

EBS Employee Benefit Services, Inc.
Personal Confirmation Form, Issue Date: 09/12/2006

Acme, John R
 123 Acme Ln
 San Antonio, TX 78228
 210-555-5555

AAA Acme
 4318 Woodcock Dr., Ste. 130
 San Antonio, TX 78228
 210-738-1414

Employment Date:	01/01/2001	Effective Date:	01/01/2004
SSN:	123-45-6789	Gender:	M
Occupation:	President/CEO	DOB:	06/06/1966
Marital Status:	M	Salary:	\$66666
Level:	1	Pay Period:	24
Location:		Medical Effective:	/ /

Election	Description	PPD
Medical D	Employee & Family	\$113.88
Dental B	Employee & Family	\$15.00
Employee Term Life C	Additional Life/AD&D Insurance	\$8.00
Note: When Evidence of Insurability is confirmed, coverage will be \$184000		
Spouse Life B	Spouse Life Coverage	\$3.13
Child Life A	Waive Child(ren) Life Coverage	\$0.00
Voluntary STD B	Weekly Benefit	\$12.50
Voluntary LTD B	LTD Monthly Benefit	\$13.89

Total Deductions: \$166.40

Signature _____ **Date** _____

EBS Employee Benefit Services, Inc.
Personal Confirmation Form, Dependents and Beneficiaries

Employee: Acme, John R

123-45-6789

Name	SSN	Relationship	Sex	DOB	Status
Judy Acme Md Eff: 01/01/2002	987-65-4321 Benefits: Dental Medical Spouse Life	Spouse	F	07/07/1967	
James Acme Md Eff: 01/01/2002	555-55-5555 Benefits: Dental Medical	Child	M	07/05/1997	
Beneficiary: Judy Acme		Spouse			100% primary
Beneficiary: James Acme		Son			100% contingent

I hereby certify that the information regarding my dependents listed above, and the benefit coverage listed for them (if any) is accurate. I further verify that the information regarding beneficiary(ies) (if any) is both complete and accurate, and that the benefit elections entered on the previous page (if unchanged by me) are correct. If I have altered the information on this form in any way, I hereby request EBS Employee Benefit Services, Inc. to issue me an updated personal confirmation form reflecting the change(s).

Signature _____ Date _____