

ALTA HEALTH INSURANCE COMPANY

2009 HOSPITAL SUPPLEMENTAL CONTINUATION REQUEST FORM

365 Plus Plan

Insured individuals and their currently covered eligible dependents may elect to continue their Group In-Hospital Supplemental coverage from the date employment terminates. Coverage may continue for 18 months from the qualifying event. The individual who elects to continue coverage is required to pay the full monthly premium on the first of each month. Failure to do so will result in the termination of the continuation provision. **PLEASE NOTE: Termination Notices are NOT sent. REMITTING THE PREMIUM IS THE EMPLOYEE'S SOLE RESPONSIBILITY; THERE IS NO DIRECT COMPANY BILLING.** If you will be receiving a retirement check from the State you may elect to have your monthly premium deducted from your check. Please contact ALTA at 800.888.5256 for additional information and the Authorization Form.

I elect to continue the following coverage:

(All of 2009 premiums are based on your age as of 1-1-2009)

	Employee Only	Employee & Family
1. Option I	() \$ _____	() \$ _____
2. Option II	() \$ _____	() \$ _____
3. Option III	() \$ _____	() \$ _____

(Premium amounts listed on the back)

For Office Use Only:

Dept Code _____
 App # _____
 Old Plan _____
 Credit _____
 Check # _____

Retired Employee's Name	Date of Birth
Spouse's Name	Date of Birth
Dependent's Name	Date of Birth
Dependent's Name	Date of Birth

Received _____
 Check Amt _____
 Prem _____
 New PTD _____
 New EFF _____

Mailing Address:

Street or P.O. Box Number _____

City _____ State _____ Zip _____

Phone Number: () _____ Monthly Premium Rate: \$ _____

Social Security No.: _____ Date Employment Terminated: ____/____/____

Date Form Completed: _____ Signature: _____

PLEASE RETURN THIS FORM AND YOUR FIRST CHECK TO:

ALTA
 P.O. Box 40926
 Jacksonville, FL 32203-0926



2009 Monthly Premium Rates

(To Calculate BI-WEEKLY RATES, divide by 2)

365 Plus

(See policy and brochure for complete description.)

- Fixed daily benefit (per day confinement)
- Option I - \$100 (open to new enrollees)
- Option II - \$200 (open to new enrollees)
- Option III - \$300 (closed to new enrollees)
- One day of fixed daily benefit for Ambulatory Surgical Center
- Home Health care benefit 50% of daily benefit / 7 day limit per confinement with prescription
- Convalescent or skilled nursing facility: 100% of fixed daily benefit to a maximum of 20 days per confinement if transferred from a hospital / 60% of fixed daily benefit if in lieu of inpatient hospitalization

365+ \$100/per day Plan Code 8030																	
Rates are based on your age as of 1-1-2009																	
01 Single <input type="checkbox"/>						20 Family <input type="checkbox"/>											
Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family
18	\$3.42	\$8.06	29	\$4.16	\$10.62	40	\$5.86	\$14.26	51	\$9.00	\$19.86	62	\$12.92	\$26.28	73	\$16.78	\$33.58
19	\$3.42	\$8.12	30	\$4.30	\$11.06	41	\$6.04	\$14.58	52	\$9.30	\$20.32	63	\$13.14	\$26.56	74	\$17.20	\$34.40
20	\$3.44	\$8.24	31	\$4.44	\$11.52	42	\$6.26	\$14.94	53	\$9.62	\$20.88	64	\$13.48	\$27.06	75	\$17.62	\$35.24
21	\$3.46	\$8.36	32	\$4.58	\$11.90	43	\$6.50	\$15.36	54	\$10.04	\$21.64	65	\$13.82	\$27.64	76	\$18.06	\$36.10
22	\$3.48	\$8.48	33	\$4.70	\$12.32	44	\$6.82	\$15.98	55	\$10.46	\$22.38	66	\$14.16	\$28.32	77	\$18.50	\$37.00
23	\$3.52	\$8.60	34	\$4.86	\$12.64	45	\$7.16	\$16.62	56	\$10.82	\$22.94	67	\$14.52	\$29.04	78	\$18.94	\$37.90
24	\$3.58	\$8.82	35	\$5.02	\$12.90	46	\$7.40	\$17.04	57	\$11.16	\$23.52	68	\$14.88	\$29.76	79	\$18.94	\$37.90
25	\$3.68	\$9.14	36	\$5.14	\$13.08	47	\$7.64	\$17.44	58	\$11.50	\$24.04	69	\$15.24	\$30.50			
26	\$3.78	\$9.44	37	\$5.28	\$13.28	48	\$7.92	\$17.88	59	\$11.92	\$24.74	70	\$15.62	\$31.24			
27	\$3.88	\$9.76	38	\$5.44	\$13.56	49	\$8.30	\$18.60	60	\$12.34	\$25.44	71	\$16.00	\$32.00			
28	\$4.02	\$10.20	39	\$5.66	\$13.94	50	\$8.70	\$19.32	61	\$12.72	\$26.04	72	\$16.38	\$32.78			

365+ \$200/per day Plan Code 8040																	
Rates are based on your age as of 1-1-2009																	
01 Single <input type="checkbox"/>						20 Family <input type="checkbox"/>											
Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family
18	\$7.56	\$17.80	29	\$9.18	\$23.44	40	\$12.94	\$31.52	51	\$19.90	\$43.86	62	\$28.54	\$58.06	73	\$37.08	\$74.16
19	\$7.56	\$17.96	30	\$9.50	\$24.44	41	\$13.34	\$32.20	52	\$20.52	\$44.90	63	\$29.04	\$58.68	74	\$37.98	\$75.98
20	\$7.60	\$18.20	31	\$9.82	\$25.44	42	\$13.82	\$33.00	53	\$21.24	\$46.12	64	\$29.78	\$59.78	75	\$38.92	\$77.84
21	\$7.66	\$18.46	32	\$10.12	\$26.34	43	\$14.34	\$33.92	54	\$22.20	\$47.80	65	\$30.52	\$61.06	76	\$39.88	\$79.76
22	\$7.70	\$18.72	33	\$10.40	\$27.24	44	\$15.06	\$35.30	55	\$23.12	\$49.44	66	\$31.28	\$62.56	77	\$40.86	\$81.74
23	\$7.76	\$19.00	34	\$10.72	\$27.94	45	\$15.82	\$36.72	56	\$23.88	\$50.68	67	\$32.08	\$64.16	78	\$41.84	\$83.70
24	\$7.90	\$19.48	35	\$11.08	\$28.52	46	\$16.36	\$37.66	57	\$24.66	\$51.94	68	\$32.86	\$65.74	79	\$41.84	\$83.70
25	\$8.12	\$20.18	36	\$11.36	\$28.92	47	\$16.90	\$38.52	58	\$25.40	\$53.08	69	\$33.68	\$67.36			
26	\$8.34	\$20.86	37	\$11.66	\$29.34	48	\$17.48	\$39.52	59	\$26.32	\$54.66	70	\$34.48	\$68.98			
27	\$8.56	\$21.58	38	\$12.04	\$29.94	49	\$18.34	\$41.10	60	\$27.26	\$56.20	71	\$35.34	\$70.68			
28	\$8.88	\$22.52	39	\$12.50	\$30.80	50	\$19.20	\$42.70	61	\$28.10	\$57.52	72	\$36.20	\$72.42			

365+ \$300/per day Plan Code 8050																	
Rates are based on your age as of 1-1-2009																	
01 Single <input type="checkbox"/>						20 Family <input type="checkbox"/>											
Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family
18	\$11.56	\$27.24	29	\$14.04	\$35.84	40	\$19.78	\$48.20	51	\$30.42	\$67.08	62	\$43.66	\$88.78	73	\$56.70	\$113.40
19	\$11.56	\$27.46	30	\$14.54	\$37.38	41	\$20.40	\$49.24	52	\$31.40	\$68.66	63	\$44.40	\$89.72	74	\$58.08	\$116.18
20	\$11.62	\$27.84	31	\$15.04	\$38.90	42	\$21.12	\$50.46	53	\$32.50	\$70.52	64	\$45.54	\$91.40	75	\$59.52	\$119.04
21	\$11.72	\$28.24	32	\$15.46	\$40.28	43	\$21.94	\$51.88	54	\$33.94	\$73.08	65	\$46.68	\$93.36	76	\$60.98	\$121.96
22	\$11.78	\$28.64	33	\$15.90	\$41.66	44	\$23.04	\$53.98	55	\$35.36	\$75.60	66	\$47.84	\$95.68	77	\$62.50	\$125.00
23	\$11.86	\$29.04	34	\$16.40	\$42.74	45	\$24.18	\$56.14	56	\$36.54	\$77.50	67	\$49.06	\$98.12	78	\$64.00	\$127.98
24	\$12.08	\$29.80	35	\$16.94	\$43.62	46	\$25.02	\$57.58	57	\$37.72	\$79.42	68	\$50.26	\$100.52	79	\$64.00	\$127.98
25	\$12.42	\$30.84	36	\$17.38	\$44.22	47	\$25.84	\$58.90	58	\$38.82	\$81.18	69	\$51.50	\$103.00			
26	\$12.76	\$31.90	37	\$17.84	\$44.86	48	\$26.72	\$60.42	59	\$40.26	\$83.58	70	\$52.74	\$105.48			
27	\$13.10	\$32.98	38	\$18.40	\$45.80	49	\$28.04	\$62.86	60	\$41.68	\$85.94	71	\$54.04	\$108.08			
28	\$13.58	\$34.44	39	\$19.12	\$47.10	50	\$29.36	\$65.28	61	\$42.96	\$87.96	72	\$55.36	\$110.74			

If you should have any questions regarding this adjustment, please do not hesitate to call us at 1-800-888-5256 or contact your Capital Insurance Representative at 1-800-780-3100