

Benefits Confirmation Statement

Generated: June 17th 2025

Your Information:

Name Rover Nana Anderson	Gender M	E-mail example123@gmail.com	Employment Level F
Hire Date 2025/06/11	Location SCA	Address 62, WayStreet Birmingham, AL 35001 Colombia	

Your Family:

Name	Age	Gender	Relationship	QMCSO
Sanvy Anderson	28	F	Spouse	N

Medical:	Coverage:	Your Cost:	Employer Cost
Blue Shield of CA - Full PPO Savings Embedded Deductible 3200/5200 Start Date Sanvy Anderson (Spouse)	Employee + Spouse 06/11/2025 06/11/2025	\$279.51	\$452.31

HSA Survey:
Completed

Dental:	Coverage:	Your Cost:	Employer Cost
Generic - Decline Start Date Termination Date	Other (DO NOT USE) 06/11/2025 06/11/2025	\$0.00	\$0.00

Employer Contribution \$452.31
Your Cost Per Pay Period \$279.51