

EMPLOYEE CONFIRMATION OF FLEXIBLE BENEFITS COSTS & DEDUCTIONS FOR 2003

EMPLOYEE: Charles P. Ackerd SSN: 123-00-8000 PAY CODE: TZF
 P.O. Box 1150 GENDER: M FILE # 888128
 McCayrnsville, GA 30560 DOB: 10/14/1956 PAY RATE ON 9/1/02: \$45,708
 HIRE DATE: 11/09/1987 AGE ON 1/1/03: 46 PAY FREQUENCY: Semi-Monthly

We reduce your payroll tax burden!

WORK LOCATION: OH

Eligibility for employer *budgeted FlexCash* (Credit dollars) can be based on many variables including: non-smoker medical rate discounts, union vs. non-union, salary vs. hourly, work-code, pay-code, pay-frequency and/or division location and other formulas.

BENEFIT NAME	OPTION	COVERAGE LEVEL	PAY PERIOD DEDUCTION
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BEFORE TAX BENEFITS

Use any number or combination of carriers or claims administrators: self or fully insured plans

Medical Plan	Network Choice PPO	Family	\$ 212.50
Dental	Basic Plus	Family	\$ 36.45
Vision		Family	\$ 7.96
Basic Life / AD&D	2x Base		\$ 92,000
Long Term Disability	66 2/3%		\$ 1,270
Flex Day			\$.00
Medical Spending			\$.00
Dependent Care Spending			\$.00

Imputed income >50k

FlexCash is based on your fixed benefits budget & plan design. Credits are calculated & allocated based upon eligibility.

PLEASE BE SURE TO COMPLETE A SEPARATE ENROLLMENT FORM FOR YOUR MEDICAL SPENDING AND/OR DEPENDENT CARE SPENDING ACCOUNTS

TOTAL BEFORE TAX ELECTIONS	\$ 277.44
TOTAL FLEX CREDITS AVAILABLE	\$ 237.63
TOTAL BEFORE TAX PAYROLL DEDUCTIONS	\$ 39.81

Rates and the deductions for any age and/or compensation based benefit are recalculated each year

AFTER TAX BENEFITS

Supplemental Life	3xBase	\$ 138,000		\$ 9.94
Supplemental AD&D		\$ 450,000	Family	\$ 9.45
Spouse Life		\$ 50,000		\$ 5.85
Child(ren) Life		\$ 10,000		\$.50

TOTAL AFTER TAX PAYROLL DEDUCTION	\$ 25.74
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EMPLOYEE AUTHORIZATION: I hereby confirm the above elections to be in effect until such time that I elect to change them, either through the annual enrollment process or eligible family status change. I am also confirming my eligibility to elect the benefit programs above. Furthermore, I authorize the deductions above (if any) based on the elections confirmed for my employee portion of the cost to be withheld from my pay. This authorization will also be in effect until further written notice from me.

EMPLOYEE

SIGNATURE: _____ **DATE:** _____

FAMILY INFORMATION

Name	Relationship	DOB	Gender	Student	SSN
Sandra B	Spouse	06/21/1953	F		200-94-4640
Charles P	Child	11/04/1990	M		200-77-0301
Alden A	Child	04/30/1986	F	Y	200-71-1406

We enroll, audit & confirm all elections with a single form! Next we create deductions and transmit census to carriers. We then generate single-point monthly consolidated list bills. We can group all plans & carriers into a single payroll slot. *Simplify your life*, "Outsource" to gain control & reduce costs! Migrate today to our hybrid Full-Flex plan design and reduce your FICA & FUTA. www.HRsystem.com