

# CHOICES 2008 ENROLLMENT FORM

RETIREES/SURVIVORS OF THE DOW CHEMICAL COMPANY

Are you changing your 2008 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.**
- 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, 2008. 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 November 30, 2007.**

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 this box.**  
 Effective immediately     Effective as of 1/1/08

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medicare Eligible  No  Yes Date Eligible \_\_\_\_\_

**MEDICAL PLAN ELECTION (POSTMARK DEADLINE: NOVEMBER 30, 2007)  
 EFFECTIVE DATE: JANUARY 1, 2008**

**PART A: Plan Election (You may be enrolled in only ONE plan. Your election below will REPLACE your current plan. It will not be in addition to it.)**     **Keep current medical plan.**

If you currently are waiving your Dow Retiree Medical coverage and you are enrolling for a plan, please review “Enrollment Guidelines” on page 37. 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, 2008, you **also** must call UltraLink 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**
- HMO (NAME OF PLAN \_\_\_\_\_)\***
- CATASTROPHIC MEDICAL PLAN**
- TRIPLE-S PPO PLAN (PUERTO RICO RESIDENTS ONLY)**
- WAIVE** (No medical coverage for Retiree and Dependents.)

**PART B: Coverage Level** (Check one box only if electing Medical coverage.)     **Keep current coverage level.**

- 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)**

*\*If you are enrolling in Aetna Health of California, Health Net of California, Kaiser Foundation Health Plan, Inc. (Northern or Southern California) or PacifiCare of California, see page 24 for details about the arbitration agreement you will receive under separate cover to sign and return before your enrollment will be activated.*

*Form continued on reverse side...*

**PART C: Dependents to be added and/or dropped effective January 1, 2008**

List all Dependents to be **added** effective January 1, 2008. 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. 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.

List all Dependents to be **dropped** effective January 1, 2008. Dependents include Spouse of Record, Domestic Partner of Record and children.

**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, 2008.** The following are considered status change events: divorce from your Spouse of Record, your Spouse of Record is deceased, your child is employed full time or self-employed, your child marries, your child is serving in the Armed Services, your child is no longer principally dependent upon you for financial support or your child is between ages 19 and 25 and is no longer a full-time student.

Name (print full legal name)	Relationship	Birthdate MM/DD/YY	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 or 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 November 30, 2007, or you may fax both sides of the form by November 30, 2007, to the EDRC.**

The Dow Chemical Company – EDRC/2008 Choices  
 P.O. Box 1729  
 Midland, MI 48641-1729  
 Fax: (989) 638-1316