

Submit Elections Confirmation

New Hire (benefits-eligible colleague) for Thomas Poole (4224133)

Initiated On: 01/18/2018

Submit Elections By: 02/20/2018

Event Date: 01/22/2018

Total Employee Cost/Credit

\$242.12 Bi-weekly Cost

Elected Coverages

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Bi-weekly)	Employer Contribution (Bi-weekly)
Medical - Capital District Health Plan EPO	03/01/2018	03/01/2018	EE + Child(ren)		MaryLou Poole		\$151.07	\$268.57
Dental - Delta Dental PPO High	03/01/2018	03/01/2018	EE + Child(ren)		MaryLou Poole		\$23.44	\$9.19
Vision - United Health Care PPO High Vision Plan	03/01/2018	03/01/2018	EE + Child(ren)		MaryLou Poole		\$11.52	
Healthcare FSA - WageWorks	03/01/2018	03/01/2018	\$1,000.00 Annual				\$45.45	
Basic Life and AD&D - The Hartford Basic Life and AD&D 1x Salary (Employee)	03/01/2018	03/01/2018	1 X Salary	\$43,000.00		Christopher Poole MaryLou Poole Thomas Poole II		\$1.39
Supplemental Life - The Hartford Supplemental Life - Employee (Employee)	03/01/2018	03/01/2018	2 X Salary	\$86,000.00			\$10.20	
Supplemental AD&D - The Hartford Supplement AD&D - Employee (Employee)	03/01/2018	03/01/2018	2 X Salary	\$86,000.00			\$0.44	
Total:							\$242.12	\$279.15

Waived Coverages

Plan Type
Dependent Care FSA
Supplemental Life Spouse
Supplemental Life Child
Voluntary Long Term Disability

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)		MaryLou Poole	Primary Percentage 33

Submit Elections Confirmation

05:27 PM

02/21/2018

Page 2 of 2

Benefit Plan	Requires Beneficiary	Beneficiaries	
		Beneficiary	Primary Percentage / Contingent Percentage
		Christopher Poole	Primary Percentage 33
		Thomas Poole II	Primary Percentage 34

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 (CIN). I further understand that my employer and healthcare providers and professionals affiliated with my employer participate in the CIN. 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 Thomas Poole (4224133)
Date 02/21/2018