


## Confirmation Statements

eBenefits gives you the opportunity to print a confirmation statement of your submitted elections.

Click the **Printer icon**  to print a copy for your records.

Name: Jocelyn D De Leon  
Emplid: 173341

Event: New Hire  
Event Date: 11/16/2019



### 2020 Health Benefits Enrollment Summary Statement

This is a summary of the benefit elections that you have made for 11/16/2019 New Hire as of 4:03pm 07/16/2020. Please print a copy for your records at this time. You will not be able to retrieve this election summary for printing at a later date.

#### Health Benefits

	Effective Date	Before Tax	After Tax	Full Cost
<b>Medical - Trio HMO - Blue Shield of CA Member plus one dependent</b>	11/16/2019	\$27.54	\$0.00	<b>\$27.54</b>
<b>Dependent</b>	<b>Relationship</b>		<b>Enrolled</b>	
Dep2 De Leon	Spouse		Y	
Dep 3 child De Leon	Child		N	
<b>Dental - Delta Dental PPO Member plus two or more dependents</b>	11/16/2019	\$6.92	\$0.00	<b>\$6.92</b>
<b>Dependent</b>	<b>Relationship</b>		<b>Enrolled</b>	
Dep2 De Leon	Spouse		Y	
Dep 3 child De Leon	Child		Y	
<b>Vision Premier</b>			<b>Waived</b>	
<b>Computer Vision Care (VDT) * Member Only</b>	11/16/2019	\$0.00	\$0.00	<b>\$0.00</b>
<b>Life Insurance</b>	<b>Effective Date</b>	<b>Before Tax</b>	<b>After Tax</b>	<b>Full Cost</b>
<b>Life - \$50,000 Basic Life Insurance * \$50,000</b>	12/01/2019	\$0.00	\$0.00	<b>\$0.00</b>
<b>Disability Insurance</b>	<b>Effective Date</b>	<b>Before Tax</b>	<b>After Tax</b>	<b>Full Cost</b>
<b>Long-Term Disability - Grip Long Term Disability 60% * 60% of Salary</b>	12/01/2019	\$0.00	\$0.00	<b>\$0.00</b>

#### Spending Accounts

	Effective Date	Before Tax	After Tax	Full Cost
<b>Flex Spending Health - U.S. - Health Care FSA\$250 Pledge **</b>	11/16/2019	\$250.00	\$0.00	<b>\$250.00</b>
<b>Flex Spending Dependent Care - Child Care Dependent Care FSA\$500 Pledge **</b>	11/16/2019	\$500.00	\$0.00	<b>\$500.00</b>

#### Employer Pays *per pay period*

Non-Taxable	<b>\$ 748.31</b>
Taxable	<b>\$ 0.00</b>
<b>Employer Pays</b>	<b>\$ 748.31</b>

#### Your Costs *per pay period*

Before Tax	<b>\$ 784.46</b>		
After Tax	<b>\$ 0.00</b>	<b>Your Total Costs</b>	<b>\$ 784.46</b>

*per pay period*

\* If you are eligible, enrollment in these benefits at no cost to you will be automatic after your elections are completely processed.

\*\* Estimated before-tax pay period contribution.

These elections have been submitted and are subject to review. Your elections may be changed before they are finalized if they do not adhere to the SFHSS Member Rules.

Mid-year FSA changes will be reviewed against claims and are subject to change.

If you added new dependents, please upload your documents. If you would rather fax your documentation, please submit to (628) 652-4701. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

Thank you for using self-service benefits. If you need any assistance, visit sfhss.org or call Member Services at (628) 652-4700.

SFHSS will mail you a finalized confirmation statement in early December of your entered elections. If the finalized confirmation statement does not match your printed submission, please contact SFHSS Member Services at (652) 628-4700, provide us with a copy of your submission and we will make the appropriate changes\* to your health coverage.

\*Benefit elections will be revised if documentation for dependents is not submitted or if dependents are ineligible.