

HOANG V NGUYEN 155 BREWSTER STREET APT 2L BRIDGEPORT, CT 06605

Your 2020 Preliminary Benefit Confirmation Statement

This statement shows what your benefit coverage would be effective January 1, 2020 if you choose to take no action during the upcoming Annual Enrollment period. Please note that you must re-enroll in the Flexible Spend Accounts (FSA) and/or Health Saving Account (HSA) each year. The FSA and/or HSA contributions do not carry over from year to year. The upcoming enrollment period will be from Tuesday, November 5th through Thursday, November 21st. If you wish to make any changes during the 2020 annual enrollment period, please go to the AIG Benefits Service Center at http://www.aigbenefits.bswift.com

As a reminder, your benefit elections for the next year will remain effective through December 31, 2020, unless you have a qualified family status change or a change in your employment status that impacts your benefit or dependent coverage. You must notify the AIG Benefits Service Center of any status change within 31 days of the event.

A Summary of Benefits and Coverage (SBC), which summarizes important information about any medical coverage option in a standard format, is available at the AIG Benefits Service Center.

If you have any questions or changes, call the AIG Benefits Service Center no later than December 31, 2019, at 1-800-265-5054 within the U.S./Canada or 1-713-831-5921 (collect, outside the U.S./Canada) Monday through Friday, 8 a.m. to 8 p.m. U.S. Eastern Time.

Your Benefits

Medical	UnitedHealthcare CDHP Employee + Family Who will be covered on this plan Hoang Nguyen Arthur Nguyen Helen Nguyen	Albert Nguyen	Employer Cost Your Cost per Pay Period	\$701.45 \$140.63
Dental	Dental PPO Employee + Family Who will be covered on this plan Hoang Nguyen Arthur Nguyen Helen Nguyen	Albert Nguyen	Employer Cost Your Cost per Pay Period	\$33.50 \$38.86

Vision	Group Vision Plan Employee + Family Who will be covered on this plan Hoang Nguyen Arthur Nguyen Helen Nguyen	Albert Nguyen	Employer Cost Your Cost per Pay Period	\$0.00 \$11.34
Basic Employee Life	Basic Life Insurance \$120,000.00 Primary Beneficiaries Helen Nguyen 100%		Employer Cost Your Cost per Pay Period	\$5.15 \$0.00
Short Term Disability	Short Term Disability		Employer Cost Your Cost per Pay Period	\$0.00 \$0.00
Basic Long Term Disability	Long Term Disability \$2,500.00		Employer Cost Your Cost per Pay Period	\$9.73 \$0.00
Business Travel Accident Insurance - Business and Pleasure	Business and Pleasure \$600,000.00		Employer Cost Your Cost per Pay Period	\$7.62 \$0.00
Totals			Your c	ost \$190.83

Cost per pay period amounts above are weekly, bi-weekly, or monthly based on your pay cycle or billing period.

- ? Need Help?
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- Web chat is available from 8 a.m. to 8 p.m. U.S. Eastern Time, Monday Friday.