

Martin Transportation Systems, Inc.
January 1, 2012 Benefits Election Form
Drivers/Mechanics/Office

Martin Transportation Systems, Inc. will continue to offer medical, dental, vision and life insurance plans this election period. Please make your selections below, sign, and return this form to Meghan Bultema by December 9, 2011. **Please note if you are making any changes to your current coverage that includes adding or deleting dependents, you must also complete an enrollment form for each insurance carrier.**

If you do not wish to participate in a particular plan, please check the box marked "waive", and sign and return the form.

Employee Name (Print)

INSURANCE OPTIONS

Please select what type of coverage you are electing by putting an "X" in each column for each benefit available. Please note the employee contributions below are based on weekly payroll deductions.

<i>Coverage Type</i>	<i>BCBS Medical</i>	<i>Humana Preventative Plus Dental</i>	<i>Humana Traditional Preferred Dental</i>	<i>Humana Optimum Vision</i>
<i>Single</i>	\$40.00	\$3.27	\$5.93	\$2.45
<i>Employee & Spouse</i>	N/A	\$7.19	\$13.75	\$4.65
<i>Employee & Child(ren)</i>	N/A	\$8.13	\$18.57	\$4.89
<i>Two Person</i>	\$70.00	N/A	N/A	N/A
<i>Family</i>	\$70.00	\$12.68	\$25.48	\$7.33
<i>Waive</i>				

I understand the coverage I have elected is effective January 1, 2012 and this election is for period January 1, 2012 thru December 31, 2012.

- Yes, I would like my employee contributions to reduce my salary on a pre-tax basis. I understand this may reduce my potential Social Security benefits. I realize I can change this election only during the election period prior to any plan year or if there has been a qualifying change in my family's status, employment or group health care coverage. Adjustments will be made for missed weeks and prices/plan specifics are subject to change.

Employee Signature

Date