

## Benefits Enrollment Confirmation

Confirmation statement for William J Bergen

Submitted on 04/29/2019 9:49:49 A.M. EDT by William J Bergen. Confirmation #2561647

## Your Elections

Benefit	Option	Effective Date	Employee Pay Period Cost
<b>Pre-Tax Benefits</b>			
MEDICAL	Penn Care PPO – Self + Spouse	07/01/2014	<b>\$128.95</b>
DENTAL	Penn Dental Family Plan – Self + Spouse	07/01/2011	<b>\$20.72</b>
VISION	Davis Vision – Self Only	07/01/2019	<b>\$2.19</b>
DEPENDENT CARE SPENDING ACCOUNT	Waive Coverage	07/01/2019	<b>\$0.00</b>
HEALTH CARE SPENDING ACCOUNT	Health Care Spending Account – \$1800.00 Annual Contribution	07/01/2019	<b>\$69.23</b>
SUPPLEMENTAL AD&D	4x Base Salary – Self + Family – \$500,000	07/01/2015	<b>\$5.08</b>
<b>Total Pre-Tax Cost:</b>			<b>\$226.17</b>

## Post-Tax Benefits

SPOUSE LIFE INSURANCE	\$10,000 – \$10,000	05/01/2011	<b>\$1.24</b>
CHILD LIFE INSURANCE	No Coverage	07/01/2015	<b>\$0.00</b>
BASIC EMPLOYEE LIFE INSURANCE	Core 1x Base Salary - Self Only (Employer Paid) – \$125,900 » Because the coverage amount of your Basic Life Insurance is more than \$50,000 you will be subject to Imputed Income. The Imputed Income (GTLI) per pay period is 72.16.	07/01/2015	<b>\$0.00</b>
SUPPLEMENTAL LIFE INSURANCE	3 x Base Salary – \$377,500	07/01/2015	<b>\$127.89</b>
SHORT-TERM DISABILITY	60% of Salary – \$1,000	05/01/2011	<b>\$41.08</b>
<b>Total Post-Tax Cost:</b>			<b>\$170.21</b>

**Total Pay Period Cost: \$396.38**

## 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%

