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BENEFITS AND DEDUCTIONS

View information about your retirement plans, Flexible Benefits plan, and miscellaneous deductions.

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RELEASE: 8.10

Review and print your Confirmation Statement:

BENEFIT CONFIRMATION STATEMENT

Print a copy of this screen as your **2015 Confirmation Statement** for your records or, if needed, to mark up and submit a correction.

Any changes to your 2015 elections must be communicated in writing and be received in the Human Resources Office by 5:00 p.m. November 24, 2014. No change will be permitted after that date unless it is related to a Qualifying Life Event.

Statement for Lehigh Employee

Benefit Selections effective as of Jan 01, 2015

Your Selections And Associated Costs

All amounts shown are calculated using your primary assignment information as follows:

Assignment Title:
 Number of Pays Per Year:

Choice	Election	Coverage Amt	Monthly Costs	
			Employee	Employer
Primary Medical Coverage for a Working Spouse/Partner	Not Elected		--	--
Keystone Health Plan Central HMO - Medical Insurance	B - Employee & Spouse/Partner		XXX.XX	XXX.XX
United Concordia Dental	B - Employee and one dependent		XXX.XX	.00
Basic Life Insurance (1 times salary)	Basic Life Insur - 1 x salary	XX,XXX.XX	.00	XXX.XX
Supplemental Life Insurance	2 x Salary Supplemental Life	XXX,XXX.XX	XXX.XX	.00
Long Term Disability Insurance (Post-tax Premiums)	LTD Insurance - Post-tax		.00	XXX.XX
Dependent Life Insurance - For Spouse/Partner	Dep Life: Spouse/Partner \$30,000		XXX.XX	.00
Dependent Life Insurance - For Children	Not Elected		--	--
Health Care Flexible Spending Account	Not Elected		--	--
Dependent Care Flexible Spending Account	Not Elected		--	--
Total Monthly Cost			XXX.XX	XXX.XX