



New Elections, Confirmation Statement for Eswar Lohith Bhukke

Your Benefits as of 11/18/2019

TOTAL COSTS PER PAY PERIOD

Your Cost	\$19.76
Employer Cost	\$145.35

Medical

Your cost per pay period **\$19.76**

Cigna Basic OAP

Coverage: **Employee**

Effective Date : 11/18/2019 - 12/31/2019

Cost Details Per Pay Period

Total Premium	\$162.85
Employer Contribution	(\$143.09)
Your Cost (pre-tax)	\$19.76
Your Cost (post-tax)	\$0.00

Who will be covered on this plan

Name	Relationship	Coverage	Effective Date
Eswar Lohith Bhukke	Employee	Covered	11/18/2019

Vision

Waived

Waived

Dental

Waived

Waived

FSA Health

Waived

Waived

FSA Dependent Care

Waived

Waived

Basic Employee Life

Your cost per pay period **\$0.00**

This benefit has an imputed income amount of \$1.58 per pay period

Basic Employee Life

Coverage: **1.5 X Pay**

Coverage Amount: **\$113,000**

Effective Date : **11/18/2019**

Cost Details Per Pay Period

Total Premium	\$2.26
Employer Contribution	(\$2.26)
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Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

Beneficiaries:

Name	Relationship	Primary	Secondary
My Estate	Employee		
Hemaladha Korra		100.0%	

Employee Optional Life

Waived

Waived

Employee Optional AD&D

Waived

Waived

Legal Services

Waived

Waived

Totals Per Pay Period

Total Premium	\$165.11
Employer Contribution	(\$145.35)

Your Cost **\$19.76**

Changes to benefit coverages may be subject to approval by your Human Resources manager.

All costs listed are estimates. Please consult your paycheck or check with your Human Resources manager to confirm exact payroll deductions and contributions.

Your Confirmation Number is: 82859995

Created on: 12/5/2019 - 404987

Signature

Date