

Your Personal Data

Personal Information

FIRST NAME: PATRICK
MIDDLE INITIAL: S
LAST NAME: O'SHEA
ADDRESS 1: 1621 E SPRING RIDGE CIR
ADDRESS 2:
CITY: WINTER GARDEN
STATE: FL
ZIP: 34787

Employee Information

ORIGINAL HIRE DATE: 7/12/1999
EMPLOYMENT STATUS: A
MAILCODE: FL995
PAY STATUS CODE: FT
EMAIL ADDRESS: poshea@optum.com
EMPLOYEE NUMBER: 000066318

You currently have no dependents on file.

Covered Family Members	Medical	Dental	Vision
You currently have no covered family members on file.			

My Benefits

Benefit Effective Date	Benefit	Coverage Election	Bi-weekly Deduction
1/1/2015	Medical	Plus w/ HSA/Employee Only*	\$36.32
	* If you enroll in a Standard Medical Option, the Your Rewards for Health program Incentive reduces the premium you pay. Click here to read more.		
1/1/2015	HSA	/Employee Only Employee (\$1,500.00)	\$57.69
1/1/2015	Your Rewards for Health Expected Incentive EE	Gold (\$600 annual \$23.08 biweekly)	(\$23.08)
1/1/2015	Your Rewards for Health Expected Incentive SP/DP	No Incentive	\$0.00
1/1/2015	Vision	Exam and Materials Plus - Standard/Employee Only	\$3.84
1/1/2015	Dental	Comprehensive Dental/Employee Only	\$10.21

1/1/2015	Basic Life Insurance with AD&D	2x Benefit Compensation (\$224,000.00)	\$0.00
1/1/2015	Employee Supplemental Life Insurance	2X Tobacco Free with ADD (\$224,000.00)	\$5.79
1/1/2015	Spouse/Domestic Partner Life Insurance	No Coverage	\$0.00
1/1/2015	Child(ren) Supplemental Life	No Coverage	\$0.00
1/1/2015	Supplemental Short-Term Disability	No Supplemental Short-Term Disability	\$0.00
1/1/2015	Long-Term Disability	Do not pay taxes on the company-paid LTD premium	\$0.00
1/1/2015	Health Care Flexible Spending Account	No Coverage	\$0.00
1/1/2015	Dependent Care Reimbursement Account	No Coverage	\$0.00
1/1/2015	Critical Illness Protection Plan Employee	No Coverage	\$0.00
1/1/2015	Critical Illness Protection Plan Spouse	No Coverage	\$0.00
1/1/2015	Critical Illness Protection Plan Child	No Coverage	\$0.00
1/1/2015	Accident Protection Plan	No Coverage	\$0.00

Your Beneficiaries

Beneficiary Designation - Basic Life Insurance with AD&D

Name	Date of Birth	Relationship	Type	%
Lauren Kates	6/25/1986	Other	Primary	100

My Bottom Line

For Plan Year 2015	Bi-weekly Pay Period	Per Year
Expected Incentive**	\$23.08	\$600.00
Pre-Tax Costs	\$110.36	\$2,869.42
After-Tax Costs	\$5.79	\$150.53

Please note that the Per-Year Cost may differ slightly due to rounding.

By enrolling in any benefit plan, I acknowledge that:

- when applicable, amounts will be deducted from my paycheck on a pre-tax basis (before federal, state and, in certain cases, Social Security and Medicare taxes are withheld). Certain benefits will be deducted on an after-tax basis in accordance with my elections. I also understand that if I fail to make affirmative elections by the benefit enrollment deadline, I will automatically receive a default benefits package as described in the enrollment and benefits information, and benefit costs will be deducted from my pay accordingly. The default package includes employee only medical coverage on an pre-tax basis.
- I have received and reviewed the enrollment and benefits information (rules and guidelines) prior to making any benefits elections/transactions via any online tools or resources and agree to be bound by the terms and conditions of the benefit plans. I understand that I cannot change certain benefit elections during the plan year unless I have a change-in-status event, consistent with the change, that, under federal law and the terms of the appropriate plan, would permit modifications of my elections, and that I cannot change my other elections except as permitted by the plans.
- the information provided by me and my dependents during the enrollment process (including completion of the Evidence of Insurability process as applicable) is accurate and complete. I understand and agree that any omissions or incorrect information or statements knowingly provided or made by me and/or my dependents to obtain coverage may result in disciplinary action, including, but not limited to, terminating coverage and recovering any costs of any benefits that were paid on behalf of the ineligible person(s) and/or termination of employment.

** Your actual annual incentive level will be based on the points earned, within the required timeframe, per adult. Go to myuhc.com to view your Scorecard online.