



## Benefits Summary Confirmation Statement\*

Ronaldlee Ejalu

Employee ID: 148790

Confirmation #: 148790-0

Date: 11/22/2021 9:20AM

	Type of Benefit	Plan Description	Coverage or Participation	Employee Deduction	Employer Paid Credit	Employee Final Cost	Employer Cost
1	Medical/Vision	CDHP Comp. HFHS Preferred HMO	Family	122.01	0.00	122.01	691.39
2	Dental	Delta Basic - Premier/PPO	Family	9.26	0.00	9.26	27.77
3	Vision	Waive		0.00		0.00	
4	Hospital Indemnity Insurance			0.00		0.00	
5	Sponsored Depend with Medicare	Waive		0.00		0.00	
6	Sponsored Depend w/o Medicare	Waive		0.00		0.00	
7	Life	Waive		0.00		0.00	
8	AD and D	Waive		0.00		0.00	
9	Long-Term Disability	Waive		0.00		0.00	
10	CTO Sellback	Number of hours selected to sell is 0		0.00		0.00	
11	Health Care FSA			0.00		0.00	
12	Dependent Care FSA			0.00		0.00	
13	Health Savings Account	Health Savings Account	\$1,100.00 / Employer Cost: \$1,000.00	42.30	0.00	42.30	38.46
14	Legal Insurance			0.00		0.00	
15	Identity Protection			0.00		0.00	
16	Accident Insurance			0.00		0.00	
17	Critical Illness Insurance			0.00		0.00	
18	Dependent Life - Child(ren)	No Coverage		0.00	0.00	0.00	0.00
19	Dependent Life - Spouse	No Coverage		0.00	0.00	0.00	0.00

Total Deduction Per Pay : \$173.57

Total Credits Per Pay : \$0.00

Total Per Pay Period Cost : \$173.57

Total Employer Cost : \$757.62

## Dependent Information

	Name	SSN	Relationship	Date of Birth	Gender	Medical/Vision	Vision	Dental	Sponsored Dependent	Life Beneficiary	ADD Beneficiary	CI Coverage	ACC Coverage	Hospital Indemnity
1	Ejalu,Emmanuel	XXXX-XX-1338	Child	03/15/XXXX	Female	Y		Y						
2	Ejalu,Zuri Grace	XXXX-XX-2493	Child	06/05/XXXX	Female	Y		Y						
3	Ejalu,Felicia	XXXX-XX-8728	Spouse	10/04/XXXX	Female	Y		Y						
4	Ejalu,Levi Nathan	XXXX-XX-2985	Child	08/22/XXXX	Male	Y		Y						

**Evidence of Insurability (EOI) may be required if:**

If you increased your employee or dependent life insurance or long term disability insurance by two or more levels or if you previously opted out of coverage and enrolled during Open Enrollment, Evidence of Insurability (EOI) is required.

This confirmation statement reflects your 2022 benefit elections.

The 2022 election for this coverage requires approval from the insurance provider New York Life.

**NOTE:**

If you are on a leave of absence during open enrollment, changes made to your medical/vision or dental plans will be effective Jan 1.

All other benefit changes made during open enrollment will not be in effect until you have returned to work in the new plan year.

You will be sent a notification from the insurance carrier via email and regular mail explaining the details of the EOI process. If you have not completed the EOI within 5 days of the original communication there will be a letter mailed as a follow up reminder.

Your current election will remain in effect until your EOI is approved by the insurance company. The insurance company decides if you are eligible to receive the increased level of coverage.