



Benefits Service Center
www.benefits.com

1-888-555-1212
Hours of Operation: 8AM - 5PM PST
Monday - Friday

Liam Clark
9006 Empyrean St
HUFFMAN, TX 77336

Confirmation Statement

This statement documents your benefit elections. Please review this statement carefully. These elections will remain in effect until the end of the plan year unless you have a qualified life event that would allow you to make mid-year election changes. If you have any questions, please contact the Benefits Service Center at 1-888-555-1212.

Your covered dependents

Name	Relationship	SSN	Gender	DOB	Medical	Dental	Vision	Verified
Sophia Clark	Child	xxx-xx-6363	F	10/31/2010	Y	Y	N	Y
Susan Clark	Spouse	xxx-xx-3123	F	09/15/1976	Y	Y	N	Y

Benefit elections and deduction amounts as of 1/1/2020

Benefit	Plan	Coverage	Employee Deduction Per Pay	Employer Cost Per Pay Period
Medical	High Deductible Plan (HDHP)	Employee + Family	\$421.00	\$783.67
Health Savings Account	Coverage	\$2,500.00	\$104.16	\$0.00
Prescription Plan	RX Plus	Employee + Family	\$20.83	\$10.42
Dental	Dental Plus	Employee + Family	\$26.25	\$52.50
Critical Illness	\$30,000	\$30,000.00	\$14.70	\$0.00
~ Vision	Vision Service Plan	Employee Only	\$4.58	\$9.17
Child Critical Illness	\$10,000	\$10,000.00	\$4.90	\$0.00
Spouse Critical Illness	\$15,000	\$15,000.00	\$7.35	\$0.00
~ Dependent Care FSA	Waive	Waive	\$0.00	\$0.00
Limited Purpose FSA	WAIVE	Waive	\$0.00	\$0.00
~ Basic Life	2XPAY	\$176,000.00	\$0.00	\$21.12
~ Supplemental Life	4XPAY	\$352,000.00*	\$42.24	\$0.00
Spouse Life	10K	\$10,000.00*	\$1.67	\$0.00
Child Supplemental Life	Childlife Coverage 10K	\$10,000.00	\$0.00	\$0.00
~ Short Term Disability	Coverage	\$1,013.69	\$0.00	\$1.22
~ Long Term Disability	Coverage	\$4,831.92	\$0.00	\$0.69
Pre-Tax Subtotal			\$647.68	\$878.79
Post-Tax Subtotal			\$0.00	
Total Employee Cost of Coverage			\$647.68	

^ - Benefit cost is Post-Tax

* This plan requires Evidence of Insurability (EOI). You can visit Voya Financial at voya.com/eoi to complete EOI.

~ There is a waiting period on this benefit. The Effective date for this benefit does not match date above table.

To update your beneficiary information, log on to compass.emyreanbenefits.com/mybenefitsportal

Your Beneficiaries

Benefit	Name	Relationship	Is Primary	Percent
BASICLIFE	Susan Clark	Spouse	Primary	100%
BASICLIFE	Sophia Clark	Child	Secondary	100%
SUPLIFE	Sophia Clark	Child	Secondary	100%
SUPLIFE	Susan Clark	Spouse	Primary	100%

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Total Record Count: 1