

Program Number: E401089R  
Date Of Report: 07/22/2015

The Hartford  
Explanation Of Benefits Summary  
For Case: STATE OF DELAWARE

*Sample I*

Location: \_\_\_\_\_  
Class: ALL ACTIVE FULL-TIME AND REGULAR PART-TI

SSN: xxx-xx-xxxx  
Employee ID:  
Insured ID:  
Employee Name:  
Payee Name:  
Payee Address:

Check Number: N/A

Coverage: WD  
State: DE

Gross Benefit:	1050.57	Authorized End Date:	07/21/2015
Net Benefit:	1050.57	Benefit Start Date:	05/13/2015
Adjustment Amount:	0.00	Last Day Worked:	04/12/2015
Payment Amount:	1050.57	Payment From Date:	07/12/2015
		Payment Thru Date:	07/21/2015
		Payment Date:	07/21/2015

\*\*\*\*\* Taxes \*\*\*\*\*  
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FIT: 0.00  
State: 0.00  
OASD: 0.00  
MDCR: 0.00

Remarks:

Location Total:      Number Of Claims:      1      Amount:      1050.57

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*Sample II*

Location: \_\_\_\_\_  
Class: ALL ACTIVE FULL-TIME AND REGULAR PART-TI

SSN: xxx-xx-xxxx  
Employee ID:  
Insured ID:  
Employee Name:  
Payee Name:  
Payee Address:

Check Number: N/A

Coverage: WD  
State: DE

Gross Benefit:	577.78	Authorized End Date:	08/12/2015
Net Benefit:	0.00	Benefit Start Date:	07/03/2015
Adjustment Amount:	0.00	Last Day Worked:	06/02/2015
Payment Amount:	0.00	Payment From Date:	07/03/2015
		Payment Thru Date:	07/11/2015
		Payment Date:	07/21/2015

\*\*\*\*\* Taxes \*\*\*\*\*

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FIT: 0.00  
State: 0.00  
OASD: 0.00  
MDCR: 0.00

\*\*\*\*\* Offsets \*\*\*\*\*

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WC1 512.32  
WC2 65.47

Remarks:

Location Total:      Number Of Claims:      1      Amount:      0.00