

Benefits Confirmation Statement

Generated: June 14th 2025

Your Information:

<b>Name</b> Rover Nana Anderson	<b>Gender</b> M	<b>E-mail</b> example123@gmail.com	<b>Employment Level</b> F
<b>Hire Date</b> 2025/06/11	<b>Location</b> SCA	<b>Address</b>  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
<b>HSA Survey:</b>			

Completed

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