

## Benefit Reports

All benefits reports have a selection option for COBRA recipients. Most benefits reports prompt for the effective date. In this way, benefits that have expired or have yet to begin are not included.


These are the Benefit reports:

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## Benefit Coverage by Employee

This detail report lists personal and salary information about each employee, his or her benefits, the effective and expiration dates, the total cost of the monthly premiums for the employee and the employee's dependents, and the amount the employee pays for coverage.


**Note:** This report will only display Marital Status and Total Dependents information if the effective date used to generate the report is the current system date. If an effective date other than the current system date is used (i.e., a date in the past or future), this information will not appear on the report.

		<b>Z-Systems, Inc.</b>					
		Insurance Benefit Coverage by Employee					
		Effective 08/28/2007					
PLAI	EFFECTIVE DATE	EXPIRATION DATE	TOTAL COVERAGE	EMPLOYEE MONTHLY PREMIUM	DEPENDENT MONTHLY PREMIUM	IHS DEP	EMPLOYEE MONTHLY CONTRIBUTION
<b>Adams, Donald A</b> SSN 232-09-8027	<b>Employee ID 101</b> Salary	135,159.90	Marital Status	M	Total Dependents	3	
Dental	01/01/2003	12/31/2099	6,000	6.50	14.25	3	10.38
Prescriptions	01/01/2003	12/31/2099		4.00	7.00	3	7.00
GTL-BW taxable	01/01/2000	12/31/2099	272,000	10.88	0.00	0	0.00
HMO Medical	01/01/2003	12/31/2099	1,000,000	75.00	215.00	3	101.00
Life Insurance	01/01/2003	12/31/2099	270,320	7.50	0.00	0	4.33
Vision	01/01/2003	12/31/2099	1,200	6.35	18.30	3	8.22
Employee T Totals			1,549,520	110.23	254.55		130.93
<b>Albright, Albert M</b> SSN 423-26-5666	<b>Employee ID 135</b> Salary	80,480.71	Marital Status	M	Total Dependents	2	
Prescriptions	01/01/2003	12/31/2099		4.00	7.00	2	7.00
GTL-BW taxable	01/01/2000	12/31/2099	162,000	6.48	0.00	0	0.00
HMO Medical	01/01/2003	12/31/2099	1,000,000	75.00	180.00	2	87.00
Life Insurance	01/01/2003	12/31/2099	160,961	7.50	0.00	0	4.33
Employee T Totals			1,322,961	92.98	187.00		98.33
<b>Anderson, Cornelia B</b> SSN 136-36-3636	<b>Employee ID 121</b> Salary	34,491.72	Marital Status	M	Total Dependents	2	
GTL-WK taxable	01/01/2000	12/31/2099	70,000	2.80	0.00	0	0.00
PPO Medical	03/20/2006	12/31/2099	1,000,000	75.00	130.00	1	102.50
Employee T Totals			1,070,000	77.80	130.00		102.50
<b>Anderson, Rebecca A</b> SSN 452-34-5555	<b>Employee ID 140</b> Salary	16,383.57	Marital Status	M	Total Dependents	1	
Dental	01/01/2003	12/31/2099	3,000	6.50	14.25	1	10.38
Prescriptions	01/01/2003	12/31/2099		4.00	7.00	1	7.00
HMO Medical	01/01/2003	12/31/2099	1,000,000	75.00	130.00	1	67.00
Employee T Totals			1,003,000	85.50	151.25		84.38
<b>Attwater, Christine E</b> SSN 576-86-7858	<b>Employee ID 130</b> Salary	28,812.28	Marital Status	S	Total Dependents	0	
Dental	01/01/2003	12/31/2099	1,500	6.50	0.00	0	3.25
Prescriptions	01/01/2003	12/31/2099		4.00	0.00	0	0.00
HMO Medical	01/01/2003	12/31/2099	1,000,000	75.00	0.00	0	15.00

### Benefit Enrollment by Plan

This report totals benefits by plan. For insurance plans, the report totals employee monthly premium, dependent monthly premium, employee monthly contribution, and monthly net cost. For savings plans, the report totals monthly projected employee contribution and monthly employer match.

**Note:** You must enter an effective date for the report. Otherwise, if the date is left blank, the report might not include all the appropriate enrollment information.

		<b>ZSI/ABC SYSTEMS, INC</b> Insurance Benefit Enrollment by Plan Effective 03/01/2002				
		<b>EMPLOYEE</b>	<b>TOTAL COVERAGE</b>	<b>EMPLOYEE MONTHLY PREMIUM</b>	<b>DEPENDENT MONTHLY PREMIUM</b>	<b>EMPLOYEE MONTHLY CONTRIBUTION</b>
<b>Plan: Accidental Death/Dismembr</b>						
Goldstein, Alicia T			15.65	0.00	7.83	7.82
Juarez, Marian A			15.65	0.00	7.83	7.82
Accidental Death/Dismembr Totals			31.30	0.00	15.66	15.64
<b>2 Employees Listed</b>						
<b>Totals</b>			<b>31.30</b>	<b>0.00</b>	<b>15.66</b>	<b>15.64</b>
<hr/> August 28, 2007 at 4:12 PM <span style="float: right;">Page 1</span>						

## Benefit Letter

This report is a letter showing the employee which benefits are set up for the employee.

August 28, 2007

Donald A. Adams  
 1000 Bay View Court  
 Apt B-4  
 San Jose, CA 95010

Dear Donald:

Periodically we like to provide you with a statement of the benefits you receive. These benefits are provided as part of your employment and may include contributions made on your behalf by us.

**Your Insurance Benefits are as follows:**

BENEFIT	TOTAL COVERAGE	EMPLOYEE ANNUAL COST	EMPLOYEE DEPENDENT COST	TOTAL ANNUAL COST	YOUR ANNUAL CONTRIBUTION
Dental	6,000	78.00	171.00	249.00	124.56
Prescriptions		48.00	84.00	132.00	84.00
GTL-BW taxable	272,000	130.56	0.00	130.56	0.00
GTL-BW taxable	262,000	125.76	0.00	125.76	0.00
HMO Medical	1,000,000	900.00	2,580.00	3,480.00	1,212.00
Life Insurance	270,320	90.00	0.00	90.00	52.00
Life Insurance	261,938	90.00	0.00	90.00	52.00
Vision	1,200	76.20	219.60	295.80	98.64
				4,593.12	1,623.20

**Your Savings Benefits are as follows:**

BENEFIT	EMPLOYEE CONTRIBUTION PERCENT/AMOUNT	EMPLOYEE ANNUAL CONTRIBUTION	PROJECTED EMPLOYER CONTRIBUTION	PROJECTED ANNUAL TOTAL
401K Savings Plan (%)	15.00%	20,273.98	7,433.79	27,707.77
		20,273.98	7,433.79	27,707.77

Your current annual pay is 135,159.90. You also receive the above benefits package costing \$32,510.90 per year. Your contribution toward these benefits is \$21,897.19 per year resulting in company-paid benefits for you of \$10,613.71 per year. These company-paid benefits represent 7.85% in addition to your pay.

Sincerely,

## Benefit Premium Totals by Plan

This report provides a summary headcount of each benefit plan. The report lists the plan, number of enrollees, coverage amount, employee monthly premium, dependent monthly premium, employee monthly contribution, and monthly net cost. You can select whether to include insurance or savings plans in the report.




### ZSI/ABC SYSTEMS, INC Insurance Benefit Premium Totals by Plan

Effective 08/28/2007

PLAN	HEADCOUNT	TOTAL COVERAGE	EMPLOYEE MONTHLY PREMIUM	DEPENDENT MONTHLY PREMIUM	EMPLOYEE MONTHLY CONTRIBUTION	EMPLOYER MONTHLY NET COST
Accidental Death/Dismembr	2		15.65	0.00	7.83	7.82
Dental	25	94,500	162.50	185.25	173.94	173.81
Prescriptions	22		88.00	91.00	91.00	88.00
GTL-WK taxable	7	520,491	20.82	0.00	0.00	20.82
GTL-BW taxable	18	2,766,000	110.64	0.00	0.00	110.64
HMO Medical	23	23,000,000	1,725.00	2,725.00	1,435.00	3,015.00
Life Insurance	22	3,133,418	165.00	0.00	95.26	69.74
PPO Medical	1	1,000,000	75.00	130.00	102.50	102.50
Vision	5	5,100	31.75	91.50	41.10	82.15
<b>Totals</b>		<b>30,519,509</b>	<b>2,394.36</b>	<b>3,222.75</b>	<b>1,946.63</b>	<b>3,670.48</b>

### COBRA Billing Statement

The system can track different types of COBRA at different rates. It prompts you to select which COBRA codes (or all) you want to use to create a report. Knowing COBRA law and how to administer it is your responsibility. We provide you with the tools to help manage COBRA but assume no liability. COBRA laws change and are subject to interpretation. The penalty for not following COBRA law is severe. If you are not well versed in COBRA requirements, please seek professional counsel.



Adam N. Colombo  
1234 Castro Street  
Mountain View, CA 94060

## ZSI/ABC SYSTEMS, INC

### COBRA Billing Statement

Insurance Coverage for the month of March, 2007

PLAN	EXPIRATION DATE	COVERAGE	EMPLOYEE MONTHLY PREMIUM	DEPENDENT MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM
Dental	12/31/2099	1,500	9.75	0.00	9.75
Prescriptions	12/31/2099		6.00	0.00	6.00
HMO Medical	12/31/2099	1,000,000	112.50	0.00	112.50

**Please remit payment for \$128.25**

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## COBRA Mailing Labels

This report prepares mailing labels for COBRA recipients in three-column label format (30 labels per page). You can select the COBRA codes you want to have labels. If sheets of labels do not move smoothly through your printer, try printing the labels on regular paper, and then use your copier.

Donald A Adams 1000 Bay View Court Apt B-4 San Jose, CA 95010	Albert M Albright 4511 Arbor Lane Los Gatos, CA 95030	Cornelia B Anderson 3534 Lemon Tree Dr. Fort Campbell, KY 98008
Rebecca A Anderson 111 Cedar Wing Court Cupertino, CA 95014	Christine E Attwater 200 E Santa Cruz Sunnyvale, CA 95123	Robert Q Baker 12001 Oak Ridge Road San Jose, CA 95014
Pepper S Bandana 23D Orchard Court Larkspur, CA 93212	Pepper S Bandana 23D Orchard Court Larkspur, CA 93212	James S Bickmire 59123 Skyline Blvd Palo Alto, CA 95567
Virginia L Bramble 2131 Vista Way Apt. C Campbell, CA 95008	Virginia L Bramble 2131 Vista Way Apt. C Campbell, CA 95008	Virgil L Brown 2220 Cedar Tree Ln. Cupertino, CA 90888
Nora C Chin 100 Seashore Way Sunnyvale, CA 94022	Donna N Christian 566 Villa Casa Ct Saratoga, CA 95020	Paul Chu 134 Berkshire Road Building F, Apt 29 Studio City, CA 91602
Adam N Colombo 1234 Castro Street Mountain View, CA 94060	Duke H Darkwolf 874 Dusty Trail Cupertino, CA 95033	Deana Sue DeWitt 1234 Blaney Ave Cupertino, CA 95014
Tom P Dodge, CPA 4987 Waterway Blvd Los Angeles, CA 98756	James J Eagle 4333 E. Shady Oak Trail Los Altos Hills, CA 94455	Maximillian Clayton Farber 678 Parrot Avenue Marina Del Ray, CA
Gail S Finn 155 N Peachtree St San Jose, CA 94122	Tom T Garcia, CPP 220 Washington Street Freemont, CA 90888	Alicia T Goldstein 12452 Blaney Ave. Cupertino, CA 95014
Carolyn N Hatfield 200 Ridgcrest Drive Los Gatos, CA 95030	Joseph Hernandez 1576 W. 2nd.St San Jose, CA 95131	Mary M Huang 234 Harding Ave Los Gatos, CA 95030
Sue Ellen Johnson 5556 Cherry Blossom Ln. Sunnyvale, CA 95123	Mary S Johnson, SPHR 100 E. Apple Blossom St Cupertino, CA 95014	Gilbert W Jones 1212 Loma Alta Los Gatos, CA 95030

### COBRA Notification Letter

This report prints a standard COBRA notification letter. You can select employees terminated within a specific date range. You can also specify a markup factor.

Stacy R. White 345 Rose Bud Ln Cupertino, CA 95014	Notification Date 04/01/2003 Social Security Number 345-55-5554 Qualification Date 09/28/2007
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Dear Stacy:

All company health benefits will expire as of 09/28/2007 due to termination. You have the option to keep any of the following benefits under the COBRA act for up to 18 months.

PLAN	COVERAGE	EMPLOYEE MONTHLY PREMIUM	DEPENDENT MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM
Prescriptions		4.08	0.00	4.08
Medical Plan	1,000,000	76.50	0.00	76.50
				80.58

Place your signature next to each benefit you would like to continue and return this form within 60 days.

Sincerely,

Mary Sue Johnson  
Manager, Human Res

## COBRA Recipient Report

This report lists people receiving COBRA benefits and how long they have received these benefits. The report lists the recipient's name, division and department, termination reason, date of termination, number of months the individual has received COBRA and the number of total dependents, including the insured.

COBRA RECIPIENT	DIVISION	, DEPARTMENT	TERM REASON	TERM DATE	MONTHS	DEPENDENTS	
						TOTAL	INSURED
Smiley, Sally S	Operations	, Manufacturing	EXPIRED	07/01/2002	62.0	0	0
Smith, Zabrina S	Operations	, Manufacturing	RESIGN	06/02/2002	63.0	0	0
Colombo, Adam N	Operations	, Manufacturing			0.0	0	0

**3 COBRA Recipients Listed**

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## Census Report

This report provides information most insurance companies require when calculating the cost of providing insurance. You might want to send this report directly to the insurance company.

The dependents column on the report indicates the number of insured as specified on the Dependents and Beneficiaries page. An insured spouse counts as one dependent.

SSN	BIRTH DATE	GENDER	TYPE	OCCUPATION	ANNUAL SALARY	HIRE DATE	MARITAL STATUS	INSURED DEPENDENTS
<b>Nonexempt Status</b>								
<b>Anderson, Cornelia B</b>								
136-36-3636	11/11/1960	F	RFT	Machine Oper III	34,491.72	02/10/1989	M	1
<b>Anderson, Rebecca A</b>								
452-34-5555	06/10/1983	F	RPT	Machine Oper I	16,383.57	11/29/1989	M	1
<b>Attwater, Christine E</b>								
576-86-7858	10/10/1959	F	RFT	Secretary II	28,812.28	07/12/1988	S	0
<b>Bandana, Pepper S</b>								
254-65-8756	07/19/1966	F	RFT	Machine Oper III	29,437.95	04/16/1988	S	0
<b>Bandana, Pepper S</b>								
254-65-8756	07/19/1966	F	RFT	Machine Oper III	32,192.28	04/16/1988	S	0
<b>Bickmire, James S</b>								
234-34-5658	07/19/1944	M	RFT	Technician II	50,988.97	11/28/1989	S	0
<b>Bramble, Virginia L</b>								
134-34-3434	12/21/1954	F	RFT	Purchasing clerk	24,517.27	04/20/1987	M	0
<b>Bramble, Virginia L</b>								
134-34-3434	12/21/1954	F	RFT	Purchasing clerk	27,151.65	04/20/1987	M	0
<b>Christian, Donna N</b>								
764-54-5677	07/16/1958	F	RFT	Machine Oper I	13,928.45	07/31/1990	M	0
<b>Chu, Paul</b>								
578-63-4539	05/13/1938	M	RFT	Machine Oper I	13,520.00	11/07/1988	M	0
<b>Colombo, Adam N</b>								
333-42-5542	04/09/1967	M	RFT	Line Supervisor	34,105.43	06/28/1989	S	0
<b>Darkwolf, Duke H</b>								
433-65-6179	07/15/1953	M	RFT	Technician II	43,239.00	03/08/1999	M	0
<b>DeWitt, Deana Sue</b>								
424-22-2225	07/03/1968	F	RFT	Assembler II	36,710.71	01/31/2000	S	2
<b>Dodge, CPA, Tom P</b>								
254-34-5678	06/30/1958	M	RFT	G/ledger Acctg Ad	38,692.65	01/05/1998	D	0
<b>Finn, Gail S</b>								
345-55-6778	08/15/1975	F	RFT	Secretary II	40,240.35	01/01/1999	S	0
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## Certificate of Coverage

This report shows proof of previous health insurance coverage for the employee. If the Date of Certificate (entered on the Specific Criteria tab) is greater than the date the employee's coverage ended, the certificate will print the employee's name, the date the coverage began (item #10) and the date the coverage ended (item #11). Otherwise, if coverage has not ended (as of the Date of Certificate), the report will display an X in item #11.

### Certificate of Group Health Plan Coverage


**IMPORTANT** - This certificate provides evidence of your prior health coverage. You may need to furnish this certificate if you become eligible under a group health plan that excludes coverage for certain medical conditions that you had prior to your enrollment. This certificate may need to be provided if medical advice, diagnosis, care or treatment was recommended or received for the condition within the six-month period prior to your enrollment in the new plan. If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

1. **Date of this certificate** 08/29/2007
2. **Name of group health plan** PPO Medical
3. **Name of participant** Anderson, Cornelia B
4. **Identification number of participant** 136-36-3636
5. **Names of any dependents to whom this certificate applies**  
Rodrequez Ralph
6. **Name and address of person issuing this certificate**  
Z-Systems, Inc.  
123 Palm Avenue  
Los Angeles, CA 90072
7. **For more information, call** (902)554-1356
8. **If the individual(s) identified in line 3 and line 5 has at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here and skip lines 9 and 10.**
9. **Date waiting period or affiliation period (if any) began** 02/10/1989
10. **Date coverage began** 03/20/2006
11. **Date coverage ended** or if coverage is continuing as of the date of this certificate, check here

Note: Separate certificates will be furnished if information is not identical for the participant and each beneficiary.


## Employee Benefit Changes

This report is actually a history report showing changes in employee benefits.

		<b>Z-Systems, Inc.</b>				
		Insurance Employee Benefit Changes				
		Effective from 12/28/2006 to 08/29/2007				
<b>PLAN</b>						
<b>Adams, Donald A</b>						
<b>GTL-BW taxable (GTW-BW)</b>		<b>Coverage Starts:</b>		<b>01.01/2000</b>	<b>Expires:</b> 12/31/2099	
<u>Change Effective</u>	<u>Change Reason</u>	<u>Total Coverage</u>	<u>Dependent Coverage</u>	<u>Employee Premium</u>	<u>Dependent Premium</u>	<u>Other Amount</u>
01.09/2007	PAYROLL MASS UPDATE	272000	0	10.88	0.00	23.57
	Prior Amounts	262000	0	10.48	0.00	22.50
						0.00
<b>Life Insurance (LIFE-BW01)</b>		<b>Coverage Starts:</b>		<b>01.01/2003</b>	<b>Expires:</b> 12/31/2099	
<u>Change Effective</u>	<u>Change Reason</u>	<u>Total Coverage</u>	<u>Dependent Coverage</u>	<u>Employee Premium</u>	<u>Dependent Premium</u>	<u>Other Amount</u>
01.09/2007	PAYROLL MASS UPDATE	270320	0	7.50	0.00	0.00
	Prior Amounts	261938	0	7.50	0.00	0.00
						2.00
						2.00
<b>Albright, Albert M</b>						
<b>GTL-BW taxable (GTW-BW)</b>		<b>Coverage Starts:</b>		<b>01.01/2000</b>	<b>Expires:</b> 12/31/2099	
<u>Change Effective</u>	<u>Change Reason</u>	<u>Total Coverage</u>	<u>Dependent Coverage</u>	<u>Employee Premium</u>	<u>Dependent Premium</u>	<u>Other Amount</u>
01.09/2007	PAYROLL MASS UPDATE	162000	0	6.48	0.00	22.23
	Prior Amounts	156000	0	6.24	0.00	21.04
						0.00
						0.00
<b>Life Insurance (LIFE-BW01)</b>		<b>Coverage Starts:</b>		<b>01.01/2003</b>	<b>Expires:</b> 12/31/2099	
<u>Change Effective</u>	<u>Change Reason</u>	<u>Total Coverage</u>	<u>Dependent Coverage</u>	<u>Employee Premium</u>	<u>Dependent Premium</u>	<u>Other Amount</u>
01.09/2007	PAYROLL MASS UPDATE	160961	0	7.50	0.00	0.00
	Prior Amounts	155970	0	7.50	0.00	0.00
						2.00
						2.00

## Insurance Coverage Detail

This report contains detailed information about each employee's insurance benefit plans. It lists the dependents covered under each plan, shows when their coverage was in effect, and also shows the individual coverage and premium amounts for each dependent, when applicable. The report also contains insurance plan information that is currently not available on any other standard reports.

		<b>Z-Systems, Inc.</b>			
		<b>Insurance Coverage Detail</b>			
		Effective 08/29/2007			
<u>PLAN</u>		<u>COVERAGE BEGINS</u>	<u>COVERAGE ENDS</u>	<u>COVERAGE AMOUNT</u>	<u>PREMIUM AMOUNT</u>
<b>Adams, Donald A (232-09-8027)</b>					
<b>Dental (DENTAL)</b>		01.01/2003	12/31/2099	6000	20.75
Employee Coverage		01.01/2003	12/31/2099	1500	6.50
Covered Dependents					
Peter Adams (CHILD)		01.01/2003	12/31/2099	1500	N/A
Paul A.Adams (CHILD)		01.01/2003	12/31/2099	1500	N/A
Mary M.Adams (SPOUSE)		01.01/2003	12/31/2099	1500	N/A
Dependent Totals				4500	14.25
Employee Contribution	10.38 Biweekly				
Latest Change to Amounts	01.09/2007				
<hr/>					
<b>GTL-BW taxable (GTW-BW)</b>		01.01/2000	12/31/2099	272000	10.88
Employee Coverage		01.01/2000	12/31/2099	272000	10.88
Other Calculated Amount	23.57				
Latest Change to Amounts	01.09/2007 (PAYROLL MASS UPDATE)				
<hr/>					
<b>HMO Medical (HMO)</b>		01.01/2003	12/31/2099	1000000	290.00
Employee Coverage		01.01/2003	12/31/2099	N/A	75.00
Covered Dependents					
Peter Adams (CHILD)		01.01/2003	12/31/2099	N/A	N/A
Paul A.Adams (CHILD)		01.01/2003	12/31/2099	N/A	N/A
Mary M.Adams (SPOUSE)		01.01/2003	12/31/2099	N/A	N/A
Dependent Totals				N/A	215.00
Employee Contribution	101.00 Biweekly				
Latest Change to Amounts	01.09/2007				
<hr/>					
<b>Life Insurance (LIFE-BW01)</b>		01.01/2003	12/31/2099	270320	7.50
Employee Coverage		01.01/2003	12/31/2099	N/A	7.50