



## Submit Elections Confirmation

09:54 AM

06/14/2019

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New Hire for Irina Tsiryapkina (20603)

Initiated On: 06/12/2019

Submit Elections By: 07/10/2019

Event Date: 06/10/2019

Total Employee Cost/Credit

**\$6.48 Monthly Cost**

Please print your Benefits enrollment confirmation page before clicking on the "Done" button below.

Keep the benefits confirmation page for your records. You can also view your benefits by clicking on the Benefits worklet on your Workday home page.

### Elected Coverages

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)
Dental - Cigna HMO	07/01/2019	07/01/2019	EE - Employee Only			\$6.48	\$19.49
Employee Assistance Program (EAP) - New Directions	06/10/2019	06/10/2019					
Total:						\$6.48	\$19.49

### Waived Coverages

Plan Type
Medical
Vision

### Electronic Signature

#### LEGAL NOTICE: Please Read

Your Name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted.

When you check the "I AGREE" checkbox, you are certifying that:

1. You understand that your benefit elections are legal and binding transactions.
2. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit providers.
3. You will provide required documentation if you are adding a dependent to your healthcare plans.

- Spouse - attach a marriage license
- Domestic partner – attach the affidavit of domestic partnership. Please contact Human Resources when adding a domestic partner
- Dependent child – attach a birth certificate or court documents

4. If you waive NREL medical coverage, you must identify your source of coverage in the comment section below.



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**Signed By** Irina Tsiryapkina (20603)  
**Date** 06/14/2019