EMPLOYEE NAME:	Awais Sultan
SSN:	XXXXX~~XXXX~~
DATE:	03/04/2020

Employer Name:	Employer Code:	Employer Address:
U.S. Bank	10360	4000 W Broadway
		Robbinsdale, MN 55422

Information Current as of:	Employee Name:	Division:
02/21/2020	Awais Sultan	300

Employment Status:	Most Recent Start Date:	Total Time With Employer:	Job Title:	Rate of Pay:	Average Hours per pay period:
Active	09/25/2017	2 Years , 5 Months	Application Architect ~~XXXX~~ Hourly	80	

Original Hire Date:	Work Location(Job site):
09/25/2017	XX

Year	Base Pay	Overtime	Commission	Bonuses	Other Income	Total Pay
2020	~~XXXX~~	$0.00	$0.00			
2019	~~XXXX~~	$0.00	$0.00			
2018	~~XXXX~~	$0.00	$0.00			

FEIN:	Employee Address:	Employee Phone Number:	Date of Birth:
			09/21/1978

MEDICAL INSURANCE

Insurance Available:	Employee Eligible:	Employee Enrolled:	Next Open Enrollment Date:
Y	Y	Y	11/01/2020

Coverage Start Date:	Carrier Name:	Carrier Address:
01/01/2020	UHC HSA Advantage CPN	XX

Coverage Level:	Annual Cost:	Dependent Coverage Available:
Family - Employee and Spouse and Children		Y

DENTAL INSURANCE