

Search	60			nor / tarrinnor actor	
	00			RETURN TO MENU SIT	E MAP HELP
BENEFITS AND DE					
View information about your rel	irement plans, Flexible Bene	efits plan, and miscellaneous deduction	S.		
Retirement Plans	/				
Flexible Benefits					
Miscellaneous					
Open Encellment					
Open Enrollment	/				
Beneficiaries and Deper	idents				
Flexible Benefits Confir	nation Statement				
ENEFIT CONFIRMATION STATE int a copy of this screen as your 2015 Confirm y changes to your 2015 elections must be co rent. tatement for Lehigh Employee melit Selections effective as of Jan 01, 2015	Review and	print your Confirm ecceded, to mark up and submit a correction. d In the Human Resources Office by 5:00 p.m. Novemb	er 24, 2014. No change will be perm	nent:	to a Qualifying Life
ENEFIT CONFIRMATION STATE int a copy of this screen as your 2015 Confirm yo changes to your 2015 elections must be co rent. taterment for Lehigh Employee enefit Selections effective as of Jan 01, 2015 our Selections And Associate l amounts shown are calculated ing your primary assignment formation as follows: sugment title: Sr. Manger	Review and	print your Confirm	er 24, 2014. No change will be perm	nent: itted after that date unless it is related i	to a Qualifying Life
ENEFIT CONFIRMATION STATE int a copy of this sereen as your 2015 Confirm ry changes to your 2016 elections must be co rent. tatement for Lehigh Employee enefit Selections effective as of Jan 01, 2015 our Selections And Associate I amounts shown are calculated ing your primary assignment formation as follows: solument Title: Sr. Manager	Review and	print your Confirm	er 24, 2014. No change will be perm	nent:	to a Qualifying Life
ENEFIT CONFIRMATION STATE! int a copy of this screen as your 2015 Confirm ny changes to your 2015 elections must be co rent. tatement for Lehigh Employee snefit Selections effective as of Jan 01, 2015 pour Selections And Associate l amounts shown are calculated ing your primary assignment formation as follows: sagament Title: Sr. Manager imber of Pays Per Year: 12	Review and	eeded, to mark up and submit a correction. d in the Human Resources Office by 5:00 p.m. Novemb	er 24, 2014. No change will be perm	nent: itted after that date unless it is related of itted after that date unless it is related of itted after that date unless it is related of the second s	to a Qualifying Life
ENEFIT CONFIRMATION STATE int a copy of this screen as your 2015 Confirm yo changes to your 2015 elections must be co ent. tatement for Lehigh Employee anefit Selections effective as of Jan 01, 2015 pour Selections And Associate i amounts shown are calculated ing your primary assignment formation as follows: signment Tite: Sr. Manager inter of Pays Per Year: 12 more	Review and	Print your Confirm	er 24, 2014. No change will be perm	nent: itted after that date unless it is related of itted after that d	to a Qualifying Life
ENEFIT CONFIRMATION STATE int a copy of this screen as your 2015 Confirm y changes to your 2015 elections must be co rent. taterment for Lehigh Employee enefit Selections effective as of Jan 01, 2015 bour Selections And Associate l amounts shown are calculated ing your primary assignment formation as follows: signment Title: Sr. Manager amber of Pays Per Year: 12 note timuy Medical Coverage for a Working SpousePather systom Health Plan Central HNO - Medical Insurance inted Concorda Derial	Review and	Print your Confirm seeded, to mark up and submit a correction. d in the Human Resources Office by 5:00 p.m. Novemb d in the Human Resources Office by 5:00 p.m. Novemb MatEnda Lecton NatEndad B - Employee and one dependent	er 24, 2014. No change will be perm	Itted after that date unless it is related in the interval of	to a Qualifying Life
ENEFIT CONFIRMATION STATE! int a copy of this screen as your 2015 Confirm y changes to your 2015 elections must be co- ent. tatement for Lehigh Employee enefit Selections effective as of Jan 01, 2015 our Selections And Associate I amounts shown are calculated ing your primary assignment formation as follows: signment Title: Sr. Manager minber of Pays Per Year: 12 otce may Medical Coverage for a Working Spouse-Partner rystone Health Plan Central HMO - Medical Insurance Inter Concada Dental astic Lik Insurance (1 lines salar)) oppermental Like Insurance	Review and	Decision d in the Human Resources Office by 5:00 p.m. November d in the Human Resources Office by 5	er 24, 2014. No change will be perm	Monthly Costs Employee Em 2000 Employee Em 2000 Employee	to a Qualifying Life
ENEFIT CONFIRMATION STATE int a copy of this screen as your 2015 Confirm ry changes to your 2015 elections must be co- rent. tatement for Lehigh Employee enefit Selections effective as of Jan 01, 2015 bour Selections And Associate I amounts shown are calculated ing your primary assignment formation as follows: usignment Title: Sr. Manager maker of Pays Per Year: 12 store timary Medical Coverage for a Working Spouse Pather rystone Health Plan Central HIO - Medical Insurance Inted Concorda Dental Exploremental Lufe Insurance and Concorda Dental Exploremental Lufe Insurance and Concorda Dental splemental Lufe Insurance (Post-tax Premiums)	Review and	Becicos NAC Elected NAC Elected B. Enployee A SpousePathere B. Enployee A SpouseP	er 24, 2014. No change will be perm	Monthly Coets Employee Em Cock Cock Cock Cock Cock Cock Cock Cock	to a Qualifying Life
ENEFIT CONFIRMATION STATE(int a copy of this screen as your 2015 Confirm y changes to your 2015 elections must be co ent. tatement for Lehigh Employee anefit Selections effective as of Jan 01, 2015 bour Selections And Associate l amounts shown are calculated ing your primary assignment formation as follows: signment Title: miner of Pays Per Year: signment Title: signment Title: signment Itile: signment Itile: signment (Itimes salar) upplemental Life Insurance - For SpousePatture pendent Life Insurance - For SpousePatture pendent Life Insurance - For SpousePatture	Review and	Perint your Confirm eeded, to mark up and submit a correction. d in the Human Resources Office by 5:00 p.m. Novemb Eecton Net Elected Be-Employe and one dependent Be-Employe and one depe	er 24, 2014. No change will be perm	Monthly Costs Employee Em xxxxxx A xxxxxx A xxxxxx A xxxxxx A xxxxxx A xxxxxx A xxxxxx A xxxxx A xxxx A xxxxx A xxxx A xxxxx A xxxxx A xxxxx A xxxxx A xxxxx A xxxx A xxxx A xxxxx A xxxx A xxxx A xxxxx A xxxxx A xxxxx A xxxxx A xxxxx A xxxxx A xxxx A xxxx A xxxxx A xxxx A xxx A xxxx A xxxx A xxxx A xxxx A xxxx A xxxx A xxxx A xxx A xxx A xxx A xxxx A xxxx A xxxx A xxx A xx A xxx A xx	to a Qualifying Life
ENEFIT CONFIRMATION STATE(int a copy of this seren as your 2015 Confirm ry changes to your 2016 elections must be co- rent. tatement for Lehigh Employee enefit selections effective as of Jan 01, 2015 bour Selections And Associate amounts shown are calculated ing your primary assignment formation as follows: signment Title: signment Climes salary upplemental Life Insurance on ferm Diasability Insurance Prodestar Preniums) ependent Life Insurance - For SpouseFather septient Hansance - For SpouseFather septient Hansance - For SpouseFather septient Hansance - For SpouseFather	Review and MENT tion Statement for your records or, if n mmunicated in writing and be received d Costs	Recicion Accided, to mark up and submit a correction. di the Human Resources Office by 5:00 p.m. Novemb Mate Elected Nate Elected B- Employee Adome dependent B- Employee Adome dependent B- Employee Adome dependent B- Employee Adome dependent Correct dependent Dep Life Speat/Pharts Dep Life Speat/Pharts Dep Life Speat/Pharts Dep Life Speat/Pharts Mate Elected Nate Elected	er 24, 2014. No change will be perm	Monthly Coess Employee Employee Employe	Nover
ENEFIT CONFIRMATION STATE! int a copy of this screen as your 2015 Confirm ny changes to your 2015 elections must be co rent. tatement for Lehigh Employee enefit Selections effective as of Jan 01, 2015 Dour Selections And Associate l amounts shown are calculated ing your primary assignment formation as follows: signment Title: Sr. Manager miber of Pays Per Year: 12 noice minary Medical Coverage for a Working SpousePather reptons Headt Pian Central HMO - Medical Insurance info Concrol Deridal asic Life Insurance of For SWOrking SpousePather signment Ute Insurance - For OpulasePather septonent Life Insurance - For Child(yen) eagendent Life Insura	Review and	Period your Confirm eeded, to mark up and submit a correction. d in the Human Resources Office by 5:00 p.m. Novemb d in the Human Reso	er 24, 2014. No change will be perm	Itted after that date unless it is related after	skeyer