



## Confirmation Statement Annual Enrollment

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

Confirmation 20201112173010 on  
Nov 12, 2020 5:30:10 PM EST  
Event on Jan 01, 2021

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 <https://usbenefits.hcl.com/>. For additional information or assistance, Please call The Client Service Center at 1-844-279-7898. Please review your selections carefully and compare your deductions to your first paycheck of the year.

### 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 your Proof of Insurability information with the vendor.

PLANS	PLAN COST
 <b>Medical</b> <input checked="" type="checkbox"/> <b>Gold Plan</b> <i>Effective Date: Jul 20, 2020</i> <i>Coverage: You</i>	<b>\$42.50</b> <i>Before-tax: \$42.50</i> <i>Employer Contribution: \$166.72</i>
 <b>Health Savings Account</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Dental</b> <input checked="" type="checkbox"/> <b>Delta Dental Core</b> <i>Effective Date: Jul 20, 2020</i> <i>Coverage: You</i>	<b>\$4.30</b> <i>Before-tax: \$4.30</i> <i>Employer Contribution: \$9.61</i>
 <b>Vision</b> <input checked="" type="checkbox"/> <b>Core Vision Plan</b> <i>Effective Date: Jul 20, 2020</i> <i>Coverage: You</i>	<b>\$1.00</b> <i>Before-tax: \$1.00</i> <i>Employer Contribution: \$1.85</i>
 <b>Health Care FSA</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Limited Purpose Health Care FSA</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Dependent Care FSA</b> <b>Waived</b>	<b>\$0.00</b>

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PLANS	PLAN COST
 <b>Basic Life</b> <input checked="" type="checkbox"/> <b>1X Annual Base Salary : \$83,000.00</b> <i>Effective Date: Jul 20, 2020</i> <i>Beneficiaries: Appala Narasayya Gonaboyina</i>	<b>\$0.00</b> <i>Employer Contribution: \$2.41</i>
 <b>Basic AD&amp;D</b> <input checked="" type="checkbox"/> <b>1X Annual Base Salary : \$83,000.00</b> <i>Effective Date: Jul 20, 2020</i> <i>Beneficiaries: Appala Narasayya Gonaboyina</i>	<b>\$0.00</b> <i>Employer Contribution: \$0.58</i>
 <b>Supplemental Life</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Supplemental AD&amp;D</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Spouse Life</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Spouse AD&amp;D</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Child Life</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Child AD&amp;D</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Company Provided Short Term Disability</b> <input checked="" type="checkbox"/> <b>70% of Weekly Base Salary : \$1,112.60</b> <i>Effective Date: Jul 20, 2020</i>	<b>\$0.00</b> <i>Employer Contribution: \$6.68</i>
 <b>Company Provided Long Term Disability</b> <input checked="" type="checkbox"/> <b>60% of Monthly Base Salary : \$4,132.50</b> <i>Effective Date: Jul 20, 2020</i>	<b>\$0.00</b> <i>Employer Contribution: \$3.10</i>



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PLANS	PLAN COST
 <b>Buy Up Long Term Disability</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Hospital Indemnity Insurance</b> <b>✓ Hospital Indemnity</b> <i>Effective Date: Jul 20, 2020</i> <i>Coverage: You</i>	<b>\$5.71</b> <i>After-tax: \$5.71</i>
 <b>Accident Insurance</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Critical Illness</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Spouse Critical Illness</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Child Critical Illness</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Group Legal</b> <b>Waived</b>	<b>\$0.00</b>
 <b>Employee Assistance Program</b> <b>✓ Coverage</b> <i>Effective Date: Jul 20, 2020</i>	<b>\$0.00</b>

## Who Is Covered

NagaVenkataSomeswaraRao Gonaboyina - You

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



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Beneficiary Only

**Appala Narasayya Gonaboyina**

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