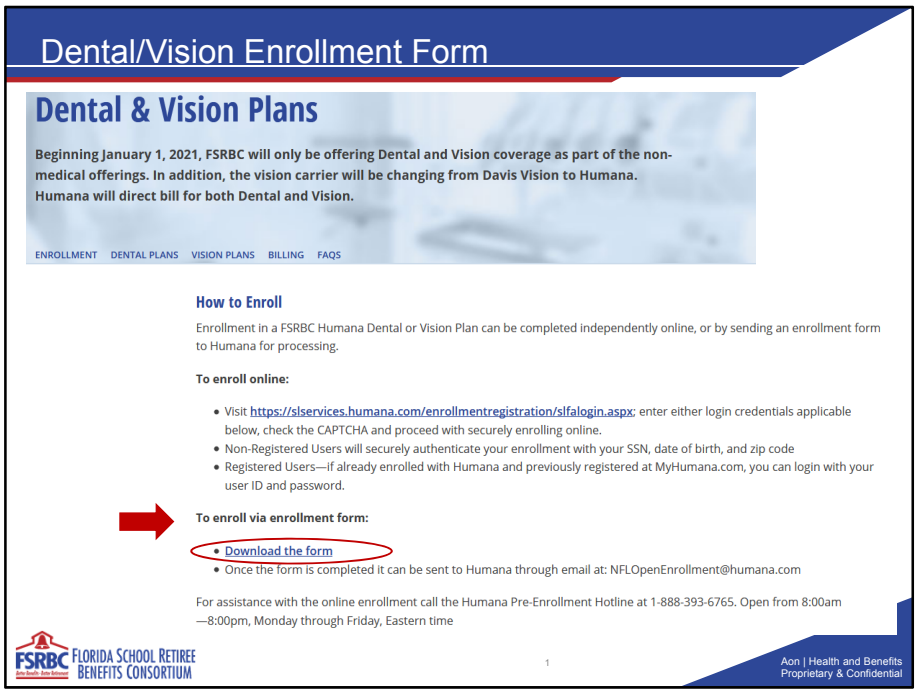
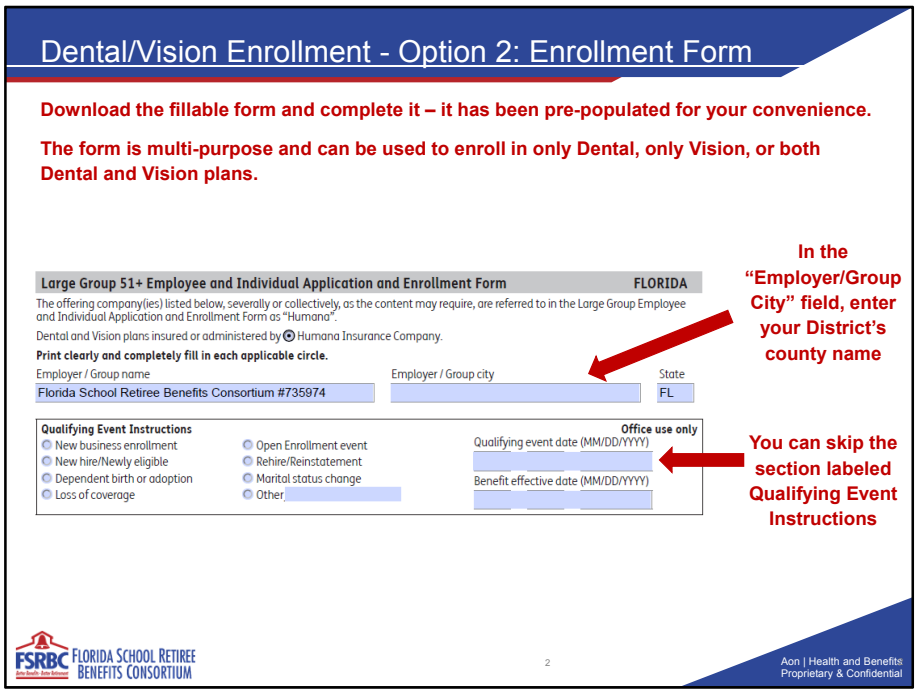


These are instructions to help you complete the Dental and Vision Enrollment Form. You can access the enrollment form at www.myfsrbc.com under the Dental & Vision section.

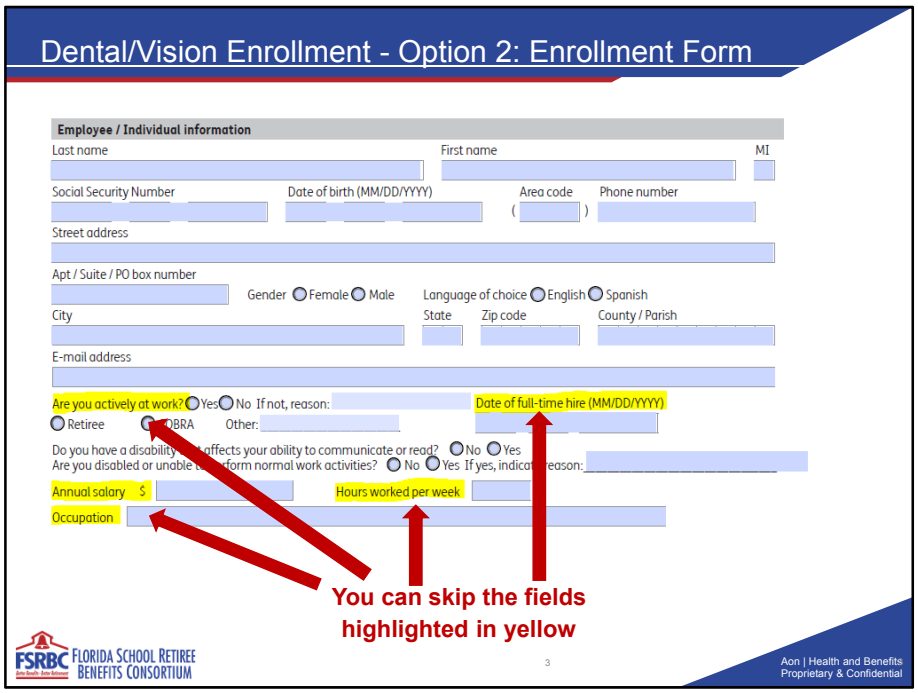
First, scroll down to the “How to Enroll” section. Where it says “To enroll via enrollment form”, click on the link to open and download the form.



Once you download the form, you'll see that many fields have been pre-populated for your convenience. You can use this form to enroll in only Dental, only Vision, or both Dental and Vision. We'll walk you through the remainder of the form now.

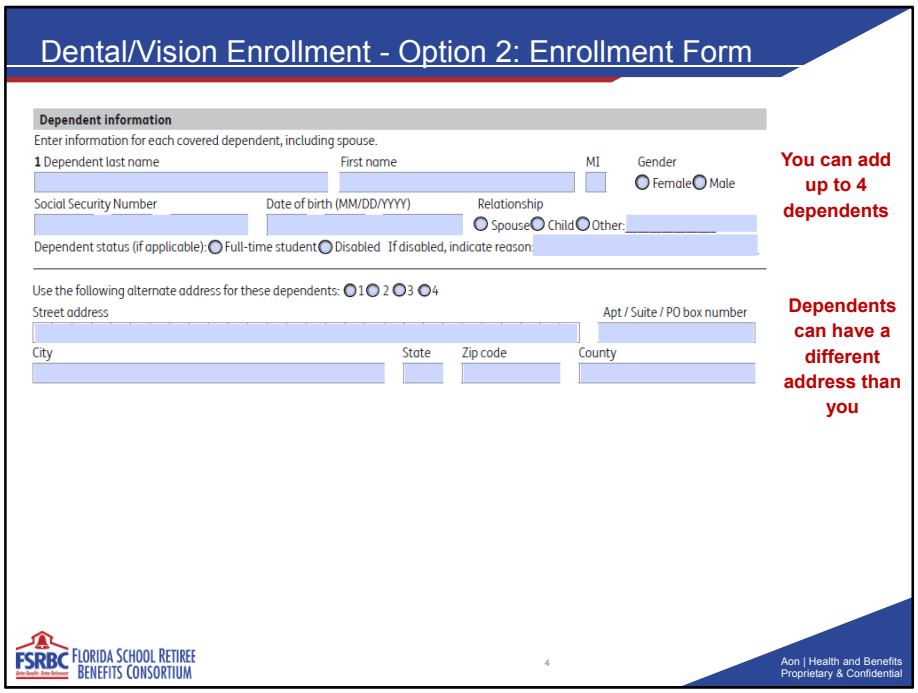
At the top of the form, you'll see that FSRBC has already been filled out in the Employer/Group Name field. You will need to complete the "Employer/Group City" field with the name of your District. This doesn't have to be the full formal name of your District – it can simply be the name of the county. For example, you can simply put in "Putnam" or "Washington" rather than the full School District name.

You can skip the Qualifying Event Instructions box completely.

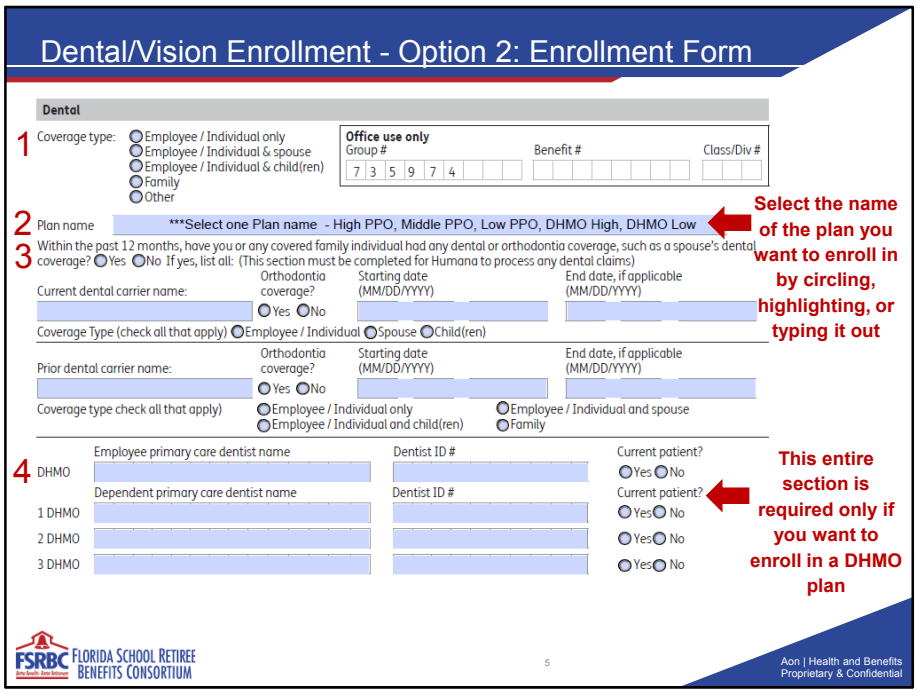


Next, you'll enter your personal information, such as Name, Social Security Number, Date of Birth, and your phone number and mailing address. You can skip the fields highlighted in yellow:

- Are you actively at work?
- Date of full time hire
- Annual salary
- Hours worked per week and
- Occupation



Next, you'll complete your family information and add any dependents you may have. You can add up to four dependents (we've only shown the information here for one) and you can have a separate address for your dependents, if you'd like.



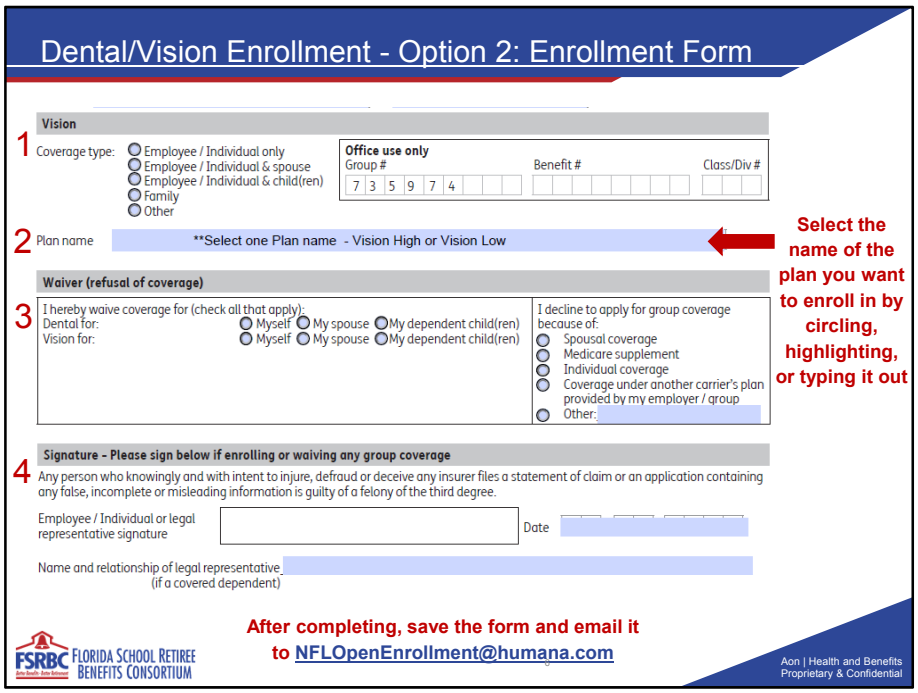
Next, if you want to enroll in a Dental plan, you'll complete the Dental section shown here.

First, you'll indicate the level of coverage you want - just you, you and your spouse, you and a child or children, or you and your family)

Second, you'll circle, highlight, or type in the name of the plan you want to enroll in (all plan options are shown here)

Third, you'll indicate If you or your family members have had orthodontia coverage in the past year and, if so, provide some additional detail regarding that coverage.

And, finally, if you want to enroll in a DHMO plan, you'll list the primary care dentist you've chosen here. If you are currently enrolled in a PPO plan or want to enroll in a PPO plan, you do not need to complete this section.



Next, if you want to enroll in Vision, you'll complete the Vision section. Like with Dental, you'll choose what level of coverage you want and indicate the plan name you want to enroll in.

After that section, there will be two brief Acknowledgement and Authorization sections you'll need to read through, which we haven't shown here.

You'll then indicate if you're waiving either Dental or Vision coverage and select why.

Then, at the bottom of the page, you'll sign and date the form.

Once you've completed the form and enrolled in the plans you'd like, save the enrollment form you've completed and then email this form to the email address listed here.