

# Confirmation Statement

**Name**

AdTwoModeEmployee Hspl

**Employee ID**

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**Address:**

Address details are not provided in the workflow

**Gender**

Male

**Date of Birth**

06/21/1986

**Marital Status**

Married

**DEPENDENT INFORMATION**

AddSpouse Hspl (Spouse)	Date of Birth	Gender	Social Security Number	Marital Date
	06/21/1986	Female	---	---
AddChild Hspl (Natural child)	Date of Birth	Gender	Social Security Number	Marital Date
	06/21/2015	Male	---	---
AddAnother Child Hspl (Natural child)	Date of Birth	Gender	Social Security Number	Marital Date
	06/21/2015	Male	XXXXXX9999	---

**EMERGENCY CONTACT****PRIMARY CONTACT**

First Name A	Last Name Hspl	Address ---
City ---	State ---	Postal Code ---
Home Phone 1236547895	Relation Sibling	

SECONDARY CONTACT

First Name ---	Last Name ---	Address ---
City ---	State ---	Postal Code ---
Home Phone ---	Relation ---	

APPROVAL PENDING ENROLLMENT SUMMARY

PLAN NAME	COVERAGE	EMPLOYER COST	EMPLOYEE COST
<b>Supplemental Employee Life</b> (Post-tax) Effective 03/27/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$0.00 Elected Coverage \$60,000.00 (EE cost \$1.20)	<b>\$0.00</b>	<b>\$0.00</b>
<b>Supplemental Employee AD&amp;D</b> (Post-tax) Effective 03/27/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$0.00 Elected Coverage \$60,000.00 (EE cost \$0.60)	<b>\$0.00</b>	<b>\$0.00</b>
<b>Supplemental Spouse Life</b> (Post-tax) Effective 03/27/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$0.00 Elected Coverage \$30,000.00 (EE cost \$0.60)	<b>\$0.00</b>	<b>\$0.00</b>
<b>Supplemental Spouse AD&amp;D</b> (Post-tax) Effective 03/27/2018	AdTwoModeEmployee Hspl (Employee) Current Coverage \$0.00 Elected Coverage \$30,000.00 (EE cost \$0.30)	<b>\$0.00</b>	<b>\$0.00</b>
<b>Supplemental Child Life</b> (Post-tax) Effective 03/27/2018	AddAnother Child Hspl (Natural child) Current Coverage \$0.00 Elected Coverage \$10,000.00 (EE cost \$0.15)	<b>\$0.00</b>	<b>\$0.00</b>

<b>Supplemental Child AD&amp;D</b> (Post-tax) Effective 03/27/2018	AddAnother Child Hspl (Natural child) Current Coverage \$0.00 Elected Coverage \$10,000.00 (EE cost \$0.10)	<b>\$0.00</b>	<b>\$0.00</b>
<b>Metlaw 2018</b> (Post-tax) Effective 03/27/2018- 12/31/2018	AdTwoModeEmployee Hspl (Employee)	<b>\$0.00</b>	<b>\$10.88</b>
<b>2018 Flexible Spending Account</b> (Pre-tax) Effective 03/27/2018- 12/31/2018	Employee Coverage - \$1,500.00	<b>\$0.00</b>	<b>\$78.95</b>
<b>2018 Dependent Care Spending Account</b> (Pre-tax) Effective 03/27/2018- 12/31/2018	Employee Coverage - \$5,000.00	<b>\$0.00</b>	<b>\$263.16</b>

Total Benefit Employee Cost <hr/>	<b>\$352.99</b>	Total Employee Cost <hr/>	<b>\$352.99</b>
		Total Employer Cost <hr/>	<b>\$0.00</b>

<b>Out of Pocket</b> Total Employee Per pay period Deduction	<b>\$352.99</b>
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CURRENT ENROLLMENT SUMMARY			
PLAN NAME	COVERAGE	EMPLOYER COST	EMPLOYEE COST
<b>Short-Term Disability 2018</b> (Post-tax) Effective 03/01/2018- 12/31/2018	AdTwoModeEmployee Hspl (Employee)	<b>\$0.00</b>	<b>\$0.00</b>

Total Benefit Employee Cost <hr/>	<b>\$0.00</b>	Total Employee Cost <hr/>	<b>\$0.00</b>
		Total Employer Cost <hr/>	<b>\$0.00</b>

<b>Out of Pocket</b> Total Employee Per pay period Deduction	<b>\$0.00</b>
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FUTURE ENROLLMENT SUMMARY

PLAN NAME	COVERAGE	EMPLOYER COST	EMPLOYEE COST
<b>UHC Mid Range POS Medical and Delta Dental PPO</b> (Pre-tax) Effective 03/27/2018	AdTwoModeEmployee Hspl (Employee) AddSpouse Hspl (Spouse) AddAnother Child Hspl (Natural child)	<b>\$932.63</b>	<b>\$310.88</b>
<b>Short-Term Disability 2018</b> (Post-tax) Effective 03/01/2018- 12/31/2018	AdTwoModeEmployee Hspl (Employee)	<b>\$0.00</b>	<b>\$0.00</b>

Total Benefit Employee Cost	<b>\$310.88</b>	Total Employee Cost	<b>\$310.88</b>
		Total Employer Cost	<b>\$932.63</b>

<b>Out of Pocket</b> Total Employee Per pay period Deduction	<b>\$310.88</b>
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