

## Submit Elections Confirmation

2021 Open Enrollment for Poole, Thomas (4224133)

Initiated On: 10/21/2020  
Submit Elections By: 11/12/2020  
Event Date: 01/01/2021

Total Employee Cost/Credit  
\$174.98 Bi-weekly Cost

Should you need to change your submitted elections during the open enrollment period, use the "Benefits" worklet in Workday and select "change open enrollment". Please be sure to submit with your electronic signature any time you use this feature whether you make changes or not.

Confirmation Statements will **NOT** be mailed, you must **PRINT** and/or **SAVE** a copy for your records.

### Elected Coverages

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Bi-weekly)	Employer Contribution (Bi-weekly)
Medical - BCBS Michigan Traditional	01/01/2019	01/01/2019	EE + Child(ren)		Poole, MaryLou		\$112.08	\$356.32
Dental - Delta Dental High	03/01/2018	03/01/2018	EE + Child(ren)		Poole, MaryLou		\$23.88	\$9.36
Vision - United Health Care High Vision Plan	03/01/2018	03/01/2018	EE + Child(ren)		Poole, MaryLou		\$11.52	
Basic Life and AD&D - The Hartford Basic Life and AD&D 1x Salary (Employee)	03/01/2018	03/01/2018	1 X Salary	\$46,000.00		Poole, Christopher Poole, MaryLou Poole, Thomas		\$1.93
Supplemental Life - The Hartford Supplemental Life - Employee (Employee)	01/01/2021	01/01/2021	4 X Salary	\$184,000.00			\$24.71	
Supplemental AD&D - The Hartford Supplement AD&D - Employee (Employee)	01/01/2021	01/01/2021	8 X Salary	\$368,000.00			\$1.87	
Supplemental Life Child - The Hartford Supplemental Life - Children (Employee)	01/01/2021	01/01/2021	\$20,000	\$20,000.00			\$0.92	
<b>Total:</b>							<b>\$174.98</b>	<b>\$367.61</b>

### Waived Coverages

Plan Type
Health Savings Account
Healthcare FSA
Dependent Care FSA
Supplemental Life Spouse

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Plan Type
Voluntary Long Term Disability
PTO Cash Out Hours

**Beneficiary Designations**

Benefit Plan	Requires Beneficiary	Beneficiaries	
		Beneficiary	Primary Percentage / Contingent Percentage
Basic Life and AD&D - The Hartford Basic Life and AD&D 1x Salary (Employee)		Poole, Thomas	Primary Percentage 34
		Poole, MaryLou	Primary Percentage 33
		Poole, Christopher	Primary Percentage 33

Signature

X \_\_\_\_\_  
Employee Signature Required

Electronic Signature

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

I understand that the health plan coverage I am enrolling in provides benefits through a clinically integrated network of hospitals, physicians, and other healthcare providers and professionals, including care coordinators and case managers that monitor and coordinate all aspects of an individual's medical care. I further understand that my employer and healthcare providers and professionals affiliated with my employer participate in the clinically integrated network. As a result, I understand that, although I and my dependents may not be treated at the facilities or by the employees of my employer or a healthcare provider or professional affiliated with my employer, employees of my employer or a healthcare provider or professional affiliated with my employer will have access to and may use and disclose my and my enrolled dependents personal health information to manage and coordinate our care. Any access to and use and disclosure of protected health information will comply with the privacy and security regulations under the Health Insurance Portability and Accountability Act (HIPAA) and any applicable state privacy and security laws.

**Signed By** Poole, Thomas (4224133)  
**Date** 11/04/2020