

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 |
|--------------|--------|----------------|----------------------|
|--------------|--------|----------------|----------------------|

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 |

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

Imputed income >50k

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 |
|--|-----------------|

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