

2011 Benefits Enrollment Form

Retirees/Survivors of The Dow Chemical Company

Are you changing your 2011 medical plan or covered Dependents (Spouse of Record/Domestic Partner of Record and/or Children)?

No **STOP:** Do not return this form — Your coverage will remain the same as it appears on your *Current Benefits Coverage Statement*. Please note that if you are a Pre-Medicare Eligible Retiree, you still will need to complete and return a *Spouse/Domestic Partner Insurance Form* to Aetna.

Yes Use this form to enroll in or change your medical plan, change your coverage level or to add or drop Dependents effective January 1, 2011. Return the completed, signed form to the EDRC at the address that is printed on the reverse side, **or you may fax both sides of the completed, signed form to 989-638-1316 by October 29, 2010.**

Employee/Survivor Number: _____ Dow SP of Record/DP of Record Number (if applicable): _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone Number: (____) _____ - _____

If this is a new address, please check one of these boxes.

Effective immediately Effective as of 1/1/11

Date of Birth: ____/____/____ Medicare Eligible No Yes Date Eligible ____/____/____

Medical Plan Election (Postmark Deadline: October 29, 2010)
Effective Date: January 1, 2011

PART A: I want to change my plan election (check only one box). (You may be enrolled in only ONE plan. Your election below will REPLACE your current plan. It will not be in addition to it.)

If you are changing your medical plan election to enroll in a Medicare Advantage HMO and/or leave a Medicare Advantage HMO effective January 1, 2011, you **also** must call Secova at 888-282-0424 to confirm eligibility for the HMO and request the required HMO paperwork to enroll in the Medicare Advantage HMO or to disenroll from the Medicare Advantage HMO and re-enroll in traditional Medicare Parts A and B.

- MAP Plus
- Catastrophic Medical Plan (available only to Pre-Medicare Eligible)
- Split Coverage MAP Plus/Catastrophic Medical Plan
- HMO (name of plan _____)
- Triple-S PPO Plan (Puerto Rico residents only)
- Waive (No medical coverage for Retiree and Dependents.)

PART B: I want to change my coverage level (check only one box).

- Retiree/Survivor Only
- Retiree + Spouse of Record
- Retiree + Domestic Partner of Record
- Retiree/Survivor + Child(ren) (no SP of Record/DP of Record)
- Retiree + Spouse of Record + child(ren)
- Retiree + Domestic Partner of Record + Child(ren)

Form continued on following page...
Signature required on second page of this Enrollment Form.

PART C: Changes to dependents effective January 1, 2011

Please call the Retiree Service Center at 800-344-0661 to complete a status change if your covered Spouse of Record/ Domestic Partner of Record or children were ineligible prior to January 1, 2011. The following are considered status change events: divorce from your Spouse of Record, your Spouse of Record is deceased, or your child reaches age 26 or has access to coverage through another group plan.

Adding Dependents:

List all Dependents to be **added** effective January 1, 2011. Dependents include Spouse of Record, Domestic Partner of Record and children.

Name (print full legal name)	Relationship	Birthdate MM/DD/YY	Social Security Number	Medicare Eligible (if yes, date)
				<input type="checkbox"/> No <input type="checkbox"/> Yes _____
				<input type="checkbox"/> No <input type="checkbox"/> Yes _____
				<input type="checkbox"/> No <input type="checkbox"/> Yes _____
				<input type="checkbox"/> No <input type="checkbox"/> Yes _____

When adding, be sure to include the appropriate legal documents, as noted:

- **Child** – please supply a copy of his or her birth certificate, showing parents’ names.
- **Spouse of Record** – please supply a copy of your Marriage certificate, birth certificate, and Social Security number. You can add your Spouse of Record only if you were Married prior to December 31, 2002*, or at the time you left Dow, if later than December 31, 2002*.
- **Domestic Partner of Record** – you can add your Domestic Partner of Record only if you had a **Statement of Domestic Partner Relationship** and required back-up documentation on file with Dow by December 31, 2002*, or at the time you left Dow, if later than December 31, 2002*.

*December 31, 2005, for DAS Retirees.

Dropping Dependents:

List all Dependents to be **dropped** effective January 1, 2011. Dependents include Spouse of Record, Domestic Partner of Record and children.

Name (print full legal name)	Relationship	Birthdate MM/DD/YY	Reason for dropping coverage

I authorize the Plan Administrator to deduct from my pension check my contribution for coverage elected on this form, or if I do not receive a monthly pension check, I agree to pay, in advance, my contribution for this coverage, as indicated by my signature below. This request applies to the plans as presently constituted or hereafter amended. I understand The Dow Chemical Company may amend, modify and terminate the plans at any time.

Retiree/Survivor Signature: _____ Date: _____

Dow Employee Number: _____

Please place this completed, signed form in an envelope and mail it to the Dow Employee Data Resource Center (EDRC) so that it is postmarked by October 29, 2010, or you may fax both sides of the form by October 29, 2010, to the EDRC.

The Dow Chemical Company – EDRC/2011 Open Enrollment
P.O. Box 1729
Midland, MI 48641-1729
Fax: 989-638-1316