

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. 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 <input checked="" type="checkbox"/> Gold Plan <i>Effective Date: Jul 20, 2020</i> <i>Coverage: You</i>	\$42.50 <i>Before-tax: \$42.50</i> <i>Employer Contribution: \$155.59</i>
 Health Savings Account Waived	\$0.00
 Hospital Indemnity Insurance <input checked="" type="checkbox"/> Hospital Indemnity <i>Effective Date: Jul 20, 2020</i> <i>Coverage: You</i>	\$5.71 <i>After-tax: \$5.71</i>
 Accident Insurance Waived	\$0.00
 Dental <input checked="" type="checkbox"/> Delta Dental Core <i>Effective Date: Jul 20, 2020</i> <i>Coverage: You</i>	\$4.30 <i>Before-tax: \$4.30</i> <i>Employer Contribution: \$8.70</i>
 Vision <input checked="" type="checkbox"/> Core Vision Plan <i>Effective Date: Jul 20, 2020</i> <i>Coverage: You</i>	\$1.00 <i>Before-tax: \$1.00</i> <i>Employer Contribution: \$1.85</i>
 Health Care FSA Waived	\$0.00

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

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

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%*