

## Confirmation Statement Current Benefits

NagaVenkataSomeswaraRao Gonaboyina  
3450 NW 85th CT, Apt 121  
Doral, FL 33122 US

This statement confirms the benefits you have selected. They will be effective as of the date displayed below. If you need to make any changes, log onto the web site at [www.clienturl.com](http://www.clienturl.com). For additional information or assistance, please call The Client Service Center at (800) 555-5555

### Per Paycheck = \$53.51

This estimate is based on the cost of the plan today, it may change in the future.

You have elected the benefit plan options listed below. If there are elections listed below that are pending Evidence of Insurability, complete the Proof of Insurability Form, which may be downloaded from the benefits website, and follow the instructions on how to submit the form for review. To locate and print this form, click on the Benefits Enrollment tab and then click on the My Documents link.

#### PLANS

#### PLAN COST



#### Medical

✓ **Gold Plan**

Effective Date: Jul 20, 2020

Coverage: You

**\$42.50**

Before-tax: \$42.50

Employer Contribution: \$155.59



#### Health Savings Account

**Waived**

**\$0.00**



#### Hospital Indemnity Insurance

✓ **Hospital Indemnity**

Effective Date: Jul 20, 2020

Coverage: You

**\$5.71**

After-tax: \$5.71



#### Accident Insurance

**Waived**

**\$0.00**



#### Dental

✓ **Delta Dental Core**

Effective Date: Jul 20, 2020

Coverage: You

**\$4.30**

Before-tax: \$4.30

Employer Contribution: \$8.70



#### Vision

✓ **Core Vision Plan**

Effective Date: Jul 20, 2020

Coverage: You

**\$1.00**

Before-tax: \$1.00

Employer Contribution: \$1.85














#### Health Care FSA

**Waived**

**\$0.00**









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PLANS	PLAN COST
 <b>Limited Purpose Health Care FSA</b> Waived	<b>\$0.00</b>
 <b>Dependent Care FSA</b> Waived	<b>\$0.00</b>
 <b>Basic Life</b> ✔ 1X Annual Salary : \$83,000.00 Effective Date: Jul 20, 2020 Beneficiaries: Appala Narasayya Gonaboyina	<b>\$0.00</b> Employer Contribution: \$2.41
 <b>Basic AD&amp;D</b> ✔ 1X Annual Salary : \$83,000.00 Effective Date: Jul 20, 2020 Beneficiaries: Appala Narasayya Gonaboyina	<b>\$0.00</b> Employer Contribution: \$0.58
 <b>Supplemental Life</b> Waived	<b>\$0.00</b>
 <b>Supplemental AD&amp;D</b> Waived	<b>\$0.00</b>
 <b>Spouse Life</b> Waived	<b>\$0.00</b>
 <b>Spouse AD&amp;D</b> Waived	<b>\$0.00</b>
 <b>Child Life</b> Waived	<b>\$0.00</b>
 <b>Child AD&amp;D</b> Waived	<b>\$0.00</b>
 <b>Company Provided Short Term Disability</b> ✔ 70% of Weekly Base Salary : \$1,112.60 Effective Date: Jul 20, 2020	<b>\$0.00</b> Employer Contribution: \$6.68

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PLANS	PLAN COST
 <b>Company Provided Long Term Disability</b> ✔ 60% of Monthly Base Salary : \$4,132.50 Effective Date: Jul 20, 2020	<b>\$0.00</b> Employer Contribution: \$3.10
 <b>Buy Up Long Term Disability</b> Waived	<b>\$0.00</b>
 <b>Critical Illness</b> Waived	<b>\$0.00</b>
 <b>Spouse Critical Illness</b> Waived	<b>\$0.00</b>
 <b>Child Critical Illness</b> Waived	<b>\$0.00</b>
 <b>Group Legal</b> Waived	<b>\$0.00</b>
 <b>Employee Assistance Program</b> ✔ Coverage Effective Date: Jul 20, 2020	<b>\$0.00</b>
 <b>Commuter Expense Reimbursement</b> ✔ Eligible Effective Date: Jul 20, 2020	<b>\$0.00</b>

Who Is Covered

NagaVenkataSomeswaraRao Gonaboyina - You

Covered For: Medical, Hospital Indemnity Insurance, Dental, Vision

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Beneficiary Only

**Appala Narasayya Gonaboyina**

*Primary Beneficiary For:*      *Basic Life 100%, Basic AD&D 100%*