

Benefits Confirmation Statement

Generated: June 20th 2025

Your Information:

Name Shelby Adams Beard	Gender M	E-mail rstafford@example.com	Employment Level F
Hire Date 2025/06/11	Location SCA	Address 582 Nicholas Glen Suite 405 Alexandrachester, NJ 71071 United Arab Emirates	

Your Family:

Name	Age	Gender	Relationship	QMCSO
Shawn Oliver	25	F	Child	N

Medical:	Coverage:	Your Cost:	Employer Cost
Blue Shield of CA - Full PPO Savings Embedded Deductible 3200/5200 Start Date Shawn Oliver (Child)	Employee + Children 06/11/2025 06/11/2025	\$206.59	\$334.32

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 \$334.32
Your Cost Per Pay Period \$206.59