

Confirmation Statement

Test Gaya

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This is your confirmation of enrollment. For your reference, you can print this page. You will not receive a statement in the mail. This message can be customized using resource files.

Note: Your Extended Health and Dental Package election is locked-in for the 24 month period from January 1, 2009 to December 31, 2010, unless you experience an eligible life or work event during the period. Please consult your Group Benefits Plan booklet or your local HR Representative for more details.

Your Flex dollars (long)

| Flex | Dollar |
|--------------------------|------------|
| Your Flex dollars (long) | \$1,025.00 |

Your Benefits

Coverage effective from: May 2, 2021 to December 31, 2021

| Benefit | Option | Description / Coverage / Category | Annual Cost | Flex dollars (short) Applied | Payroll Deductions Per Pay |
|--|--------|-----------------------------------|----------------|------------------------------|----------------------------|
| Medical Options | 1 | No Coverage | \$0.00 | \$0.00 | \$0.00 |
| Dental Options | 1 | No Coverage | \$0.00 | \$0.00 | \$0.00 |
| Basic and Optional Life Insurance - Employee | 1 | \$25,000 Non-Smoker | \$24.90 | \$0.00 | \$0.96 |
| Accidental Death & Dismemberment Options | 1 | No Coverage | \$0.00 | \$0.00 | \$0.00 |
| Short Term Disability - Paid for by FlexIt | 1 | No Coverage | \$0.00 | \$0.00 | \$0.00 |
| EAP (Assistance Plan) - Paid for by FlexIt | 1 | Full Coverage Employee | \$0.00 | \$0.00 | \$0.00 |
| Vacation Buying | 1 | 0 Days | \$0.00 | \$0.00 | \$0.00 |
| Vacation Selling | 1 | 0 Days | - | - | - |
| Sub-Total: | | | \$24.90 | \$0.00 | \$0.96 |
| Sales Tax: | | | | | \$0.08 |

| Benefit | Option | Description / Coverage / Category | Annual Cost | Flex dollars (short) Applied | Payroll Deductions Per Pay |
|---------------------------------|--------|-----------------------------------|-------------|------------------------------|----------------------------|
| Total: | | | | | \$1.04 |
| Federal Taxable Benefit: | | | | | \$0.00 |

| Benefit | Coverage Waived As Of |
|------------------------------|-----------------------|
| Long-Term Disability Options | 05/02/2021 |

Your excess Flex dollars (long) Allocation

You have **\$1,025.00** in Flex dollars (long) remaining

| Benefit | Amount Applied |
|------------------------------|----------------|
| Health Care Spending Account | \$1,025.00 |
| Employee Share Purchase Plan | \$0.00 |

Dependents

| Dependent | Benefit | Covered Under This Plan |
|--------------------------------|---------|-------------------------|
| You have no dependents on file | | |

Beneficiaries

Basic and Optional Life Insurance - Employee

| Beneficiaries | Allocation |
|------------------------|------------|
| No beneficiary on file | |

Note: This summary is not a legal document and is subject to change. If there is a difference between this summary and the provisions of the group policy, employee application form or change form, the forms and policy provisions will prevail. For more detailed information, please refer to your benefits booklet. If you find a discrepancy in the summary, please contact your plan administrator.