

Election Summary**IMM**

Employee: McClung, Charles
Address: 1839 Rice St
Longmont, CO 80501

Hire Date: 4/10/2013
Status: Full Time Employee

Benefits as of: 1/1/2015

Plan Elections Amounts shown are per (Semi-Monthly) pay period

Benefit Category	Plan Description	Coverage	Pre-Tax	Post-Tax
Medical	Aetna PPO Plan	Employee Only	\$20.00	\$0.00
Dental	Delta Dental PPO Plan	Employee Only	\$2.50	\$0.00
Vision	VSP Vision Plan	Employee Only	\$2.50	\$0.00
Health Care FSA	Declined	Declined	\$0.00	\$0.00
Dependent Care FSA	Declined	Declined	\$0.00	\$0.00
Parking Reimbursement	Declined	Declined	\$0.00	\$0.00
Transit Reimbursement	Declined	Declined	\$0.00	\$0.00
Life/AD&D	Mutual of Omaha Basic Life/AD&D Plan	\$70,000.00	\$0.00	\$0.00
Short Term Disability	Mutual of Omaha Basic Short Term Disability Plan	\$808.00 (Weekly)	\$0.00	\$0.00
Long Term Disability	Mutual of Omaha Basic Long Term Disability Plan	\$3,499.80 (Monthly)	\$0.00	\$0.00
EE Assistance Program	Mutual of Omaha Employee Assistance Plan	N/A	\$0.00	\$0.00
Voluntary Employee Life/AD&D	Mutual of Omaha Voluntary Employee Life/AD&D Plan	\$0.00 plus \$50,000.00 pending	\$0.00	\$0.00
Voluntary Spouse Life/AD&D	Declined	Declined	\$0.00	\$0.00
Voluntary Child Life/AD&D	Declined	Declined	\$0.00	\$0.00
			\$25.00	\$0.00

Summation Amounts shown are per (Semi-Monthly) pay period

Total out of pocket expense: \$25.00

Your Employer is contributing \$232.78 to your Benefit Package.

Family Members

Name	Relation
There are no covered dependents	

Primary Beneficiaries

Benefit	Name	Relationship	%	Address
Life/AD&D	James McClung	Father	50	
Life/AD&D	Nancy McClung	Mother	50	
Voluntary Employee Life/AD&D	James McClung	Father	50	
Voluntary Employee Life/AD&D	Nancy McClung	Mother	50	

Contingent Beneficiaries

Benefit	Name	Relationship	%	Address
Life/AD&D	Leo McClung	Brother	50	
Life/AD&D	Rami Johnson	Girlfriend	50	
Voluntary Employee Life/AD&D	Leo McClung	Brother	50	
Voluntary Employee Life/AD&D	Rami Johnson	Girlfriend	50	

The above reflects benefits that I have elected and grants authorization to my employer to make the necessary payroll deductions. I understand that I cannot make changes to my elected benefits, or enroll in any currently declined or terminated benefits until the next open enrollment period, except for specified "Qualified Family Status Changes". Pursuant to IRS Section 125 rules, I must notify IMM in writing of a "Qualified Family Status Change" within 31 days from the date of occurrence.

11/6/2014 3:39:35 PM