

Current Benefits

Plan Type	Plan Name	Coverage
Medical	<ul style="list-style-type: none">Aetna PPO 750 ColoradoGroup # 0868048	Who is Covered? <ul style="list-style-type: none">Charles McClungMcClung,Rami N
Dental	<ul style="list-style-type: none">Delta Dental 50 GroupGroup # 5459-1011	Who is Covered? <ul style="list-style-type: none">Charles McClungMcClung,Rami N
Vision	<ul style="list-style-type: none">VSP Vision Plus GroupGroup # 12243437	Who is Covered? <ul style="list-style-type: none">Charles McClungMcClung,Rami N
Life and AD and D	\$20,000 Basic Life & AD&D	Coverage Amount: \$20,000.00 P=Primary C=Contingent P-McClung,Rami N-100%
Short-Term Disability	50% STD Employee Paid	Coverage Amount: \$3,541.67
Long-Term Disability	50% LTD Employee Paid	Coverage Amount: \$3,541.67

Your Current Dependent/Beneficiary Information

Dep/Ben Name, Address and Phone	SSN and Dep/Ben Type	Relation	Date of Birth	Gender	Marital Status
McClung,Rami N 429 Martin Street Longmont,CO 80501 USA	XXX-XX-7920 Dependent and Beneficiary	Spouse	09/10/1990	F	M