



## New Elections, Confirmation Statement for maninderpal singh

Please find the confirmation of your benefits coverage below.

### Your Benefits as of 4/1/2018

#### TOTAL COSTS PER PAY PERIOD

Your Cost **\$67.02**

#### Medical

Your cost per pay period **\$56.00**

##### Choice POS II - Standard Plan

Coverage: **Employee Only**  
Effective Date : **4/1/2018**

#### Cost Details Per Pay Period

Your Cost (pre-tax) **\$56.00**  
Your Cost (post-tax) **\$0.00**

##### Who will be covered on this plan

Name	Relationship	Coverage 	Effective Date
maninderpal singh	Employee	 Covered	3/26/2018

#### Health Savings Account

Waived

Waived

#### Dental

Your cost per pay period **\$8.00**

##### Premium Plan

Coverage: **Employee Only**  
Effective Date : **4/1/2018**

#### Cost Details Per Pay Period

Your Cost (pre-tax) **\$8.00**  
Your Cost (post-tax) **\$0.00**

##### Who will be covered on this plan

Name	Relationship	Coverage 	Effective Date
maninderpal singh	Employee	 Covered	3/26/2018

## Vision

Your cost per pay period **\$3.02**

### Vision Plan

Coverage: **Employee Only**  
Effective Date : **4/1/2018**

Cost Details Per Pay Period

Your Cost (pre-tax)	\$3.02
Your Cost (post-tax)	\$0.00

### Who will be covered on this plan

Name	Relationship	Coverage 	Effective Date
maninderpal singh	Employee	 Covered	3/26/2018

## Short Term Disability

Waived

Waived

## Critical Illness

Waived

Waived

## Hospital Indemnity

Waived

Waived

## Accident

Waived

Waived

## Long Term Disability

Your cost per pay period **\$0.00**

### Long Term Disability

Coverage: **.67 X Pay \$3,611.00**  
Effective Date : **4/1/2018**

Cost Details Per Pay Period

Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

## Basic Employee Life

Your cost per pay period **\$0.00**

This benefit has an imputed income amount of \$0.69 per pay period

### Basic Life Insurance

Coverage: **\$75,000.00**  
Effective Date : **4/1/2018**

Cost Details Per Pay Period

Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

## Basic Employee AD&D

Your cost per pay period **\$0.00**

### Basic AD&D

Coverage: **\$75,000.00**  
Effective Date : **4/1/2018**

Cost Details Per Pay Period

Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

Voluntary Employee Life	Waived
Waived	

Voluntary Employee AD&D	Waived
Waived	

MetLife Auto Insurance	Your cost per pay period <b>\$0.00</b>				
MetLife Home and Auto Effective Date : 3/26/2018	Cost Details Per Pay Period				
<table> <tr> <td>Your Cost (pre-tax)</td><td>\$0.00</td></tr> <tr> <td>Your Cost (post-tax)</td><td>\$0.00</td></tr> </table>		Your Cost (pre-tax)	\$0.00	Your Cost (post-tax)	\$0.00
Your Cost (pre-tax)	\$0.00				
Your Cost (post-tax)	\$0.00				

Transportation	Your cost per pay period <b>\$0.00</b>				
Commuter Benefits Effective Date : 3/26/2018	Cost Details Per Pay Period				
<table> <tr> <td>Your Cost (pre-tax)</td><td>\$0.00</td></tr> <tr> <td>Your Cost (post-tax)</td><td>\$0.00</td></tr> </table>		Your Cost (pre-tax)	\$0.00	Your Cost (post-tax)	\$0.00
Your Cost (pre-tax)	\$0.00				
Your Cost (post-tax)	\$0.00				

Employee Assistance	Your cost per pay period <b>\$0.00</b>				
Employee Assistance Program Effective Date : 3/26/2018	Cost Details Per Pay Period				
<table> <tr> <td>Your Cost (pre-tax)</td><td>\$0.00</td></tr> <tr> <td>Your Cost (post-tax)</td><td>\$0.00</td></tr> </table>		Your Cost (pre-tax)	\$0.00	Your Cost (post-tax)	\$0.00
Your Cost (pre-tax)	\$0.00				
Your Cost (post-tax)	\$0.00				

Totals Per Pay Period	Your Cost <b>\$67.02</b>
-----------------------	--------------------------

Your Confirmation Number is: 94589584

Created on: 4/23/2018