



Current Benefits, Confirmation Statement for maninderpal singh

Please find the confirmation of your benefits coverage below.

Your Benefits as of 4/23/2018

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

FSA Dependent Care

Waived

Waived

By waiving, you understand that you give up your coverage and cannot elect later if you choose to travel domestically or internationally after your enrollment. Mid-year elections/changes are only permitted with a qualifying family status change.>

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

Legal Plans

Waived

Waived

MetLife Auto Insurance

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

MetLife Home and Auto

Effective Date : **3/26/2018**

Cost Details Per Pay Period

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

Transportation

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

Commuter Benefits

Effective Date : **3/26/2018**

Cost Details Per Pay Period

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

Employee Assistance

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

Employee Assistance Program

Effective Date : **3/26/2018**

Cost Details Per Pay Period

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

Totals Per Pay Period

Your Cost **\$67.02**

Your Confirmation Number is: 94589584

Created on: 4/23/2018