



CenturyLink™

2010 ANNUAL ENROLLMENT ELECTION FORM
RETIREE

LEGACY CTL
Ret-CTLForm10

EFFECTIVE DATE: 01/01/2010

For questions, call CenturyLink Employee Resource Center at 1-888-722-4372

Pern No. #

(Office Use Only)

KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Form fields for Social Security Number, Last Name, First Name, Middle Initial, Mailing Address, City, State, Zip, Home Telephone Number, Alternate Telephone Number, and Date of Birth.

Is your spouse a CenturyLink employee or retiree? Yes \_\_\_ No \_\_\_ Not Married \_\_\_ (Double coverage is not allowed)

If Yes, please list their first and last name and social security number:

Table with columns for dependent information: LIST DEPENDENT/S, GENDER, RELATIONSHIP TO RETIREE, FULL SOCIAL SECURITY NUMBER, and DATE OF BIRTH.

Table for plan selection with columns: MEDICAL PLAN (includes Rx plan), COVERAGE LEVEL FOR MEDICAL, DENTAL PLAN, COVERAGE LEVEL FOR DENTAL, VISION PLAN, and COVERAGE LEVEL FOR VISION.

BASIC LIFE PLAN: For coverage amount, see your enclosed 2010 Benefits Confirmation Statement.

AUTHORIZATION: I have received and read the printed material describing my benefit plan options. I understand that the plan elections I have made are binding for the calendar year and that I will not be able to change my election until the next annual enrollment period, unless I have a qualifying status change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_