

# Enrollment Report

## Active Enrollments

Total Records : 13			Report Date: 9/18/2017
Employee Name: Jonson Steve			
Plan Design Name	Effective Date	Termination Date	Coverages
<b>Medical</b>			
HDHP ACA 5000-Medical-BCBS-TX	11/01/2017		Jonson Steve [Employee]
<b>Dental</b>			
Dental High-Dental-AlwaysCare	11/01/2017		Jonson Steve [Employee] Jonson Spouse [Spouse] Jonson Child [Natural child]
<b>Vision</b>			
Vision-Vision-AlwaysCare	11/01/2017		Jonson Steve [Employee] Jonson Spouse [Spouse]
<b>Supplemental Employee Life</b>			
Supplemental Employee Life-Supplemental Employee Life-Mutual of Omaha	11/01/2017		Jonson Steve [Employee] - \$20000.00
<b>Supplemental Spouse Life</b>			
Supplemental Spouse Life-Supplemental Spouse Life-Mutual of Omaha	11/01/2017		Jonson Steve [Employee] - \$10000.00
<b>Flexible Spending Account</b>			
FSA Healthcare - 2017-Flexible Spending Account-TaxSaver	11/01/2017		Jonson Steve [Employee] - \$150.00
<b>Critical Illness</b>			
Critical Illness-Critical Illness-Chubb	11/01/2017		Jonson Steve [Employee] Jonson Spouse [Spouse] Jonson Child [Natural child]
<b>Long Term Benefit</b>			
Lifetime Benefit Term-Long Term Benefit-Chubb	11/01/2017		Jonson Steve [Employee]

## Waived Benefits

# Enrollment Report

Benefit Plan Type	Reason	Waiver Date	Termination Date
<b>Accidental Insurance</b>			
Accidental Insurance	---	11/01/2017	
<b>Dependent Care Spending Account</b>			
Dependent Care Spending Account	---	11/01/2017	
<b>Supplemental Child Life</b>			
Supplemental Child Life	---	11/01/2017	
<b>Voluntary Long Term Disability</b>			
Voluntary Long Term Disability	---	11/01/2017	
<b>Voluntary Short Term Disability</b>			
Voluntary Short Term Disability	---	11/01/2017	