INTEGRATED STATISTICS, INC.

Schedule A

SCHEDULE OF BENEFITS

Medical Insurance Benefits*

(X) GROUP MEDICAL INSURANCE
( ) GROUP DENTAL COVERAGE
( ) VISION CARE INSURANCE
( ) GROUP TERM LIFE INSURANCE
( ) DISABILITY INCOME-SHORT TERM (A&S)
( ) DISABILITY INCOME-LONG TERM (LTD)
( ) CANCER INSURANCE
( ) ACCIDENTAL DEATH AND DISMEMBERMENT
( ) INTENSIVE CARE INSURANCE
( ) ACCIDENT INSURANCE
( ) HOSPITAL INDEMNITY INSURANCE

The Employee contributions necessary to obtain the coverage options set forth in this Schedule A above will be communicated by the Employer to Eligible Employees upon commencement of participation and to Participants as the time of the Enrollment Period. The required Employee contribution amounts will be considered as the maximum elective Employee contributions necessary for participation in each Plan option above.

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Integrated Statistics, Inc.
Premium Election Form

- ❑ Correction
- ❑ Change of personal information
- ❑ Change of Family Status
- ❑ Transfer
  Effective Date_________
- ❑ Termination
- ❑ Division

Personal Information

Last Name	First Name	Middle Initial	Social Security Number	
Home Address	Street	City	State	Zip

Date of Birth: / / Sex: ▢Male ▢Female Marital Status: ▢Single ▢Married Date of Hire: / /

Benefit Elections (Circle coverage elected and enter appropriate amount on total cost per month line.)

(Part Time Employee Cost Per Month*)

Name of Benefit Plans To Be Offered	Employee Only	Employee & One	Employee & Family
Harvard Pilgrim HMO Best Buy	$407.36*	$1,098.06*	$1,647.10*
Harvard Pilgrim PPO Best Buy**	$465.12*	$1,213.72*	$1,820.59*
Harvard Pilgrim PPO Best Buy***	$407.36*	$1,098.06*	$1,647.10*

* Amount after employer contribution is deducted
** Residents in New England
*** Residents outside New England

Total Cost Per Month $__________

Salary Reduction Agreement

I have read and understand the explanation I have received regarding my options under the Integrated Statistics, Incorporated Premium Only Plan. I understand I have the right to have the company redirect my salary on a pretax basis during the plan year and apply this amount toward the purchase of the medical coverage I have designated above. I understand that my share of the cost of this coverage may be adjusted from time to time to reflect the change in rates charged by the carriers. I acknowledge that my election is irrevocable unless there is a change in my status. A change in status includes: marriage; divorce; death of a spouse or dependent; birth of a dependent; birth or adoption of a child; change in number of dependents; termination of employment or commencement of employment; a strike or lockout; commencement or return from an unpaid leave of absence; a change in worksite; or any change in employment status that affects eligibility; a change in residence for me, my spouse or children; or my dependent either satisfies or ceases to satisfy requirements for coverage due to change in age, student status, or any similar circumstances; or a change in my or my spouse's employment status.

It is specifically the Participant's responsibility regarding insurance premium reimbursement not to request anything that could violate the terms of their insurance policy.

I hereby apply for the options listed above. If necessary, I authorize Integrated Statistics, Inc. to adjust my pay as required by my elections. I understand that the benefit options I have elected will remain in force from April 1 until March 31, unless my family status changes.

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_________________________________ _______________
Employee Signature Date

_________________________________ _______________
Company Representative Date

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