

Name : Peterson, Richard David  
 Employee ID : 11417  
 Email : pie14all@gmail.com

Confirmation Run Date/Time: 05/24/2016 14:20:48

This Benefits Confirmation Statement is your final opportunity to make changes to your benefit elections for the benefits listed unless you experience a qualifying event change. If no corrections are needed, keep this statement for your records. If the benefit elections listed below are not correct, you may make changes by following these instructions:

- Make corrections directly on this form
- Sign and date the statement. Please list your desired method of contact (phone or email) so we can reach you if we have a question.
- Return within 5 calendar days to the Benefits Department. No changes will be accepted after the 5<sup>th</sup> calendar day.

**BENEFIT CHOICES**

Plan Name	Benefit Option	Coverage Category/ Base	Pretax Deduction	After-tax Deduction
Medical	Full Time Network S 1250	Family	139.00	0.00
Dental	Dental	Family	25.00	0.00
Vision	Superior Vision	Family	10.08	0.00
Basic Life AD/D	Basic Life Coverage Plan - 6MO	\$72,000.00	0.00	0.00
Long-Term Disability	Long Term Disability	\$2,139.34	0.00	0.00
FSA Child/Elder Daycare		\$0.00	0.00	0.00
<b>Total Pay Period Deduction</b>			<b>\$174.08</b>	<b>\$0.00</b>

**DEPENDENTS/BENEFICIARIES – Please review your covered dependents carefully.**

Dependent Name	Dental	Medical	Vision
Peterson, Beverly Q.	Yes	Yes	Yes
Peterson, Ellie Katherine	Yes	Yes	Yes
Peterson, John S	Yes	Yes	Yes
Peterson, Joshua K.	Yes	Yes	Yes
Peterson, Melanie M.	Yes	Yes	Yes

**Life Insurance – Beneficiary changes must be made through Direct Access (online)**

Beneficiary Name	Option	% Benefit	Flat Amount	Excess	Contingent
No Dependents Found.	-	0	0	0	0

Erlanger is pleased to announce that you may now elect pet insurance for your pets (dog or cat). You are free to choose your own veterinarian with Veterinary Pet Insurance through Nationwide. To review and elect plans for your dog or cat, please visit [PetsVPI.com](http://PetsVPI.com) and enter Erlanger Health System in the company field. The cost of this benefit will be deducted from your bi-weekly payroll check on an after-tax basis.

Approval of Changes, Please make the above corrections (if any) to my Benefits Elections.

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_