

Enrollment Summary: MD Uddin

Enrolled Plans				Total Cost Per Pay Period: \$494.46	
Plan Type	Plan Name	Coverage	Effective	Cost Per Pay	Benefit
Medical	2024 Blue Preferred PPO Platinum	Employee + Family	01/01/2024	\$436.03	
Dental	2024 Delta Dental	Employee + Family	01/01/2024	\$30.56	
Vision	2024 UNUM Vision	Employee + Family	01/01/2024	\$2.87	
Group Life	2024 UNUM Life & ADD	Employee	01/01/2024	\$0	\$94,700
Group Short-Term Disability	2024 UNUM Short Term Disability	Employee	01/01/2024	\$0	\$1,092.69
Group Long-Term Disability	2024 Unum Long Term Disability	Employee	01/01/2024	\$0	\$4,735
EAP	2024 EAP	Employee	01/01/2024	\$0	
Flexible Spending Account	2024 Primepay FSA	Employee	01/01/2024	\$25	

Dependents	
Name	Plans
MOMTAJ BEJUM (spouse)	Medical Dental Vision 2024 Primepay FSA
MAXIM SHAFIN (child)	Dental Vision 2024 Primepay FSA
SAIMA AKTHER (child)	Dental Vision 2024 Primepay FSA
TASMIA RALSA (child)	Medical Dental Vision 2024 Primepay FSA
MAHJABEN UDDIN (child)	Medical Dental Vision 2024 Primepay FSA

Cafeteria Plans

Plan Name	Start Date	End Date	Per Pay Amount	Annual Election
2024 Primepay FSA	01/01/2024		\$25	\$600

Declined Coverages

Plan Type	Plan Name	Reason
Dependent Care Spending Account	2024 PrimePay DCFSa	Not Interested

Name: MD Uddin

Signature _____ Date ____ / ____ / ____
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