

New Elections, Confirmation Statement for Nathan Stuart

Your Benefits as of 1/1/2026

TOTAL COST PER PAY PERIOD

Your Cost	\$206.75
-----------	----------

Heart Medical

Blue Cross Blue Shield of Michigan HDHP

Coverage: Team Member + Family

Effective Date: 1/1/2026

Your cost per pay period **\$57.90**

Cost Details Per Pay Period

Your Cost	\$57.90
-----------	---------

Who will be covered on this plan:

Name	Relationship	Coverage	Effective Date
Nathan Stuart	Team Member	<input checked="" type="checkbox"/> Covered	4/1/2024
Gretchen Stuart	Spouse	<input checked="" type="checkbox"/> Covered	4/1/2024
Caleb Stuart	Child	<input checked="" type="checkbox"/> Covered	4/1/2024
Emily Stuart	Child	<input checked="" type="checkbox"/> Covered	4/1/2024
Hannah Stuart	Child	<input checked="" type="checkbox"/> Covered	12/27/2024

Tooth Dental

Waived

Waived

Eye Vision

Your cost per pay period **\$3.89**

Vision Plan

Coverage: Team Member + Family

Effective Date: 1/1/2026

Cost Details Per Pay Period

Your Cost	\$3.89
-----------	--------

Who will be covered on this plan:

Name	Relationship	Coverage	Effective Date
Nathan Stuart	Team Member	<input checked="" type="checkbox"/> Covered	1/1/2026
Gretchen Stuart	Spouse	<input checked="" type="checkbox"/> Covered	1/1/2026
Caleb Stuart	Child	<input checked="" type="checkbox"/> Covered	1/1/2026
Emily Stuart	Child	<input checked="" type="checkbox"/> Covered	1/1/2026
Hannah Stuart	Child	<input checked="" type="checkbox"/> Covered	1/1/2026

Health Savings Account

Waived

Waived

Medical Flexible Spending Account

Waived

Waived

Day Care Flexible Spending Account

Your cost per pay period **\$144.23**

Day Care FSA

Contribution: \$7,500.00 per year

Effective Date: 1/1/2026 - 12/31/2026

Cost Details Per Pay Period

Your Cost	\$144.23
-----------	----------

Basic Team Member Life and AD&D Plan

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

This benefit has an imputed income amount of \$1.85 per pay period

Basic Life and AD&D

Coverage Amount: \$130,000.00

Effective Date: 1/1/2025

Cost Details Per Pay Period

Your Cost	\$0.00
-----------	--------

Short-Term Disability Plan

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

Short-Term Disability

Effective Date: 1/1/2025

Cost Details Per Pay Period

Your Cost	\$0.00
-----------	--------

Long-Term Disability Plan

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

Long-Term Disability

Effective Date: 1/1/2025

Cost Details Per Pay Period

Your Cost	\$0.00
-----------	--------

Accident

Waived

Waived

Hospital Indemnity

Waived

Waived

Critical Illness

Waived

Waived

Voluntary Team Member Life Plan

Your cost per pay period **\$0.36**

Voluntary Team Member Life

Coverage: \$10,000

Effective Date: 1/1/2025

Cost Details Per Pay Period

Your Cost	\$0.36
-----------	--------

Voluntary Spouse Life

Waived

Waived

Voluntary Child Life

Your cost per pay period **\$0.37**

Voluntary Child Life

Coverage: \$10,000.00

Effective Date: 12/27/2024

Cost Details Per Pay Period

Your Cost	\$0.37
-----------	--------

Who will be covered on this plan:

Name	Relationship	Coverage	Effective Date
Caleb Stuart	Child	<input checked="" type="checkbox"/> Covered	4/1/2024
Emily Stuart	Child	<input checked="" type="checkbox"/> Covered	4/1/2024
Hannah Stuart	Child	<input checked="" type="checkbox"/> Covered	12/27/2024

Legal Services

Waived

Waived

Identity Theft

Waived

Waived

Total Per Pay Period

Your Cost **\$206.75**

Due to rounding, the amounts shown above may be a penny off from your paycheck deduction.

Your Confirmation Number is: 71347799

Created on: 11/10/2025