

#### New Elections, Confirmation Statement for Joshua D. Boyce

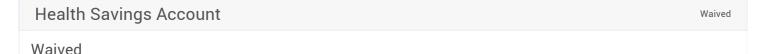
#### Your Benefits as of 1/1/2019







**Company Contribution** 







# **Basic Employee Life**

Your cost per pay period \$0.00

Cost Details Per Pay Period

Basic Employee Life and AD&D

Coverage: \$50,000.00 Effective Date: 9/1/2018

Total Premium Employer Contribution	\$1.75 (\$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

Cost Details Per Pay Period

▲ This benefit election is pending until approved by HR Department

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**Short Term Disability** 

Coverage: .6 X Pay \$651.92 Effective Date: 1/1/2019

Total Premium	\$3.59
Employer Contribution	(\$3.59)
Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

## Long Term Disability

Your cost per pay period \$0.00

Cost Details Per Pay Period

Long Term Disability Class 2

Effective Date: 1/1/2019

Total Premium	\$3.06
<b>Employer Contribution</b>	(\$3.06)
Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

**FSA Health** Waived

▲ This benefit election is pending until approved by HR Department

Waived

**FSA Dependent Care** 

Waived

▲ This benefit election is pending until approved by HR Department

Waived

Totals Per Pay Period

Total Premium

\$240.47 \$193.64

**Employer Contribution** 

**Your Cost** 

\$46.83

Your Confirmation Number is: 26183080

Created on: 12/7/2018

<sup>\*</sup> Changes to benefit coverages may be subject to approval by your Human Resources manager.