

2009-10 INSURANCE RATES

BASE PLAN

	Total Premium	Paid by Life School	Paid by Employee
Employee Only	407.34	407.34	-
Employee+Spouse	1,189.47	407.34	782.13
Employee+Child(ren)	794.33	407.34	386.99
Employee+Family	1,580.53	407.34	1,173.19

BUY-UP PLAN

	Total Premium	Paid by Life School	Paid by Employee
Employee Only	482.91	407.34	75.57
Employee+Spouse	1,410.12	407.34	1,002.78
Employee+Child(ren)	941.69	407.34	534.35
Employee+Family	1,873.72	407.34	1,466.38

VISION

	Total Premium	Paid by Life School	Paid by Employee
Employee Only	7.57	-	7.57
Employee+Spouse	14.40	-	14.40
Employee+Child(ren)	15.09	-	15.09
Employee+Family	23.21	-	23.21

DENTAL

	Total Premium	Paid by Life School	Paid by Employee
Employee Only	28.62	14.31	14.31
Employee+Spouse	58.82	14.31	44.51
Employee+Child(ren)	68.27	14.31	53.96
Employee+Family	108.36	14.31	94.05

Pre-tax Option

I have applied for certain eligible coverage under the Section 125 Salary Reduction Plan of "LIFE SCHOOL OF DALLAS, INC." This Salary Reduction Agreement, in accordance with the Plan Document, allows my employer to reduce my pre-tax wages by the cost of the benefits I have elected. I understand that this reduction may possibly reduce my FICA (Social Security) contributions and benefits. I understand that this agreement is irrevocable and cannot be changed or modified, except for the provisions that are provided for in the Plan Document, until the next open enrollment period. Any previous Salary Reduction Agreement under the plan relating to the same benefits offered herein is hereby revoked.

Post-tax Option

I decline the opportunity to enter a Salary Reduction Agreement at this time. I understand that my benefits deductions, if any, will be made after taxes have been withheld from my gross wages.