Election Summary

Cary Manufacturing Corporation SSN: ***-**-3850

Eisenschmidt, Kohl B (Employee) 725 Hawthorne Ln Apt 12 Charlotte, NC 28204

Employment: Full-time

You have successfully elected your benefits. Your reference number for this transaction is 24348617. An email referencing this transaction will be sent within 24 hours to kohleisenschmidt@gmail.com.

Evidence of Insurability may be required for life insurance plans.

Submitted Elections

Benefit	Plan Name	Start Date	Coverage	Pay Period Amount
CMP	AET HMO ESSENTIAL NC - CHA	01/01/2020	Employee	\$53.61
DEN	AETNA DENTAL HIGH PPO	01/01/2020	Employee	\$9.78
VIS	AETNA VISION CORE	01/01/2020	Employee	\$1.26
GTL	AETNA LIFE INS \$15,000	01/01/2020	\$15,000.00	\$0.00
VLI		01/01/2020	Declined	\$0.00
VSD	MET LIFE EE STD 13 WEEKS	01/01/2020	Employee	\$5.22
VAI	METV ACCIDENT HI PLAN	01/01/2020	Employee	\$4.00
VCI		01/01/2020	Declined	\$0.00
VHI		01/01/2020	Declined	\$0.00
VLG		01/01/2020	Declined	\$0.00
				\$73.87

Your Total Cost

Your total per-pay-period amount: \$73.87

Covered Dependents

Name Benefit Relation

No Dependents on file.

Beneficiaries

Name % of Benefits

No Beneficiaries on file.

Submission Date: 11/26/2019 10:47:49 AM