



Benefit Confirmation Statement

Steven Boyer

1809 Barnes St

Plant City, FL

33563

Confirmation Number:
1043

Employee ID: A73793

Confirmed: 09/20/2022

02:31PM

IP Address: 173.168.25.224

This is a summary of the benefit elections you have confirmed.

Document

Medical

Benefit election waived.

Domestic Partner Medical

No plans available

Dental

Benefit election waived.

Domestic Partner Dental

No plans available

Vision

Benefit election waived.

Domestic Partner Vision

No plans available

Basic Life

Policy	Covered	Beneficiaries	Effective date	Cost per period
METLIFE BASIC LIFE/ADD \$15,000 B2	Steven Boyer (\$15000.00)	Liza I Boyer P=100%	10/01/2022	\$0.00

Voluntary Life

Policy	Covered	Beneficiaries	Effective date	Cost per period
METLIFE VOL LIFE/ADD	Steven Boyer (\$10000.00)	Liza I Boyer P=100%	10/01/2022	\$0.61

Flexible Spending Account

Benefit election waived.

Total cost per period: \$0.61

Your elections will not be finalized until reviewed by your benefits administrator.

2022 Confirmation

Benefit Enrollment Terms and Conditions

Please read carefully: I understand that coverage will not be effective unless I complete all necessary sections of the enrollment portal.

I authorize my employer to deduct from my paycheck the amount listed in this enrollment to pay the premiums for myself and/or my dependents. I understand that by participating in the Pre-Tax (Section 125) Plan, my Social Security benefits may be affected because the above elections will be deducted before my salary is taxed.

I understand all benefit options available to me and that I cannot change or revoke any election until the next open enrollment for the policy period unless I have a qualifying change in family status. Qualifying life Events include events such as: marriage, divorce, death of spouse or child, birth or adoption of a child, termination or commencement of employment status from full-time to part-time or part-time to full time, my spouse or I taking unpaid leave of absence, and such other events as a plan administrator determines will permit a change or revocation of an election. All dependents listed are my dependents as defined in the Plan Document. I also understand that if there are any changes to my family status or coverage status, I have 30 days to notify Human Resources or otherwise accept any penalty that may incur as a result in my failure to notify HR. Prior to each plan year, I will be offered the opportunity to change my benefit election for the following plan year.

I certify that the information in this enrollment is true and complete and that I have read and reviewed all Annual Notices.