



Here are the benefits you have elected along with your cost per paycheck.

Cost for medical coverage and life insurance depend on partly on the tobacco information you provided. You have elected to cover [0] of tobacco user(s).

Plan	Your Choices	Your Coverage Level	Cost Per Paycheck
Medical	Walmart Premier Plan	Associate Only	\$33.00
Vision	Coverage	Associate Only	\$2.76
Dental	Coverage	Associate Only	\$8.30
Accidental Death and Dismemberment	\$150,000	Associate Only	\$0.97
Optional Life Insurance*	No Coverage		\$0.00
Optional Child Life Insurance	No Coverage		\$0.00
Critical Illness Insurance	No Coverage		\$0.00
Accident Insurance	Coverage	Associate Only	\$0.68
401(k)	Enrolled	Regular Savings Rate 6% Catch-Up Savings Rate 1%	\$68.66
Associate Stock Purchase Plan	Enrolled		\$18.00
		Current Cost Per Paycheck	New Cost Per Paycheck
Total cost of all your benefits choices		\$0.00	\$132.37

I authorize Walmart to make payroll deductions from my wages each pay period to cover my premiums for the coverage I have elected under the Plan as well as any premiums for any automatic or default elections. Payroll deductions are taken from post-tax wages. I understand that my coverage and corresponding payroll deduction elections may not be changed during the year except as described in the Associate Benefits Book. However, if I am permitted to make changes to my coverage, my corresponding payroll deduction elections may increase or decrease, back to that effective date of such coverage. Furthermore, I understand that in the event my wages are less than my premiums, I may experience a lapse in, or cancellation of, coverage. If I am in arrears on my premiums, I authorize Walmart to make deductions from my wages to cover my unpaid premiums, up to the maximum amount allowable by law. I understand that any authorization to deduct these extra amounts will be solely for my benefit as the deductions will be used to pay premiums so I may continue to participate in the Plan. I understand that if my wages are insufficient to pay any outstanding premiums, it is my responsibility to pay those premiums to ensure my coverage under the Plan continues without interruption or cancellation. I understand that if I have elected Long-Term Disability, Optional Associate Life or Optional Spouse/Partner Life, and Proof of Good Health is required, as described in the Associate Benefits Book, payroll deductions will not begin until I have met those requirements and my coverage has been approved.

This is not a guarantee of benefits. All benefits are subject to plan terms and coverage is effective only when all requirements, including, but not limited to, waiting periods, proof of good health, current premium payments, have been satisfied. See the Associate Benefits Book for more details.

To make investment changes log into your 401(k) Plan account at Benefits.ML.com.

*Proof of Good Health is required when you enroll after your initial enrollment period, you increase coverage or you enroll for more than the guaranteed amount. You will receive a Proof of Good Health form electronically or by mail. Once you have turned in the form and answered all additional requests for information, you will receive a letter stating if your coverage is approved. If you need assistance with accessing the form or questions about the approval, please contact Prudential at 877-740-2116. If Proof of Good Health is required, coverage will not be effective until after The Prudential Insurance Company of America approves. Premiums will not be deducted until coverage is effective. See the Associate Benefits Book for coverage effective date and more details.

**Proof of Good Health is required when you enroll after your initial enrollment period or you increase coverage. You will receive a Proof of Good Health form electronically or by mail. Once you have turned in the form, you will receive a letter stating if your coverage is approved. If you need assistance with accessing the form or questions about the approval, please contact Lincoln Financial Group at 877-353-6404. Coverage will not be effective until after Lincoln Financial Group approves. Premiums will not be deducted until coverage is effective. See the Associate Benefits Book for effective date and more details.

***Disability rates are based on your income. The amount displayed reflects what your cost per paycheck would be based on your wages from last pay period. Your actual cost per paycheck will vary based on your wages at the time the deductions are taken.

If you have any questions about your enrollment, please call People Services at 800-421-1362.