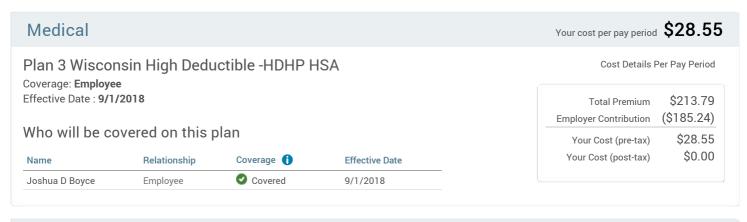
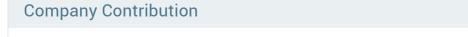


New Elections, Confirmation Statement for Joshua D Boyce

Your Benefits as of 9/1/2018







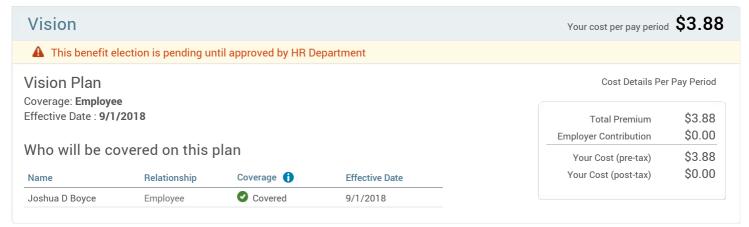
Company Contribution

Health Savings Account

Waived

Waived





Basic Employee Life	Your cost per pay period \$0.00
Basic Employee Life and AD&D Coverage: \$50,000.00 Effective Date: 9/1/2018	Cost Details Per Pay Period Total Premium \$1.75 Employer Contribution (\$1.75)
	Your Cost (pre-tax) \$0.00 Your Cost (post-tax) \$0.00

Voluntary Employee Life

Waived

Waived

Short Term Disability

Your cost per pay period \$0.00

Short Term Disability Coverage: .6 X Pay \$634.62 Effective Date: 9/1/2018 Cost Details Per Pay Period

Total Premium	\$3.49
Employer Contribution	(\$3.49)
Your Cost (pre-tax)	\$0.00
	\$0.00

Long Term Disability

Your cost per pay period \$0.00

Long Term Disability Class 2
Effective Date: 9/1/2018

Cost Details Per Pay Period

Total Premium	\$2.98
Employer Contribution	(\$2.98)
Your Cost (pre-tax) Your Cost (post-tax)	\$0.00 \$0.00

Total Premium \$239.77
Employer Contribution \$193.46

Your Cost

\$46.31

* Changes to benefit coverages may be subject to approval by your Human Resources manager.

Your Confirmation Number is: 26183080

Created on: 8/8/2018