

Life Events

Confirmation

Thank you for submitting your new hire elections. Please print or save a copy of this statement for your records.

This Life Event is pending approval.

My change is due to LifeEvent-Hire

Date of event 06/24/2019

Personal Information

Name Michael Landry

Address 510 Sterling Hill Dr NW

Lawrenceville, GA 30046

Home phone Private

Work phone

Work extension

E-mail michael.landry@pps.io

Current Benefits

Estimated Total Cost: \$0.00

There are no current plans to display.

New Benefits

Estimated Total Cost: \$160.48

| Plan Type | Plan Details | Your bi-weekly cost |
|-----------|--------------|---------------------|
| Total | | \$160.48 |

| Plan Type | Plan Details | Your bi-weekly cost |
|------------------------|--|---------------------|
| Medical | UHC Medical Low Coverage: Employee + Spouse Covered Family Members Michael Landry Jayhniv Landry | \$127.34 |
| Health Savings Account | HSA Family Annual contribution: \$250.00 Covered Family Members Michael Landry | \$20.84 |
| Dental | UHC Dental High Coverage: Employee + Spouse Covered Family Members Michael Landry Jayhniv Landry | \$9.98 |
| Vision | UHC Vision Coverage: Employee + Spouse Covered Family Members Michael Landry Jayhniv Landry | \$2.23 |

| | | |
|-------|--|----------|
| Total | | \$160.48 |
|-------|--|----------|

| Plan Type | Plan Details | Your bi-weekly cost |
|---------------------------|--|---------------------|
| Group Term Life Insurance | GTL - Life Covered Family Members Michael Landry Primary Beneficiaries Jayhniv Landry Allocation 100.00 % | |
| Spousal Supplemental Life | Supplemental Life - Spouse Desired benefit amount: \$5,000.00 Covered Family Members Michael Landry Jayhniv Landry Primary Beneficiaries Jayhniv Landry Allocation 100.00 % | \$0.09 |
| Accidental Death/Dismembr | Supplemental Employee AD&D No election has been made | |
| Accidental Death/Dismembr | Spouse ADD No election has been made | |
| Accidental Death/Dismembr | Child AD&D No election has been made | |
| Short Term Disability | STD Employer Covered Family Members Michael Landry | |
| Total | | \$160.48 |

Declined Benefits**6 plans declined**

| Plan Type | Plan Details |
|---------------------------|-----------------------------------|
| Flexible Spending Account | FSA - Medical |
| Flexible Spending Account | FSA - Limited |
| Flexible Spending Account | FSA - Dependent Care |
| Employee Supplementl Life | Supplemental Life - Employee |
| Child Supplemental Life | Supplemental Life - Child |
| Long Term Disability | Supplemental Long Term Disability |