Plan-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
3	28-Jan-60	IL	60608	2A	ELECT	Basic 5X ABE-A	7/20/1966	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
3	28-Jan-60	IL	60608	2A	ELECT	Basic 5X ABE-A	10/12/1930	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
3	28-Jan-60	IL	60608	2A	ELECT	Basic 5X ABE-A	10/12/1930	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
3	28-Jan-60	IL	60608	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
3	28-Jan-60	IL	60608	3B	ELECT	LTD1 60% \$5,000/mo-90-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
3	28-Jan-60	IL	60608	60	WAIVED			M		(A) Employees5X Base Earnings Life	Life and LTD All
3	28-Jan-60	IL	60608	61	WAIVED			M		(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	1A	ELECT	HMO 20/100%-IL-A	8/21/1973	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	1A	ELECT	HMO 20/100%-IL-A	11/5/1994	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	1A	ELECT	HMO 20/100%-IL-A	3/28/2000	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	1B	ELECT	Dental Plan-Value Midwest-A	8/21/1973	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	1B	ELECT	Dental Plan-Value Midwest-A	11/5/1994	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	1B	ELECT	Dental Plan-Value Midwest-A	3/28/2000	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	1C	ELECT	- Vision Plan-A	11/5/1994	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	1C	ELECT	- Vision Plan-A	3/28/2000	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	2A	ELECT	Basic 5X ABE-A	8/21/1973	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	2A	ELECT	Basic 5X ABE-A		F	F	(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	3B	ELECT	LTD1 60% \$5,000/mo-90-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	60	ELECT	Health Care FSA-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
4	21-Sep-71	IL	60655	61	WAIVED			F		(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	1A	ELECT	HMO 20/100%-IL-A	2/21/1966	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	1A	ELECT	HMO 20/100%-IL-A	4/22/1986	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	1A	ELECT	HMO 20/100%-IL-A	5/4/1996	F	F	(A) Employees5X Base Earnings Life	Life and LTD All

APPENDIX VIII. EMPLOYEE BENEFITS SERVICES-CENSUS DATA

EMPLID	BIRTHDATE	STATE	ZIP	PLAN TYPE	COVERAGE ELECT	BENEFIT PLAN DESCR	DEP/BENEF DOB	EMPLOYEE DEP/BENEF		CLASS DESCRIPTION	OFFERING METHOD
								GENDER	GENDER		
5	25-Jun-69	IL	60706	1A	ELECT	HMO 20/100%-IL-A	4/12/1997	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	1B	ELECT	Dental Plan-Managed Care Illino-A	2/21/1966	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	1B	ELECT	Dental Plan-Managed Care Illino-A	4/22/1986	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	1B	ELECT	Dental Plan-Managed Care Illino-A	5/4/1996	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	1B	ELECT	Dental Plan-Managed Care Illino-A	4/12/1997	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	1C	ELECT	- Vision Plan-A	2/21/1966	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	1C	ELECT	- Vision Plan-A	4/22/1986	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	1C	ELECT	- Vision Plan-A	5/4/1996	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	1C	ELECT	- Vision Plan-A	4/12/1997	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	2A	ELECT	Basic 5X ABE-A	2/21/1966	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	2A	ELECT	Basic 5X ABE-A	4/22/1986	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	2A	ELECT	Basic 5X ABE-A	5/4/1996	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	2A	ELECT	Basic 5X ABE-A	4/12/1997	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-A		F	F	(A) Employees5X Base Earnings Life	Life and LTD All
5	25-Jun-69	IL	60706	3B	ELECT	LTD1 60% \$5,000/mo-90-A		F	F	(A) Employees5X Base Earnings Life	Life and LTD All
6	20-Aug-75	IL	62545	1A	ELECT	PPO 500/80%-B	10/14/1992	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	1A	ELECT	PPO 500/80%-B	7/28/1999	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	1A	ELECT	PPO 500/80%-B	8/22/2004	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	1B	ELECT	Dental Plan-PPO B	10/14/1992	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	1B	ELECT	Dental Plan-PPO B	7/28/1999	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	1B	ELECT	Dental Plan-PPO B	8/22/2004	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	1C	ELECT	- Vision Plan-B	10/14/1992	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	1C	ELECT	- Vision Plan-B	7/28/1999	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	1C	ELECT	- Vision Plan-B	8/22/2004	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	2A	ELECT	Basic 5X ABE-B	10/14/1992	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	2A	ELECT	Basic 5X ABE-B	7/28/1999	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	2A	ELECT	Basic 5X ABE-B	8/22/2004	F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	2A	ELECT	Basic 5X ABE-B	3/7/1986	F	M	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-B		F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	3B	ELECT	LTD1 60% \$5,000/mo-90-B		F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	60	WAIVED			F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
6	20-Aug-75	IL	62545	61	WAIVED			F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
7	10-Jan-66	IL	62828	1A	OTHER COVERAGE			F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
7	10-Jan-66	IL	62828	1B	OTHER COVERAGE			F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
7	10-Jan-66	IL	62828	1C	OTHER COVERAGE			F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
7	10-Jan-66	IL	62828	2A	ELECT	Basic 5X ABE-B		F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
7	10-Jan-66	IL	62828	2A	ELECT	Basic 5X ABE-B	11/28/1991	F	M	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
7	10-Jan-66	IL	62828	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-B		F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
7	10-Jan-66	IL	62828	3B	ELECT	LTD1 60% \$5,000/mo-90-B		F	F	(B) 5X Life Insurance-PPO exceptio	Life and LTD All
8	5-Jun-45	IL	60610	1A	ELECT	POS 500/100%-IL-A		F	F	(A) Employees5X Base Earnings Life	Life and LTD All
8	5-Jun-45	IL	60610	1B	ELECT	Dental Plan-PPO A		F	F	(A) Employees5X Base Earnings Life	Life and LTD All
8	5-Jun-45	IL	60610	1C	ELECT	- Vision Plan-A		F	F	(A) Employees5X Base Earnings Life	Life and LTD All
8	5-Jun-45	IL	60610	2A	ELECT	Basic 5X ABE-A		F	F	(A) Employees5X Base Earnings Life	Life and LTD All
8	5-Jun-45	IL	60610	2A	ELECT	Basic 5X ABE-A		F	F	(A) Employees5X Base Earnings Life	Life and LTD All
8	5-Jun-45	IL	60610	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-A		F	F	(A) Employees5X Base Earnings Life	Life and LTD All
8	5-Jun-45	IL	60610	3B	ELECT	LTD1 60% \$5,000/mo-90-A		F	F	(A) Employees5X Base Earnings Life	Life and LTD All
8	5-Jun-45	IL	60610	60	ELECT	Health Care FSA-A		F	F	(A) Employees5X Base Earnings Life	Life and LTD All
8	5-Jun-45	IL	60610	61	WAIVED			F	F	(A) Employees5X Base Earnings Life	Life and LTD All
9	22-Jul-66	IL	60618	1A	ELECT	HMO 20/100%-IL-A		M	M	(A) Employees5X Base Earnings Life	Life and LTD All

APPENDIX VIII. EMPLOYEE BENEFITS SERVICES-CENSUS DATA

EMPLID	BIRTHDATE	STATE	ZIP	PLAN TYPE	COVERAGE ELECT	BENEFIT PLAN DESCR	DEP/BENEF DOB	EMPLOYEE	DEP/BENEF	CLASS DESCRIPTION	OFFERING METHOD
								GENDER	GENDER		
9	22-Jul-66	IL	60618	1B	ELECT	Dental Plan-PPO A		M		(A) Employees5X Base Earnings Life	Life and LTD All
9	22-Jul-66	IL	60618	1C	ELECT	- Vision Plan-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
9	22-Jul-66	IL	60618	2A	ELECT	Basic 5X ABE-A	10/15/1953	M	M	(A) Employees5X Base Earnings Life	Life and LTD All
9	22-Jul-66	IL	60618	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
9	22-Jul-66	IL	60618	3B	ELECT	LTD1 60% \$5,000/mo-90-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
9	22-Jul-66	IL	60618	60	WAIVED			M		(A) Employees5X Base Earnings Life	Life and LTD All
9	22-Jul-66	IL	60618	61	WAIVED			M		(A) Employees5X Base Earnings Life	Life and LTD All
10	17-Jan-89	IL	60422	1A	ELECT	HMO 20/100%-IL-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
10	17-Jan-89	IL	60422	1B	ELECT	Dental Plan-PPO A		F		(A) Employees5X Base Earnings Life	Life and LTD All
10	17-Jan-89	IL	60422	1C	ELECT	- Vision Plan-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
10	17-Jan-89	IL	60422	2A	ELECT	Basic 5X ABE-A	3/29/1963	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
10	17-Jan-89	IL	60422	2A	ELECT	Basic 5X ABE-A	10/8/1992	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
10	17-Jan-89	IL	60422	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
10	17-Jan-89	IL	60422	3B	ELECT	LTD1 60% \$5,000/mo-90-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
10	17-Jan-89	IL	60422	60	WAIVED			F		(A) Employees5X Base Earnings Life	Life and LTD All
10	17-Jan-89	IL	60422	61	WAIVED			F		(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1A	ELECT	POS 500/100%-IL-A	8/26/1966	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1A	ELECT	POS 500/100%-IL-A	3/11/1998	M	M	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1A	ELECT	POS 500/100%-IL-A	1/12/2000	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1A	ELECT	POS 500/100%-IL-A	10/23/2002	M	M	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1A	ELECT	POS 500/100%-IL-A	2/18/2006	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1B	ELECT	Dental Plan-PPO A	8/26/1966	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1B	ELECT	Dental Plan-PPO A	3/11/1998	M	M	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1B	ELECT	Dental Plan-PPO A	1/12/2000	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1B	ELECT	Dental Plan-PPO A	10/23/2002	M	M	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1B	ELECT	Dental Plan-PPO A	2/18/2006	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1C	ELECT	- Vision Plan-A	8/26/1966	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1C	ELECT	- Vision Plan-A	3/11/1998	M	M	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1C	ELECT	- Vision Plan-A	1/12/2000	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1C	ELECT	- Vision Plan-A	10/23/2002	M	M	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	1C	ELECT	- Vision Plan-A	2/18/2006	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	2A	ELECT	Basic 5X ABE-A	8/26/1966	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	2A	ELECT	Basic 5X ABE-A	3/11/1998	M	M	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	2A	ELECT	Basic 5X ABE-A	1/12/2000	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	2A	ELECT	Basic 5X ABE-A	10/23/2002	M	M	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	2A	ELECT	Basic 5X ABE-A	2/18/2006	M	F	(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	3B	ELECT	LTD1 60% \$5,000/mo-90-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	60	ELECT	Health Care FSA-A		M		(A) Employees5X Base Earnings Life	Life and LTD All
11	12-May-65	IL	60304	61	WAIVED			M		(A) Employees5X Base Earnings Life	Life and LTD All
12	5-Oct-54	IL	60005	1A	ELECT	POS 500/100%-IL-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
12	5-Oct-54	IL	60005	1B	ELECT	Dental Plan-PPO A		F		(A) Employees5X Base Earnings Life	Life and LTD All
12	5-Oct-54	IL	60005	1C	ELECT	- Vision Plan-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
12	5-Oct-54	IL	60005	2A	ELECT	Basic 5X ABE-A	5/20/1996	F	F	(A) Employees5X Base Earnings Life	Life and LTD All
12	5-Oct-54	IL	60005	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
12	5-Oct-54	IL	60005	3B	ELECT	LTD1 60% \$5,000/mo-90-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
13	26-Jul-44	IL	60652	1A	ELECT	POS 500/100%-IL-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
13	26-Jul-44	IL	60652	1B	ELECT	Dental Plan-Value Midwest-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
13	26-Jul-44	IL	60652	1C	ELECT	- Vision Plan-A		F		(A) Employees5X Base Earnings Life	Life and LTD All

APPENDIX VIII. EMPLOYEE BENEFITS SERVICES-CENSUS DATA

EMPLID	BIRTHDATE	STATE	ZIP	PLAN TYPE	COVERAGE ELECT	BENEFIT PLAN DESCR	DEP/BENEF DOB	EMPLOYEE	DEP/BENEF	CLASS DESCRIPTION	OFFERING METHOD
								GENDER	GENDER		
13	26-Jul-44	IL	60652	2A	ELECT	Basic 5X ABE-A	3/21/1966	F	M	(A) Employees5X Base Earnings Life	Life and LTD All
13	26-Jul-44	IL	60652	3A	ELECT	STD1 60% \$2,500/wk (14/14-13-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
13	26-Jul-44	IL	60652	3B	ELECT	LTD1 60% \$5,000/mo-90-A		F		(A) Employees5X Base Earnings Life	Life and LTD All
13	26-Jul-44	IL	60652	60	WAIVED			F		(A) Employees5X Base Earnings Life	Life and LTD All
13	26-Jul-44	IL	60652	61	WAIVED			F		(A) Employees5X Base Earnings Life	Life and LTD All