

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