

Benefits Enrollment Confirmation

Confirmation statement for William J Bergen
Submitted on 05/01/2020 12:03:44 P.M. EDT by William J Bergen. Confirmation #4112094

Your Elections

Benefit	Option	Effective Date	Employee Pay Period Cost
Pre-Tax Benefits			
MEDICAL	Penn Care PPO – Self + Spouse	07/01/2014	\$128.95
DENTAL	Penn Dental Family Plan – Self + Spouse	07/01/2011	\$20.72
VISION	VSP Plus – Self Only	07/01/2020	\$3.81
DEPENDENT CARE SPENDING ACCOUNT	Waive Coverage	07/01/2020	\$0.00
HEALTH CARE SPENDING ACCOUNT	Waive Coverage	07/01/2020	\$0.00
SUPPLEMENTAL AD&D	4x Base Salary – Self + Family – \$257,000	07/01/2020	\$2.61
Total Pre-Tax Cost:			\$156.09

Post-Tax Benefits

SPOUSE LIFE INSURANCE	\$50,000 – \$50,000	07/01/2020	\$6.18
CHILD LIFE INSURANCE	No Coverage	07/01/2015	\$0.00
BASIC EMPLOYEE LIFE INSURANCE	Core \$50000 (Employer Paid) – \$25,000	07/01/2020	\$0.00
SUPPLEMENTAL LIFE INSURANCE	4 x Annual Salary – \$257,000	07/01/2020	\$146.49
SHORT-TERM DISABILITY	60% of Salary – \$1,000	05/01/2011	\$38.31
Total Post-Tax Cost:			\$190.98

Total Pay Period Cost: \$347.07

Your Dependents

Name	Relationship	Birthdate	Medical	Dental	Vision
Sherri A Bergen	Spouse	XX/XX/1963	✓	✓	✗

Your Beneficiaries

Name	Relationship	Benefit	Beneficiary Type	Allocation %
Sherri A Bergen	Spouse	Basic Employee Life Insurance	Primary	100%
		Supplemental AD&D	Primary	100%
		Supplemental Life Insurance	Primary	100%