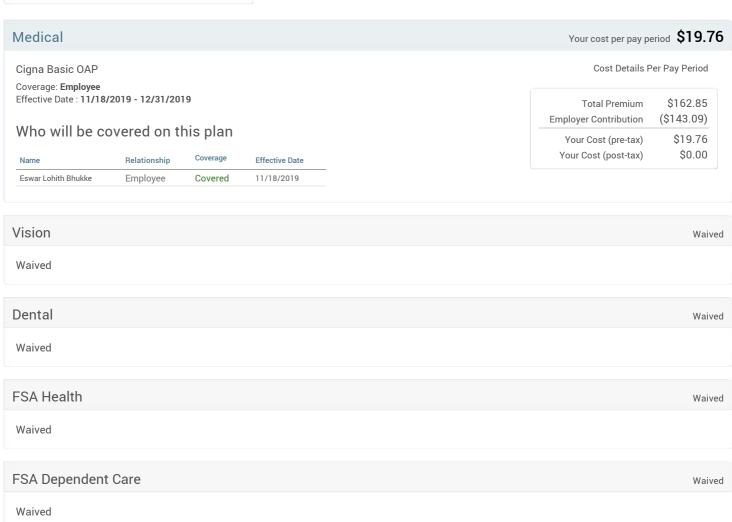


New Elections, Confirmation Statement for Eswar Lohith Bhukke

## Your Benefits as of 11/18/2019

| TOTAL COSTS PER PAY PERIOD |          |
|----------------------------|----------|
| Your Cost                  | \$19.76  |
| Employer Cost              | \$145.35 |



| Basic Employe   | ee Life            |                    |               |      |  |            | Your cost per pa                         | y period <b>\$0.00</b> |  |
|---|--------------------|--------------------|---------------|------|--|------------|--|------------------------|--|
| This benefit has a  | an imputed income  | amount of \$1.58 p | er pay period | d    |  |            |  |                        |  |
| Basic Employee Life Coverage: 1.5 X Pay                           |                    |                    |               |      |  |            | Cost Details Per Pay Period              |                        |  |
| Coverage Amount: \$ Effective Date : 11/18                        |                    |                    |               |      |  |            | Total Premium<br>Employer Contribution   | \$2.26<br>(\$2.26)     |  |
| Beneficiaries   | :                  |                    |               |      |  |            | Your Cost (pre-tax) Your Cost (post-tax) | \$0.00<br>\$0.00       |  |
| Name  | Relationship       | Primary Sec        | condary       |      |  |            |  |                        |  |
| My Estate<br>Hemaladha Korra                                      | Employee           | 100.0%             |               |      |  |            |  |                        |  |
|   |                    |                    |               |      |  |            |  |                        |  |
| Employee Opti   | onal Life          |                    |               |      |  |            |  | Waived                 |  |
| Waived  |                    |                    |               |      |  |            |  |                        |  |
| Employee Opti   | onal AD&D          |                    |               |      |  |            |  | Waived                 |  |
| Waived  |                    |                    |               |      |  |            |  |                        |  |
| Legal Services  | 3                  |                    |               |      |  |            |  | Waived                 |  |
| Waived  |                    |                    |               |      |  |            |  |                        |  |
|   |                    |                    |               |      |  |            |  |                        |  |
| Totala Dar D  | ov Doriod          |                    |               |      |  |            | Total Premium                            | \$165.11               |  |
| Totals Per P  | ay Periou          |                    |               |      |  |            | Employer Contribution                    | (\$145.35)             |  |
|   |                    |                    |               |      |  |            | Your Cost                                | \$19.76                |  |
| Changes to benefit c<br>All costs listed are es<br>contributions. |                    |                    |               |      |  | nanager to | confirm exact payroll d                  | eductions and          |  |
| Your Confirmation N   | lumber is: 8285999 | 95                 |               |      |  |            |  |                        |  |
| Created on: 12/5/20   | 19 - 404987        |                    |               |      |  |            |  |                        |  |
|   |                    |                    |               |      |  |            |  |                        |  |
|   |                    |                    |               |      |  |            |  |                        |  |
| Signature   |                    |                    |               | Date |  |            |  |                        |  |
|   |                    |                    |               |      |  |            |  |                        |  |
|   |                    |                    |               |      |  |            |  |                        |  |