

STAFF BENEFITS STATEMENT

THE UNIVERSITY OF WISCONSIN SYSTEM

IMPORTANT - PLEASE NOTE: While every effort has been made to report information accurately, the legal documents, policies, or certificates pertaining to the benefits would prevail in the event of discrepancy. **THIS STATEMENT IS NOT A LEGAL DOCUMENT.**

PERSON ID NUMBER

BIRTHDATE

IF QUESTIONS CONTACT

The amounts shown are projected for the calendar year assuming your current salary and benefits will remain the same. If you have elected early coverage in the health or income continuation insurance program, this statement may reflect that you are paying the total cost. However, after you complete the qualifying period, the University will pay part or all of the cost. Future statements will reflect those changes.

THIS STATEMENT IS A PROJECTION BASED ON THE APRIL 2007 PAYROLL

| YOUR SECURITY TODAY | YOUR ANNUAL CONTRIBUTION | UNIVERSITY ANNUAL CONTRIBUTION | COVERAGE |
|---|--------------------------|--------------------------------|----------|
| HEALTH CARE BENEFITS: | | | |
| STATE GROUP HEALTH INSURANCE | | | |
| DENTAL - EXCESS MEDICAL INSURANCE | | ** | |
| DENTAL INSURANCE | | ** | |
| VISION INSURANCE | | ** | |
| INCOME PROTECTION BENEFITS - INCOME CONTINUATION INSURANCE | | | |
| SURVIVOR BENEFITS: | | | |
| STATE GROUP LIFE INSURANCE | Employee | | |
| Dependent Coverage - Premium includes | Spouse | | |
| coverage/s for spouse and/or children IF APPLICABLE | Children | | |
| UNIVERSITY OF WISCONSIN EMPLOYEES, INC..... | | ** | |
| INDIVIDUAL & FAMILY GROUP LIFE INSURANCE..... | Employee | ** | |
| | Spouse | | |
| | Children | | |
| ACCIDENTAL DEATH AND DISMEMBERMENT..... | | ** | |
| UNIVERSITY INSURANCE ASSOCIATION | | ** | |
| (Yearly premium taken from payroll check paid in November) | | | |
| YOUR FUTURE SECURITY | | | |
| RETIREMENT: | | | |
| Required Deposits | of your Compensation | | |
| Optional - Additional Deposits (Taxable) | | | |
| SOCIAL SECURITY: | | | |
| ** No University contribution | | | |
| TOTAL ESTIMATED ANNUAL COST OF YOUR BENEFITS | | | |
| OPTIONAL PLANS: | | PAY PERIOD AMOUNT | |

This statement explains briefly the wide range of benefits available to University employees, the programs in which you are participating, and your coverage.