Questionnaire for Adult Child's Employer

To whom it may concern:

MATC employee, __________________________(insert name here), may be eligible to add his/her child, ______________________ (insert child's name) to his/her medical and/or dental and/or vision insurance plan ("hereafter know as the "Plan") coverage through MATC. His/her child is an employee (hereafter known as the "Employee") of your company. MATC (the "College") needs certain information about the coverage, if any, your Company (the "Company") provides or makes available to the Employee named above. Please complete this questionnaire and return it to the following address no later than May 18, 2010:

MATC
Attn: Compensation & Benefits Dept.
700 W. State St. – Rm. M254
Milwaukee, WI 53233

Thank you in advance for your cooperation. If you have any questions about the content of this form, please contact either Julie Foley or Jan Loderhose at (414) 297-6504 or 297-6937, respectively.

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1. CHILD'S EMPLOYER Information

Name of employer/company: ____

Name/contact information for employer representative completing this document:

Name (Print): ______________________________________ Phone Number: __________________

2. Adult Child's Information

Employee's Name: ___________________________ Employee's Date of Hire: ________________

1. Group Health Plan Coverage

Does the Company sponsor a group health plan? **Yes** **No**

Definition of a "group health plan": a plan that provides general health coverage to its employees either through a plan covering at least 2 employees or through individual health benefit plans covering eligible employees when 3 or more are sold to or through the employer.

A group health plan does not include policies which merely provide for income replacement (e.g., worker's compensation), policies which are substantially limited in scope (e.g., cancer policies, travel accident policies, long-term care coverage, or Medicare supplemental coverage), or policies which only tangentially cover medical benefits (e.g., medical payments from auto coverage). If you have any questions about whether your plan is a group health plan, please contact us at the phone numbers given above.

a. If yes, is the Employee eligible for coverage under the Company's group health plan? **Yes** **No**

b. If yes, is the Employee enrolled in the Company's group health plan? **Yes** **No**

c. If yes, at what level of coverage is the Employee enrolled? (circle one)

□ Single **□ Single plus one** **□ Family** **□ Other: ________________________**

d. What is the amount charged to a single employee per month for his/her share of the monthly premiums for health coverage? **$** ____________________________

2. Dental Plan Coverage

Does the Company offer dental coverage? (circle one) **Yes** **No**

a. If yes, is the Employee eligible for coverage under the Company's dental plan? **Yes** **No**

b. If yes, is the Employee enrolled in the Company's dental plan? **Yes** **No**

c. If yes, at what level of coverage is the Employee enrolled?

□ Single **□ Single plus one** **□ Family** **□ Other: ________________________**

d. What is the amount charged to a single employee per month for his/her share of the monthly premiums for dental coverage? **$** ____________________________

3. Vision Plan Coverage

Does the Company offer vision coverage? (circle one) **Yes** **No**

a. If yes, is the Employee eligible for coverage under the Company's vision plan? **Yes** **No**

b. If yes, is the Employee enrolled in the Company's vision plan? **Yes** **No**

c. If yes, at what level of coverage is the Employee enrolled?

□ Single **□ Single plus one** **□ Family** **□ Other: ________________________**

d. What is the amount charged to a single employee per month for his/her share of the monthly premiums for vision coverage? **$** ____________________________

Signature of Employer Representative

______________________________________ Date: ________________________________

Please see that this document is returned to the MATC address above in sufficient time to meet/beat the May 18, 2010 deadline