



OPEN ENROLLMENT / LIFE EVENT

Congratulations and thank you for submitting your enrollment!

Your Enrollment Confirmation Number is: **XW35QPS**






Confirmation of your elections can be viewed at any time on the home page. If you need further assistance, please contact us.





Printed for Irfan Gill on 12/4/2021 2:07 PM

Who's Covered





NAME	DATE OF BIRTH	MEDICAL	DENTAL	VISION
Irfan Gill	12/30/1973	✓	✓	✓
Sara Irfan	08/19/1980	✓	✓	✓
Muhammad Gill	09/03/1999	✓	✓	✓
Danyal Gill	12/08/2003	✓	✓	✓

Benefits Selected












BENEFIT	COVERAGE LEVEL	PER PAY PERIOD	ANNUAL
 MEDICAL Aetna Local PPO 500 Plus (Narrow Network)	Employee + Family EFFECTIVE AS OF 01/01/2022	COMPANY CONTRIBUTION \$461.64 EMPLOYEE CONTRIBUTION \$344.00	COMPANY CONTRIBUTION \$11,079.31 EMPLOYEE CONTRIBUTION \$8,256.00
 RX CVS Caremark Coverage	Employee + Family EFFECTIVE AS OF 01/01/2020	EMPLOYEE CONTRIBUTION \$0.00	EMPLOYEE CONTRIBUTION \$0.00
 ACCIDENT INSURANCE Transamerica High Plan BENEFICIARIES: Primary 100% Sara Irfan (08/19/1980)	Employee + Family EFFECTIVE AS OF 01/01/2022	EMPLOYEE CONTRIBUTION \$9.00	EMPLOYEE CONTRIBUTION \$216.00
 DENTAL Cigna DHMO	Employee + Family EFFECTIVE AS OF 01/01/2022	EMPLOYEE CONTRIBUTION \$17.51	EMPLOYEE CONTRIBUTION \$420.24
 VISION VSP Vision Care Standard Vision	Employee + Family EFFECTIVE AS OF 01/01/2022	EMPLOYEE CONTRIBUTION \$7.10	EMPLOYEE CONTRIBUTION \$170.40

 BASIC LIFE/AD&D The Hartford Basic Term Life/AD&D (1x salary up to \$150,000) BENEFICIARIES: Primary 100% Sara Irfan (08/19/1980)	Coverage (Amount: \$140,000) EFFECTIVE AS OF 01/01/2022	COMPANY CONTRIBUTION \$2.10 EMPLOYEE CONTRIBUTION \$0.00	COMPANY CONTRIBUTION \$50.40 EMPLOYEE CONTRIBUTION \$0.00
 STD New York Life 66.67% of earnings up to \$3,000 weekly maximum <div> *Until your EOI is processed, you will be covered at \$0.00 and payments of \$0.00 will be deducted from your paychecks. </div>	Coverage EFFECTIVE AS OF 01/01/2022	EMPLOYEE CONTRIBUTION \$21.49	EMPLOYEE CONTRIBUTION \$515.73
 LTD New York Life 60% of earnings up to \$10,000 monthly maximum	Coverage EFFECTIVE AS OF 01/01/2022	COMPANY CONTRIBUTION \$13.27 EMPLOYEE CONTRIBUTION \$0.00	COMPANY CONTRIBUTION \$318.45 EMPLOYEE CONTRIBUTION \$0.00
 365+ HUB Mercer Coverage	Coverage EFFECTIVE AS OF 01/01/2022	EMPLOYEE CONTRIBUTION \$1.90	EMPLOYEE CONTRIBUTION \$45.60

Tax Savings Accounts

BENEFIT	COVERAGE LEVEL	PER PAY PERIOD	ANNUAL
 HSA No Coverage	No Coverage EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 HEALTH SPENDING ACCT Not Participating	Not Participating EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 COMBINATION FSA Not Participating	Not Participating EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 DEP SPENDING ACCT Not Participating	Not Participating EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00

Waived Benefits

BENEFIT	COVERAGE LEVEL	PER PAY PERIOD	ANNUAL
 HOSPITAL INDEMNITY No Coverage	No Coverage EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 CRITICAL ILLNESS No Coverage	No Coverage EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 VOLUNTARY LIFE No Coverage	No Coverage EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 SPOUSE LIFE No Coverage	No Coverage EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 CHILD LIFE No Coverage	No Coverage EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 UNIVERSAL EE LIFE No Coverage	No Coverage EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 UNIVERSAL SP LIFE No Coverage	No Coverage EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 VOLUNTARY AD&D No Coverage	No Coverage EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 SUPP LTD No Coverage	No Coverage EFFECTIVE AS OF 01/01/2021	\$0.00	\$0.00
 LEGAL No Coverage	No Coverage EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00
 IDENTITY THEFT No Coverage	No Coverage EFFECTIVE AS OF 01/01/2020	\$0.00	\$0.00

COST OF BENEFITS

PER PAY PERIOD

ANNUAL

Your Cost**\$401.00****\$9,623.97**

Benefits Related Information Request

Have you used Tobacco Products in the last 12 months?

No

Has your spouse used Tobacco Products in the last 12 months?

No

Does your spouse/domestic partner have access to coverage through their employer? If your spouse/domestic partner is able to obtain Medical coverage through his or her employer, select Yes. You are indicating you will pay a spousal premium surcharge. Select No if your spouse also works for TCS.

No