



CenturyLink™

2010 ANNUAL ENROLLMENT ELECTION FORM
COBRA PARTICIPANT

Form with fields: EFFECTIVE DATE: 01/01/2010, KEEP A COPY FOR YOUR RECORDS, FOR QUESTIONS, CALL THE EMPLOYEE RESOURCE CENTER AT 1-888-722-4372 OR A&I BENEFIT PLAN ADMINISTRATORS AT 1-800-547-4457, Last Name, First Name, Middle Initial, Social Security Number, Date of Birth, Mailing Address, City, State, Zip, Home Telephone Number w/Area Code, Alternate Telephone Number w/Area Code.

NOTE: If you are enrolled in the UHC PPO now and do not make any changes, you will automatically be enrolled in Highmark PPO plan if you live in one of the following states:

-Indiana -Michigan -Nevada -New Jersey -North Carolina -Ohio -Pennsylvania -South Carolina -Tennessee -Virginia

*If you do not elect to change your healthcare plans, coverage level or dependent information you do not need to return this form.

* If you do elect to change your healthcare plans, coverage level or dependent information, please complete this form and return it to A&I Benefit Plan Administrators NO LATER THAN MONDAY, NOVEMBER 23, 2009 (address is listed below).

2010 HEALTHCARE PLANS

Form with checkboxes for Medical Coverage (UHC PPO, Highmark PPO, UHC CDHP, Waive Medical Coverage), Dental Coverage (Delta Dental Basic, Delta Dental Enhanced, Waive Dental Coverage), Vision Coverage (Vision Service Plan, Waive Vision Coverage).

2010 COVERAGE LEVELS

Form with checkboxes for Employee Only, Employee & Spouse, Employee & Child/ren, Employee & Family, Employee & Domestic Partner, Employee & Domestic Partner & Child/ren, Spouse Only, Spouse & Child/ren, Domestic Partner Only, Domestic Partner & Child/ren, Children Only.

2010 DEPENDENT INFORMATION To add, remove or update dependents, complete the section below.

Table with columns: ADD, REMOVE, UPDATE, LIST DEPENDENT/S (FIRST, M INITIAL AND LAST NAME/S), GENDER: M/F, RELATIONSHIP CODE: 1-Spouse, 2-Child, 6-Step Child, 13-Domestic Partner (Certification Required), 91-Grandchild, 92-Niece/Nephew, FULL SOCIAL SECURITY NUMBER: (NOT required for newborns; temporary ss# will be assigned), DATE OF BIRTH: Mo., Day, Yr., *FULL TIME STUDENT (Age 19-25) Yes, No.

* (Full Time Student) For dependent/s between the ages of 19 and 25, a current Full Time Student Verification form must be on file.

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, or within 31 days of a qualified status change. I further understand that I have the option to waive my existing plans at any point during the year. A request in writing is required to remove, update or waive my plans. The request should be sent to A&I Benefit Plan Administrators. I understand I will receive monthly invoices from A&I Benefit Plan Administrators for payments due on the first day of the month in which I am purchasing coverage. Payment must be received by the end of the month for which coverage is purchased. If I fail to make timely payments, I understand that COBRA benefits will terminate on the last day of the month for which payment was made. Benefits may not be reinstated. I authorize any provider of health services to provide, upon request, any information concerning the health, condition or treatment of any covered person whenever such information is considered necessary with respect to the delivery of medical care, the proper disposition of claim submitted for payment, medical management activities or in fulfillment of obligations imposed by State or Federal Law. I certify that the information supplied above is true to the best of my knowledge. I understand that any falsification, misrepresentation, misleading statements or omission may be cause for immediate termination regardless of when or how discovered.

Signature: _____ Date: _____

Return original to A&I Benefit Plan Administrators, Attn: CenturyLink Enrollment, 1220 SW Morrison St. #300, Portland, OR, 97205-2222