

POSTRETIREMENT SUPPLEMENTAL HEALTH BENEFITS PLAN ENROLLMENT AND CHANGE FORM

• **PRINT your name (first name, middle initial, last name), Employee Number and Social Security Number.**

<i>Your Name</i>	<input style="width: 95%;" type="text"/>
<i>Employee Number</i>	<input style="width: 95%;" type="text"/>
<i>Social Security Number</i>	<input style="width: 95%;" type="text"/>

• **If this is the FIRST TIME you are enrolling in the Plan, check "New Enrollment." If you already have an account (even if you have not been making contributions recently), check "Change to Current Enrollment."**

	<i>New Enrollment</i>	<input type="checkbox"/>
	<i>Change to Current Enrollment</i>	<input type="checkbox"/>

• **CONTRIBUTION ELECTION. Write in the amount you want to contribute each week. Write in both dollars and cents--for example, \$10.50. If you're paid weekly, this amount will be deducted from each paycheck. If you're paid biweekly, this amount will be doubled and deducted from each paycheck. ¶ If you want to stop contributing, write "0" in this space.**

	<i>I authorize you to deduct from my pay each week and deposit this amount in my trust account.</i>	<input style="width: 95%;" type="text"/>
	<i>Category 368 Type 01</i>	

• **DEATH BENEFIT ELECTION. Please check one. You are making an irrevocable (unchangeable) election. Choose one of the two death benefit choices, indicating how you want benefits paid to your survivors in the event of your death. (Death benefits are paid only if you have a spouse or dependent children; if you are unmarried and have no dependent children, no death benefits are payable.) ¶ The choice you make now may not be changed in the future. You should read your Plan summary for full details on these benefits before making your election. ¶ If you do not make an election, your account balance will be made available to your beneficiary(ies) for eligible health care expenses.**

	<i>In the event of my death while employed by PSE&G or a participating affiliate, I wish to:</i>
	<i>Have a lump sum death benefit payable to my beneficiary(ies)*.</i> <input type="checkbox"/>
	<i>Allow my beneficiary(ies)* to use my account balance for eligible health care premiums and expenses, in accordance with the provisions of the Plan.</i> <input type="checkbox"/>

* Your beneficiary is your spouse. If your spouse dies before you, your dependent children are your beneficiaries.

• **Sign and write in today's date.**

<i>Your Signature</i>	<hr style="border: 0.5px solid black;"/>
	<i>Date</i> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> • <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> • <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Please send to : Benefits Express (PSE&G)
100 Half Day Road
Lincolnshire, Illinois 60069-3242

Your choice will take effect as soon as administratively possible--generally, the first of the month after your form is processed.