



**2010 INTENT TO ENROLL IN
LEVEL 3 HEALTH PLAN**

**(FOR EMPLOYEES/SPOUSES QUALIFYING FOR LEVEL 2 WITH A SCORE
OF 61 OR ABOVE AND NON-TOBACCO USER)**

Employee Name: _____
(Please Print)

Dept.: _____

Health Plan Participant Name: _____
(Please Print)

I intend to enroll in Level 3 of the Health Plan for 2010. I understand that I need to complete a "2010 Wellness Certificate" by March 1, 2010, in order to be placed in Level 3 for 2010.

Signed: _____

Date: _____

Please note, separate forms must be completed by both the employee and their spouse, if spouse is enrolled in the health plan and has a score of 61 or above and non-tobacco user.

If you and/or your spouse have not completed your "2010 Wellness Certificate" by November 20, 2009, and do not complete and submit this form to Human Resources by November 20, 2009, you will remain in Level 2 (= to 2009 Plan 2000) for 2010.

**PLEASE RETURN THIS FORM TO HUMAN RESOURCES
BY NOVEMBER 20, 2009.**