

# Submit Elections Confirmation

09:59 AM  
10/16/2024  
Page 1 of 2

Open Enrollment for Charles Marano

Initiated On: 10/16/2024

Submit Elections By: 11/01/2024

Event Date: 01/01/2025

Total Employee Cost/Credit

\$70.77 Biweekly Cost

Benefits are not final until submitted and approved. Please print/save a copy of your submitted elections for your records.

## Elected Coverages

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Biweekly)	Employer Contribution (Biweekly)
Medical - Blue Cross EPO Basic Plan	07/30/2024	07/30/2024	Associate Only				\$70.77	\$281.88
Basic Life - Lincoln \$50,000 (Associate)	07/30/2024	07/30/2024	\$50,000	\$50,000.00				\$2.77
Short Term Disability - Lincoln Weekly Benefit (Associate)	07/30/2024	07/30/2024	100% of Salary	\$993.58				\$1.27
Employee Assistance Plan - ComPsych	07/30/2024	07/30/2024						\$0.50
Total:							\$70.77	\$286.42

## Waived Coverages

Plan Type
Dental
Vision
Accident
Hospital Indemnity
Health Savings Account
Healthcare FSA
Dependent Care FSA
Limited Purpose FSA
Voluntary Life Insurance
Voluntary Spouse Life
Voluntary Child Life
Long Term Disability

# Submit Elections Confirmation

09:59 AM

10/16/2024

Page 2 of 2

Plan Type
Critical Illness
Grandfathered Life

## Beneficiary Designations

Benefit Plan	Requires Beneficiary	Beneficiaries	
		Beneficiary	Primary Percentage / Contingent Percentage
Basic Life - Lincoln \$50,000 (Associate)			

## Electronic Signature

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of accuracy of the information being submitted. When you check the "I Accept" checkbox, you are certifying that:

- The information you have provided is true and correct. Any fraudulent statement, falsification of documents, or material omission of information may subject you to discipline up to and including termination of employment.
- You approve the enrollment as indicated above and authorize the company to deduct from your earnings the amount of your premiums or other contributions for benefits as elected above.
- You acknowledge that under the Internal Revenue Code regulations you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on your medical, dental, vision, FSA or HSA contributions unless you are enrolling a non-tax qualified dependent.
- Company provided life insurance that exceeds \$50,000 may be subject to imputed income.

Benefits are not final until submitted and approved. Governing summary plan documents for each plan determine actual coverage and can be found on the US Benefits SharePoint page.

**Signed By** Charles Marano  
**Date** 10/16/2024