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PeopleSoft Enterprise Benefits Administration 9.1 Reports

November 2010

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PeopleSoft Enterprise Benefits Administration 9.1 Reports
SKU hrms91hbna-r1110

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Report Samples

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CHAPTER 1

Benefits Administration Reports

This appendix provides an overview of PeopleSoft Enterprise Benefits Administration reports and enables you to:

• View summary tables of all reports.

• View report details and source records.

Note. For samples of these reports, see the PDF files published on CD-ROM with your documentation.

Benefits Administration Reports: A to Z

This table lists the Benefits Administration reports, sorted alphanumerical by report ID. The reports listed are all Structured Query Reports (SQRs). If you need more information about a report, refer to the report details at the end of this appendix.

Report ID and Report Name	Description	Navigation	Run Control Page
BAS001 Eligible Participants	Lists, by schedule and benefit program, employees who are eligible to participate in company benefit programs with details on plan and option eligibility.	Benefits, Manage Automated Enrollment, Investigate Exceptions, Eligible Participants Rpt, Eligible Participants Rpt	RUNCTL_BAS001
BAS002 Benefit Program Mailing Labels	Prints a set of 4-across mailing labels for employees participating in benefit programs. Compiles the list from the BAS Participant tables created during open enrollment or event maintenance processing.	Benefits, Manage Automated Enrollment, Participant Enrollment, Print Mailing Labels, Print Mailing Labels	RUNCTL_BAS002
BAS003 Invalid Benefit Elections	Lists, by schedule and event, participants and their dependents, showing any errors such as coverage over the maximum or under the minimum, invalid choices, failure to meet eligibility requirements, and so on.	Benefits, Manage Automated Enrollment, Investigate Exceptions, Invalid Elections Report, Invalid Elections Report	RUNCTL_BAS_SCHED

Report ID and Report Name	Description	Navigation	Run Control Page
BAS004 Benefit Enrollment Form	Prints a generic enrollment statement for each eligible benefit program participant in the BAS Participation table. Includes the name and address of each participant, with options for which the participant is eligible and the associated price tags and credits (if applicable) for the options.	Benefits, Manage Automated Enrollment, Participant Enrollment, Print Enrollment Statements, Print Enrollment Statements	RUNCTL_BAS004
BAS005 Confirmation Statement	Prints a generic confirmation statement for each valid benefit program participant. Includes coverage and per pay period costs.	Benefits, Manage Automated Enrollment, Participant Enrollment, Print Confirmation Statement, Print Confirmation Statement	RUNCTL_BAS005
BAS006 Missing Elections	Lists and provides location information for participants who did not return enrollment statements.	Benefits, Manage Automated Enrollment, Investigate Exceptions, Missing Elections Rpt, Missing Elections Rpt	RUNCTL_BAS_SCHED
BAS007 Dependent/Beneficiary Election	Lists all dependents with current or new elections.	Benefits, Manage Automated Enrollment, Participant Enrollment, Dep/Beneficiary Election Rpt, Dep/Beneficiary Election Rpt	RUNCTL_BAS_SCHED
BAS008 Flagged Participant Report	Lists events that have had job, address, or union eligibility information changed, events that have been processed out of sequence, and events that have been disconnected during processing.	Benefits, Manage Automated Enrollment, Investigate Exceptions, Report on Flagged Items, Report on Flagged Items	RUNCTL_BAS008
BAS010 Ineligible Participants	Lists all participants who are ineligible for any benefit program (events processed to AN status) and their eligibility parameters, such as birth date and status.	Benefits, Manage Automated Enrollment, Investigate Exceptions, Ineligible Participants Rpt, Ineligible Participants Rpt	RUNCTL_BAS_SCHED
BAS027 Employee Processing Status	Lists all participants in a particular process status or set of status levels.	Benefits, Manage Automated Enrollment, Investigate Exceptions, Employee Process Status Rpt, Employee Process Status Rpt	RUNCTL_BAS027

Report ID and Report Name	Description	Navigation	Run Control Page
BAS701 Geographic Location Eligibilit	Prints location IDs, effective dates, and from and to ranges for the U.S. and Canadian postal code ranges that you've defined to determine benefit eligibility.	Set Up HRMS, Product Related, Automated Benefits, Reports, Geographic Locations, Geographic Locations	RUNCTL_BEN_LANG
BAS702A Benefit Program/Plan/Options	For a specified benefit program, prints program-level information (effective date and status, program type, COBRA, FMLA, and FSA parameters and self-service configuration) along with the plan-level and option-level structure (event rules, dependent rules, eligibility rules, coverage levels, and deduction codes).	Set Up HRMS, Product Related, Automated Benefits, Reports, Benefit Program/Plan/Options, Benefit Program/Plan/Options	RUNCTL_BAS_PGM
BAS702B Benefit Program Costs	For a specified benefit program, prints the program description along with the cost and credit structure for all of the offered options (deduction and earnings codes, rate information, and calculation rules).	Set Up HRMS, Product Related, Automated Benefits, Reports, Benefit Program Costs, Benefit Program Costs	RUNCTL_BAS_PGM
BAS703A Eligibility Rules Table	For each plan type in a benefit program, prints the rules for minimum standard hours, maximum standard hours, minimum service, maximum service, minimum age, maximum age, service and age as of information, employee class, employee status, employee type, full/part, reg/temp, officer code, union code, company, location, state, and eligibility configuration. For each eligibility rule definition, prints the minimum/maximum criteria (standard hours, service months and age) and the membership criteria (such as employee class, full or part time, company and paygroup, union code, state, and so on) along with the applicable grouping methods and evaluation rules.	Set Up HRMS, Product Related, Automated Benefits, Reports, Eligibility Rules, Eligibility Rules	RUNCTL_BAS703A

Report ID and Report Name	Description	Navigation	Run Control Page
BAS703B Event Rules Table	Prints event rules for benefit plan types. For an event rule definition, prints each event class with its basic change restrictions (type of changes allowed and option-level movement), date rules (coverage and deduction dates with waiting periods), and other event controls (defaulting, editing, and exceptions).	Set Up HRMS, Product Related, Automated Benefits, Reports, Event Rules, Event Rules	RUNCTL_BAS703B
BAS703C Event Rules Table (Billing)	Lists the parameters in which billing enrollments are created or updated during the Benefits Administration process. Displays the event rules, event class, billing action, billing action date, and rate qualifier.	Set Up HRMS, Product Related, Automated Benefits, Reports, Event Rules-Billing, Event Rules-Billing	RUNCTL_BAS703B
BAS714 Benefits Admin Scheduling	Lists the criteria that make up a schedule. Use to review schedules that have been entered into the system and to ensure that no employee overlaps exist.	Set Up HRMS, Product Related, Automated Benefits, Reports, Schedules, Schedules	RUNCTL_BAS_SCHED
FSA001 FSA Claim Payment Process (flexible spending account claim payment process)	Process all claim data with the following statuses: *Submitted, Pending,* and *Ready To Pay.*	• Benefits, Admin Flex Spending Acct CAN, Process Claims, Calculate Claim Payment • Benefits, Admin Flex Spending Acct US, Process Claims, Calculate Claim Payment	PRCSRUNCNTL
FSA002 FSA Account Closure	Initiate an SQR that updates the account status to *Closed* for FSA participants who had an active FSA at the end of the calendar year.	• Benefits, Admin Flexible Spending Acct US, Create Account Reports, Close and Summarize Accounts, Close and Summarize Accounts • Benefits, Admin Flexible Spending Acct CAN, Create Account Reports, Close and Summarize Accounts, Close and Summarize Accounts	RUNCTL_FSA002(CN)

Report ID and Report Name	Description	Navigation	Run Control Page
FSA003 FSA Check Printing	Print FSA claim checks for records flagged in FSA001. Run this process for each type of check stock that you use. Set up the FSA Claims Processing Run Ctl page, and then run Processing Claim Payments.	• Benefits, Admin Flexible Spending Acct US, Process Claims, Print Checks, Print Checks • Benefits, Admin Flex Spending Acct CAN, Process Claims, Print Cheques, Print Cheques	RUNCTL_FORM_ID
FSA004 FSA Check Register	Print a list of checks printed by the FSA Check Print Report. Set up the FSA Claims Processing Run Ctl page, and then run Processing Claim Payments.	• Benefits, Admin Flexible Spending Acct US, Process Claims, Print Check Register, Print Check Register • Benefits, Admin Flex Spending Acct CAN, Process Claims, Print Cheque Register, Print Cheque Register	RUNCTL_FSA004(CN)
FSA005 FSA Quarterly Statement	Create and print quarterly statements for FSA participants who had activity in one of their spending accounts during the current quarter.	• Benefits, Admin Flexible Spending Acct CAN, Create Account Reports, Quarterly Account Statements, Quarterly Account Statements • Benefits, Admin Flex Spending Acct US, Create Account Reports, Quarterly Account Statements, FSA Quarterly Statement	PRCSRUNCNTL
FSA006 FSA Check Reversal (flexible spending account check reversal)	Reverse FSA payment checks that were created in error.	• Benefits, Admin Flex Spending Acct CAN, Correct Errors, Reverse Cheques in Error, Reverse Cheques in Error • Benefits, Admin Flex Spending Acct US, Correct Errors, Reverse Checks in Error, Reverse Checks in Error	RUNCTL_FSA006
FSA007 FSA Claim Reversal (flexible spending account claim reversal)	Enter the parameters for the check reversal process.	• Benefits, Admin Flex Spending Acct CAN, Correct Errors, Cancel Claim/Reverse Cheque, Cancel Claim/Reverse Cheque • Benefits, Admin Flex Spending Acct US, Correct Errors, Cancel Claim/Reverse Check, Cancel Claim/Reverse Check	RUNCTL_FSA007

Benefits Administration Selected Reports

This section provides detailed information about individual reports, including important fields and source records. The reports are listed alphabetically by report ID.

BAS002 - Benefit Program Mailing Labels (4-Up)

Note. Be sure to load the correct label stock in your printer before initiating this report.

See Also

hbna, Running the PeopleSoft Benefits Administration Process

hbna, Running the PeopleSoft Benefits Administration Process, Investigating Participant Eligibility

BAS003 - BenAdmin Preparation and Election Errors

Note. You can use this report as an audit trail for fixing errors by having staff check off each error as they make a correction.

See Also

hbna, Running the PeopleSoft Benefits Administration Process

hbna, Running the PeopleSoft Benefits Administration Process, Investigating Participant Eligibility

FSA002 - Flexible Spending Account Closure

The Flexible Spending Account Closure report provides an audit trail of the account information for a plan year. You can use it to review annual pledge amounts, contributions, claims paid, forfeited amounts, and excess payment amounts for employees and to view program and plan totals for these categories.

This information enables you to see how various FSA benefit plans are used. Over time, you might learn which plans are most appreciated by employees and how you might structure FSAs to meet employees' needs.

```
                                          PeopleSoft
Report ID: BAS001                Eligible Participants Report                    Page No.  1
Schedule Id:KUEM   (US Event Maintenance)                                       Run Date 08/16/2000
Benefit Program:KU1  (GBI US Fulltime Benefit Pgm)                              Run Time 09:30:21
```

```
                                  Effective Plan Plan         Optn Benefit Covrg Deduct
Employee ID  Name                 Date       Type Description Code Plan    Code  Class
============ ========================= ========== ==== =========== ==== ======= ===== ======

KU0010       Santos,Antonio       05/01/2000 10   Medical           (PlnCrd        B
                                                              W    (Waive)        B
                                                              A1   KUHMO1  1      B
                                                              A2   KUHMO1  2      B
                                                              A3   KUHMO1  3      B
                                                              A4   KUHMO1  4      B
                                                              B1   KUHMO2  1      B
                                                              B2   KUHMO2  2      B
                                                              B3   KUHMO2  3      B
                                                              B4   KUHMO2  4      B
                                                              31   KUMED   1      B
                                                              32   KUMED   2      B
                                                              33   KUMED   3      B
                                                              34   KUMED   4      B
                                                              21   KUMED2  1      B
                                                              22   KUMED2  2      B
                                                              23   KUMED2  3      B
                                                              24   KUMED2  4      B
                                             11   Dental           (PlnCrd        B
                                                              W    (Waive)        B
                                                              21   KUDEN2  1      B
                                                              22   KUDEN2  2      B
                                                              23   KUDEN2  3      B
                                                              24   KUDEN2  4      B
                                             14   Vision      W    (Waive)
                                                              11   KUVIS1  1      B
                                                              12   KUVIS1  2      B
                                                              13   KUVIS1  3      B
                                                              14   KUVIS1  4      B
                                             15   DP Medical  W    (Waive)
                                             16   DP Dental   W    (Waive)
                                             17   DP Vision   W    (Waive)
                                             20   Life        1    KUBLIF         B
                                             21   Supp Life   W    (Waive)
                                                              10   KUFLAT         A
                                                              20   KUNYLF         A
                                                              1    KUSL1X         A
                                                              2    KUSL2X         A
                                                              3    KUSL3X         A
                                                              4    KUSL4X         A
                                                              5    KUSL5X         A
                                             22   AD/D        1    KUAD25         A
                                             24   Dep AD/D    W    (Waive)
                                                              2    KUDADD         A
                                             25   Dep Life    W    (Waive)
                                                              1    KUDLF4         A
                                                              2    KUDLFE         A
                                                              4    KUDLFP         A
                                                              3    KUDLFS         A
                                             27   Supp AD/D   W    (Waive)
                                                              1    KUSAD1         A
                                                              2    KUSAD2         A
                                             60   FSA Health  W    (Waive)
                                                              1    KUHFSA
                                             61   FSA Depnd   W    (Waive)
                                                              1    KUDFSA
KU0081       Gasse,Alain          05/15/2000 10   Medical           (PlnCrd        B
                                                              W    (Waive)        B
                                                              A1   KUHMO1  1      B
                                                              A2   KUHMO1  2      B
                                                              A3   KUHMO1  3      B
                                                              A4   KUHMO1  4      B
                                                              B1   KUHMO2  1      B
                                                              B2   KUHMO2  2      B
                                                              B3   KUHMO2  3      B
                                                              B4   KUHMO2  4      B
                                                              31   KUMED   1      B
                                                              32   KUMED   2      B
                                                              33   KUMED   3      B
                                                              34   KUMED   4      B
                                                              21   KUMED2  1      B
                                                              22   KUMED2  2      B
```

```
John Gardner              Wendy Kwan                Erik Visaya               Douglas Lewis
Location:   KUCA0 -- CaliforniLocation:   KUDE0 -- DE Oper Location:   KUIL0 -- IL Oper Location:   KUNY0 -- US HQ
Department: KU002 -- Benefits Department: KU005 -- Finance Department: KU031 -- Fire DeptDepartment: KU000 -- Pres.


Carmichael Espinosa       Betty Locherty            Colin Davidson            Seek Burkman
Location:   KUCA0 -- CaliforniLocation:   KUDE0 -- DE Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU003 -- IS       Department: KU005 -- Finance Department: KU025 -- Lab     Department: KU001 -- HR


Alain Gasse               Angela McKay              Edmund Donahue            Sandy Cerruit
Location:   KUCA0 -- CaliforniLocation:   KUDE0 -- DE Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU003 -- IS       Department: KU005 -- Finance Department: KU025 -- Lab     Department: KU001 -- HR


Carol Jacobs              Annie Mirzoyan            Tommy Ellis               Kevin Chae
Location:   KUCA0 -- CaliforniLocation:   KUDE0 -- DE Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU003 -- IS       Department: KU005 -- Finance Department: KU025 -- Lab     Department: KU001 -- HR


Nancy Reed                Courtney Osborn           Richie Finnes             Rosanna Channing
Location:   KUCA0 -- CaliforniLocation:   KUDE0 -- DE Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU003 -- IS       Department: KU005 -- Finance Department: KU025 -- Lab     Department: KU001 -- HR


Calvin Roth               Heidi Schwartz            Tiffany Irving            Emmylou K Dell
Location:   KUCA0 -- CaliforniLocation:   KUDE0 -- DE Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU003 -- IS       Department: KU005 -- Finance Department: KU025 -- Lab     Department: KU001 -- HR


Anne Jeffries             Patrick Seto              Helen Johnson             Emma Doyle
Location:   KUCA0 -- CaliforniLocation:   KUDE0 -- DE Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU007 -- Bus Svcs Department: KU005 -- Finance Department: KU025 -- Lab     Department: KU001 -- HR


Dilon Schuster            Martha Stankowski         Karena Matheson           Jorge Enriquez
Location:   KUCA0 -- CaliforniLocation:   KUDE0 -- DE Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU010 -- West Sls Department: KU005 -- Finance Department: KU025 -- Lab     Department: KU001 -- HR


Benny Wong                Christelle Stevenson      Susan Rogers              Arthur Erickson
Location:   KUCA0 -- CaliforniLocation:   KUDE0 -- DE Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU010 -- West Sls Department: KU005 -- Finance Department: KU025 -- Lab     Department: KU001 -- HR


Frank Andrews             Elbert Wynne              Jeff Ryzhikov             James Fung
Location:   KUCA0 -- CaliforniLocation:   KUDE0 -- DE Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU012 -- As-Pac SlDepartment: KU005 -- Finance Department: KU025 -- Lab     Department: KU001 -- HR


Cynthia Adams             Vicki Zinn                Evelyn Sims               Justin Galang
Location:   KUDE0 -- DE Oper  Location:   KUDE0 -- DE Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU005 -- Finance  Department: KU005 -- Finance Department: KU025 -- Lab     Department: KU001 -- HR


Adland Chu                Vicky Adler               Kirby Torres              Fred Giles
Location:   KUDE0 -- DE Oper  Location:   KUIL0 -- IL Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU005 -- Finance  Department: KU031 -- Fire DeptDepartment: KU025 -- Lab     Department: KU001 -- HR


Julie Dyer                Wency Carter              Adan Tozer                Cassandra Jacobson
Location:   KUDE0 -- DE Oper  Location:   KUIL0 -- IL Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU005 -- Finance  Department: KU031 -- Fire DeptDepartment: KU025 -- Lab     Department: KU001 -- HR


Derek Holsinger           Joyce Hayden              Corrine Tran              Danny Johnson
Location:   KUDE0 -- DE Oper  Location:   KUIL0 -- IL Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU005 -- Finance  Department: KU031 -- Fire DeptDepartment: KU025 -- Lab     Department: KU001 -- HR


Justine Kim               Grace Stangl              Christine Vargas          Michelle Kelly
Location:   KUDE0 -- DE Oper  Location:   KUIL0 -- IL Oper Location:   KUNJ0 -- NJ Oper Location:   KUNY0 -- US HQ
Department: KU005 -- Finance  Department: KU031 -- Fire DeptDepartment: KU025 -- Lab     Department: KU001 -- HR
```

```
                                                          PeopleSoft
Report ID:  BAS003                           BenAdmin Preparation and Election Errors                          Page No.  1
                                                                                                              Run Date 08/16/2000
                                                                                                              Run Time 12:50:55
```

```
Sched                   Event Optn Cost
ID      Employee ID Rcd# ID    ID   ID   Msg-ID  Error Massage Description                                              Message-Data 1/2/3
======  ========== ==== ===== ==== ==== ======  ================================================================================  ===========================
KUEM    KU0100       0    1      0    0 000128   During Program Assignment, it was determined that this employee is eligible for more than    1: KJ1
                                                 one program.  The Eligibility Rules Tables need to be modified to make Program eligiblity
                                                 unique.  One error message will be generated for each eligible program.  (MSGData1:
                                                 Benefit-Program)

                                0    0 000128   During Program Assignment, it was determined that this employee is eligible for more than    1: KU1
                                                 one program.  The Eligibility Rules Tables need to be modified to make Program eligiblity
                                                 unique.  One error message will be generated for each eligible program.  (MSGData1:
                                                 Benefit-Program)

        KU0101       0    1      0    0 000128   During Program Assignment, it was determined that this employee is eligible for more than    1: KJ1
                                                 one program.  The Eligibility Rules Tables need to be modified to make Program eligiblity
                                                 unique.  One error message will be generated for each eligible program.  (MSGData1:
                                                 Benefit-Program)

                                0    0 000128   During Program Assignment, it was determined that this employee is eligible for more than    1: KU1
                                                 one program.  The Eligibility Rules Tables need to be modified to make Program eligiblity
                                                 unique.  One error message will be generated for each eligible program.  (MSGData1:
                                                 Benefit-Program)

        KU0106       0    2      0    0 000128   During Program Assignment, it was determined that this employee is eligible for more than    1: KJ1
                                                 one program.  The Eligibility Rules Tables need to be modified to make Program eligiblity
                                                 unique.  One error message will be generated for each eligible program.  (MSGData1:
                                                 Benefit-Program)

                                0    0 000128   During Program Assignment, it was determined that this employee is eligible for more than    1: KU1
                                                 one program.  The Eligibility Rules Tables need to be modified to make Program eligiblity
                                                 unique.  One error message will be generated for each eligible program.  (MSGData1:
                                                 Benefit-Program)

        KU0112       0    1      0    0 000128   During Program Assignment, it was determined that this employee is eligible for more than    1: KJ1
                                                 one program.  The Eligibility Rules Tables need to be modified to make Program eligiblity
                                                 unique.  One error message will be generated for each eligible program.  (MSGData1:
                                                 Benefit-Program)

                                0    0 000128   During Program Assignment, it was determined that this employee is eligible for more than    1: KU1
                                                 one program.  The Eligibility Rules Tables need to be modified to make Program eligiblity
                                                 unique.  One error message will be generated for each eligible program.  (MSGData1:
                                                 Benefit-Program)

                     1    1      0    0 000128   During Program Assignment, it was determined that this employee is eligible for more than    1: KJ1
                                                 one program.  The Eligibility Rules Tables need to be modified to make Program eligiblity
                                                 unique.  One error message will be generated for each eligible program.  (MSGData1:
                                                 Benefit-Program)
```

GBI US FULLTIME BENEFIT PGM
2000 PERSONAL ENROLLMENT FORM - EVENT MAINTENANCE FSC

Santos,Antonio		Benefit Pgm: KU1
4689 Z Street	Employee ID: KU0010	Effective Date: 05/01/2000
Sacramento, CA 94246	Date of Birth: 08/09/1972	Service Date: 09/12/1997
	Event ID: 1	Event Class: FSC

This statement lists your benefit options and their associated pay period costs. Use this worksheet to select your coverages for 2000.   Please note that these choices will remain in effect throughout 2000 unless you experience a change in family status. Check the box next to the desired option and put the option code in the space provided on the right.
Return your completed enrollment form to the Human Resources Department within 2 weeks.
Please keep a copy of this form for your records. Default option codes are in bold print. Proof is required for options that are lead by an asterisk (*).

FLEXIBLE CREDITS

Excess Credits will default to cash unless one of the following rollover options is selected:
☐ Cash   ☐ FSA-Health Care   ☐ FSA-Dep Care   ☐ Savings

Note: Excess credits can only be applied to eligible benefits as specified on this enrollment form.
Refer to the table below to get the value of your plan based credits.
This value is used in computing the cost of the benefit (price - credit = cost).

CREDITS AND OPTION CODES

YOUR OPTIONS	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Medical				
Waive	$ 3.69 (W)			
Basic Out-of-Network Medical	$ 15.00 (21)	$ 15.00(22)	$ 15.00(23)	$ 15.00(24)
Enhanced Medical Plan	$ 15.00 (31)	$ 15.00(32)	$ 15.00(33)	$ 15.00(34)
Medical HMO Plan 1	$ 15.00 (A1)	$ 15.00(A2)	$ 15.00(A3)	$ 15.00(A4)
Medical HMO Plan 2	$ 15.00 (B1)	$ 15.00(B2)	$ 15.00(B3)	$ 15.00(B4)
Dental				
Waive	$ 3.23 (W)			
Enhanced Dental Plan	$ 0.92 (21)	$ 0.92(22)	$ 0.92(23)	$ 0.92(24)
Vision				
Waive	$ 0.00 (W)			
Standard Vision Plan	$ 0.00 (11)	$ 0.00(12)	$ 0.00(13)	$ 0.00(14)
Domestic Partner Medical				
Waive	$ 0.00 (W)			
Domestic Partner Dental				
Waive	$ 0.00 (W)			
Domestic Partner Vision				
Waive	$ 0.00 (W)			
Life				
Basic Life Plan	$ 0.00 (1)			

GBI US FULLTIME BENEFIT PGM
CONFIRMATION OF 2000 ELECTIONS - Open Enrollment

			Benefit Pgm:	KU1
Osborn,Courtney				
1 Main Street	Employee ID:	KU0100	Effective Date:	01/01/2000
Dayton, OH 45449	Date of Birth:	11/12/1977	Service Date:	02/17/1998
	Event ID:	0	Event Class:	OE

This statement confirms your recent flex elections. These coverages will remain in effect until you experience a change in family status or in your employment situation. If an error has been made in recording your elections, please make the necessary corrections on this form, sign it, and return to Human Resources by 11/15/1999.
Please keep a copy of this form for your records.

YOUR BENEFIT CHOICES

	Benefit Option	Coverage Category/Base	Pay Period PreTax Deduction	Pay Period AfterTax Deduction
Medical	(W) Waive			
Dental	(W) Waive			
Vision	(22) VIS High	2 Employee + Spouse	$ 4.25	
Life	(1) Basic Life	$ 50,000	$ 0.00	
Supplemental Life	(10) Life 100K	$ 100,000		$ 0.92
AD/D	(1) ADD 25K	$ 25,000		$ 0.00
Dependent AD/D	(W) Waive			
Dependent Life	(4) SpouseLife	$ 10,000		$ 0.10
Supplemental AD/D	(2) SuppADD5	$ 500,000		$ 0.02
Short-Term Disability	(1) STD 50%	$ 2,167		$ 0.35
Long-Term Disability	(W) Waive			
Vacation Buy	(1) Vacn Buy	16 Hours	$ 3.85	
Vacation Sell	(W) Waive			

Total Cost		$ 8.10	$ 1.39
Minus Flexible Credits		$ 23.46	
Total Pre-Tax Excess Credits Rolled Over to Cash		$ 15.36	$ 1.39

Osborn,Courtney   1   0001

Employee Name	Employee ID	Sched ID	BEN Pgm	Event Date	Department ID	Department Descr	Loctn ID	Location Descr	Work Phone	Home Phone
Gasse,Alain	KU0081	KUEM	KU1	05/15/2000	KU003	IS	KUCA00	California		
Hafferty,Shirley	KU0118	KUEM	KU1	05/01/2000	KU032	Admin	KUNY00	US HQ		
Santos,Antonio	KU0010	KUEM	KU1	05/01/2000	KU001	HR	KUNY00	US HQ		925/345-6762

                                        End of Report

```
                                                       PeopleSoft
Report ID:  BAS007                           Dependent/Beneficiary Elections Report              Page No.  1
Schedule Id:KU00   (US Open Enrollment 2000)                                                     Run Date 08/16/2000
Benefit Program:KU1  (GBI US Fulltime Benefit Pgm)                                               Run Time 10:45:50


Employee     Employee                     Dep                             Event                Ben Flat
ID           Name                         ID   Dependent/Beneficiary Name Date      Plan Type  Pct Amt     Excess Contingent
==========   ==========================   ===  ========================== ========= =========== === ======== ====== ==========

KU0010       Santos,Antonio               01   Santos,Megan               01/01/2000 10-Medical
                                                                          01/01/2000 11-Dental
                                                                          01/01/2000 14-Vision
                                                                          01/01/2000 20-Life      25
                                                                          01/01/2000 21-Supp Life 25
                                                                          01/01/2000 22-AD/D       70
                                                                          01/01/2000 24-Dep AD/D
                                                                          01/01/2000 25-Dep Life
                                                                          01/01/2000 27-Supp AD/D 70
                                                                          01/01/2000 40-401(k)    70
                                                                          01/01/2000 41-Profit Sh 70
                                                                          01/01/2000 4A-ESPP      25
                                                                          01/01/2000 82-US Pensn  25

                                          02   Santos,Marguerite          01/01/2000 10-Medical
                                                                          01/01/2000 11-Dental
                                                                          01/01/2000 14-Vision
                                                                          01/01/2000 20-Life      25
                                                                          01/01/2000 21-Supp Life 25
                                                                          01/01/2000 22-AD/D       10
                                                                          01/01/2000 24-Dep AD/D
                                                                          01/01/2000 25-Dep Life
                                                                          01/01/2000 27-Supp AD/D 10
                                                                          01/01/2000 40-401(k)    10
                                                                          01/01/2000 41-Profit Sh 10
                                                                          01/01/2000 4A-ESPP      25
                                                                          01/01/2000 82-US Pensn  25

                                          03   Santos,Sean                01/01/2000 10-Medical
                                                                          01/01/2000 11-Dental
                                                                          01/01/2000 14-Vision
                                                                          01/01/2000 20-Life      25
                                                                          01/01/2000 21-Supp Life 25
                                                                          01/01/2000 22-AD/D       10
                                                                          01/01/2000 24-Dep AD/D
                                                                          01/01/2000 25-Dep Life
                                                                          01/01/2000 27-Supp AD/D 10
                                                                          01/01/2000 40-401(k)    10
                                                                          01/01/2000 41-Profit Sh 10
                                                                          01/01/2000 4A-ESPP      25
                                                                          01/01/2000 82-US Pensn  25

                                          04   Santos,Carissa             01/01/2000 20-Life      25
                                                                          01/01/2000 21-Supp Life 25
                                                                          01/01/2000 22-AD/D       10
                                                                          01/01/2000 27-Supp AD/D 10
                                                                          01/01/2000 40-401(k)    10
                                                                          01/01/2000 41-Profit Sh 10
                                                                          01/01/2000 4A-ESPP      25
                                                                          01/01/2000 82-US Pensn  25

KU0014       Torres,Kirby                 01   Torres,Bernice             01/01/2000 20-Life      50
                                                                          01/01/2000 21-Supp Life 50
                                                                          01/01/2000 22-AD/D       50
                                                                          01/01/2000 41-Profit Sh 50
                                                                          01/01/2000 82-US Pensn  50

                                          02   Torres,Dorathy             01/01/2000 10-Medical
                                                                          01/01/2000 11-Dental
                                                                          01/01/2000 14-Vision
                                                                          01/01/2000 20-Life      50
                                                                          01/01/2000 21-Supp Life 50
                                                                          01/01/2000 22-AD/D       50
                                                                          01/01/2000 25-Dep Life       2000
                                                                          01/01/2000 41-Profit Sh 50
                                                                          01/01/2000 82-US Pensn  50

KU0015       Espinosa,Carmichael          01   Espinosa,Louisa            01/01/2000 20-Life      50
                                                                          01/01/2000 21-Supp Life 50
                                                                          01/01/2000 22-AD/D       50
                                                                          01/01/2000 24-Dep AD/D
                                                                          01/01/2000 25-Dep Life       2000
```

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                                                      PeopleSoft
Report ID:  BAS008                          FLAGGED PARTICIPANTS - ADDRESS ELIGIBILITY DATA CHANGED                  Page No.  1
                                                                                                                    Run Date 08/16/2000
For the period  12/01/1999  through  08/16/2000                                                                     Run Time 12:36:48


     Sched  Employee     Employee                   Ben  Event  Event       Event     Process    Address Eligibility Data
Nbr  ID     ID           Name                       Rcd# ID     Date        Status    Status     Flagged Dt EffDt
===  ======  ============ ========================= ==== ====== ========== ======== ========    ========== ==========
  1  KU00   KU0100       Osborn,Courtney            0    0      01/01/2000 C          FE         08/16/2000 02/17/1998
```

```
                                                            PeopleSoft
Report ID:  BAS010                                 Ineligible Participant Report                                          Page No.  1
                                                                                                                         Run Date 08/16/2000
                                                                                                                         Run Time 12:39:08


Sched   Employee      Employee                     Event Benefit Process              Country
ID      ID            Name                         ID    Rcd#    Status     Birthdate  State
------  ------------  -----------------------      ----- ------- ---------- ---------- -------
                      Empl Service      Empl  Benefits      Empl Full Reg Officer Union Std                    Pay                 Country FLSA Reg  Business
                      Rcd# Date         Class Status        Type Part Temp Code    Code  Hrs     FTE  Company  Grp Loctn           State   Stat Regn Unit     Plan    Grade
                      ---- ----------   ----- ----------    ---- ---- ---- ------- ----- ------- ---- -------  --- --------------- ------- ---- ---- -------- ------- -------
                                                                             EligCnfig1 EligCnfig2 EligCnfig3 EligCnfig4 EligCnfig5 EligCnfig6 EligCnfig7 EligCnfig8 EligCnfig9
                                                                             ---------- ---------- ---------- ---------- ---------- ---------- ---------- ---------- ----------

KU99    KUN008        Milton,Duran                   0     0       Pgm None              USA/IN
                      0                       Active         F    R    N           40.00 1.00 GBI          KUOH00          USA/OH  N    USA  GBIBU    KU01    005


KUEM    KU0100        Osborn,Courtney                1     0       Assn Error 11/12/1977 USA/OH
                      0    02/17/1998      Active    E    F    R    N           40.00 0.00 GBI      KU1 KUDE00          USA/DE  M    USA  US006    KU01    006


KUEM    KU0101        Adams,Cynthia                  1     0       Assn Error 03/01/1970 USA/MT
                      0    06/05/1998      Active    E    F    R    N           40.00 1.00 GBI      KU4 KUDE00          USA/DE  N    USA  GBIBU    KU01    004


KUEM    KU0106        Chae,Kevin                     1     0       Prep None  06/29/1964 USA/IA
                      0    05/28/1999      Active    H    F    R    N           10.00 0.25 GBI      KU4 KUNY00          USA/NY  N    USA  US004    KU01    003

                      1    05/28/1999      Active    S    F    R    N           10.00 0.25 GBI      KU4 KUDE00          USA/DE  N    USA  US004    KU01    002

                      2    05/28/1999      Active    H    F    R    N           10.00 0.25 GBI      KU4 KUNY00          USA/NY  N    USA  US004    KU01    005

                      3    05/28/1999      Terminated H   F    R    N           10.00 0.00 GBI      KU4 KUNY00          USA/NY  N    USA  US004    KU01    004


KUEM    KU0112        McKinley,Larry J               1     0       Assn Error 03/03/1940 USA/CA
                      0    08/01/1999      Active    S    F    R    N           40.00 1.00 GBI      KU2 KUNY00          USA/NY  A    USA  GBIBU    KU01    006

                      1    08/15/1999      Active    S    F    R    N           20.00 0.50 GBI      KU1 KUDE00          USA/DE  N    USA  GBIBU    KU01    006
                                                          KU3
                      2    09/01/1999      Active    S    F    R    N           40.00 1.00 GBI      KU2 KUNY00          USA/NY  P    USA  GBIBU    KU01    006

                      0    08/01/1999      Active    S    F    R    N           40.00 1.00 GBI      KU2 KUNY00          USA/NY  A    USA  GBIBU    KU01    006

                      1    08/15/1999      Active    S    F    R    N           20.00 0.50 GBI      KU1 KUDE00          USA/DE  N    USA  GBIBU    KU01    006
                                                          KU3
                      2    09/01/1999      Active    S    F    R    N           40.00 1.00 GBI      KU2 KUNY00          USA/NY  P    USA  GBIBU    KU01    006


KUEM    KU0106        Chae,Kevin                     2     0       Assn Error 06/29/1964 USA/IA
                      0    05/28/1999      Active    H    F    R    N           10.00 0.25 GBI      KU4 KUNY00          USA/NY  N    USA  US004    KU01    003

                      1    05/28/1999      Active    S    F    R    N           10.00 0.25 GBI      KU4 KUDE00          USA/DE  N    USA  US004    KU01    002
```

```
                                          PeopleSoft
Report ID:  BAS027                Employee Processing Status Report                  Page No.  1
                                                                                    Run Date 08/16/2000
                                                                                    Run Time 10:51:12
```

```
Process Employee     Employee                  Schedule Event  Event      Event Event  Process   Benefit
Status  ID           Name                      ID       ID     Date       Class Status Indicator Program
======= ============ ========================= ======== ====== ========== ===== ====== ========= =======
AS      KU0108       Hayden,Joyce              KUEM          2 06/10/2000 MSC   C      N         KU1
```

```
                                          PeopleSoft
Report ID:  BAS027                Employee Processing Status Report                  Page No.  1
                                                                                    Run Date 08/16/2000
                                                                                    Run Time 10:51:12
```

```
Process Employee     Employee                  Schedule Event  Event      Event Event  Process   Benefit
Status  ID           Name                      ID       ID     Date       Class Status Indicator Program
```

                                          PeopleSoft
Report ID: BAS701   GEOGRAPHIC LOCATION ELIGIBILITY TABLE   Page No. 1
                                                                                          Run Date 08/17/2000
                                                                                          Run Time 16:23:11
```

```
Location     Effective  Effective  Eligible/  Include   Grouping   Evaluation Active    From         To
ID           Date       Status     Ineligible Location  Method     Method     Jobs Only Location     Location
============ ========== ========== ========== ========= ========== ========== ========= ============ ============
KMID         01/01/1980 Active     Eligible   Either    Primary    1 or More  N         40000        69999
KRST         01/01/1980 Active     Ineligible Either    Primary    1 or More  N         40000        69999
KUCA         01/01/1980 Active     Eligible   Home      Primary    1 or More  N         90000        90010
                                                                                        90015        90015
                                                                                        90020        90030
                                                                                        90035        90035
                                                                                        90040        90050
                                                                                        90055        90055
                                                                                        90060        90070
                                                                                        90075        90075
                                                                                        90080        90090
                                                                                        90095        90095
                                                                                        90100        90110
                                                                                        90115        90115
                                                                                        90120        90130
                                                                                        90135        90135
                                                                                        90140        90150
                                                                                        90155        90155
                                                                                        90160        90170
                                                                                        90175        90175
                                                                                        90180        90190
                                                                                        90195        90195
                                                                                        90200        90210
                                                                                        90215        90215
                                                                                        90220        90230
                                                                                        90235        90235
                                                                                        90240        90250
                                                                                        90255        90255
                                                                                        90260        90270
                                                                                        90275        90275
                                                                                        90280        90290
                                                                                        90295        90295
                                                                                        90300        90310
                                                                                        90315        90315
                                                                                        90320        90330
                                                                                        90335        90335
                                                                                        90340        90350
                                                                                        90355        90355
                                                                                        90360        90370
                                                                                        90375        90375
                                                                                        90380        90390
                                                                                        90395        90395
                                                                                        90400        90410
                                                                                        90415        90415
                                                                                        90420        90430
                                                                                        90435        90435
                                                                                        90440        90450
                                                                                        90455        90455
                                                                                        90460        90470
                                                                                        90475        90475
                                                                                        90480        90490
                                                                                        90495        90495
                                                                                        90500        90510
                                                                                        90515        90515
                                                                                        90520        90530
                                                                                        90535        90535
                                                                                        90540        90550
                                                                                        90555        90555
                                                                                        90560        90570
                                                                                        90575        90575
                                                                                        90580        90590
                                                                                        90595        90595
                                                                                        90600        90610
                                                                                        90615        90615
                                                                                        90620        90630
                                                                                        90635        90635
                                                                                        90640        90650
                                                                                        90655        90655
                                                                                        90660        90670
                                                                                        90675        90675
                                                                                        90680        90690
                                                                                        90695        90695
                                                                                        90700        90710
```

Program Definition as of: 01/01/1980

Benefit/Deduction Program: KU1 - GBI Master US Benefit Program (Program Type: Automated)
Program Effective Date: 01/01/1980

     ---------- Benefits Administration Information ----------   --------- FSA Administration Information ----------   ----------- Other Information -----------
     Apply Defaults After 30 Days if no Enrollment Received   FSA Admin Run ID: -   FMLA Plan ID: KUF - Roll-Forward FMLA Ca
     Apply Excess Credits to: C - Cash
     Program Currency Code: USD   Maximum Annual Pledge: $ 7000.00   -------- Self-Service Configuration -------
     COBRA Surcharge: 2   Disabled Surcharge: 50   Show Credits: Y
                                                                                                                                 Cost Frequency: A
                                                                                                                                 Handbook URL ID:

|--- Plan Information ---|
Display Plan Change Event COBRA	Collect Collect Show	Dependent Age Student Ineligible Exclude
Plan Type Sequence Waive-Cvrg Restriction Rules Plan	DepBen Funds Plan Plan Handbook URL ID	Rules Limit Age Lmt If Married Disabled
=========== ======== ===================== =========== =====	======= ======= ==== ==== =========================	========= ===== ======= ========== =========

                                                           |--- Option Information ---|
                                                           | Display Dflt   Elig Loctn|
                                                           |Option-Type OptCd Benefit-Plan Description   Coverage-Code Level Sequence Optn? Deduction-Code   Rules Table|
                                                           |=========== ===== ================================== ============= ===== ======== ===== ================= ===== =====|

01-Ben Prgm   02   X-Not Appl   0 months KU01   N   Y   Y   Y

                                                           P-Program   -   -   0   1   N   -   K01U
                                                           G-Gen Credit   -   -   0   2   N   KUCRED-Prog Cred

10-Medical   10   P-With Proof 12 months KU1X   Y   Y   Y   Y   PU1DR   19   24   Y   Y

                                                           G-Gen Credit   -   -   0   1   N   KUMED9-Medical
                                                           W-Waive Optn W   -   -   0   2   N   KUMED9-Medical
                                                           O-Option   11 KUMED1-Basic In-Network Medical   1 -Empl Only   1   3   N   KUMED9-Medical   KMED KMID
                                                           O-Option   12 KUMED1-Basic In-Network Medical   2 -EE+Spouse   1   4   N   KUMED9-Medical   KMED KMID
                                                           O-Option   13 KUMED1-Basic In-Network Medical   3 -Empl+Deps   1   5   N   KUMED9-Medical   KMED KMID
                                                           O-Option   14 KUMED1-Basic In-Network Medical   4 -Family   1   6   N   KUMED9-Medical   KMED KMID
                                                           O-Option   21 KUMED2-Basic Out-of-Network Medical 1 -Empl Only   1   7   N   KUMED9-Medical   KMED KRST
                                                           O-Option   22 KUMED2-Basic Out-of-Network Medical 2 -EE+Spouse   1   8   N   KUMED9-Medical   KMED KRST
                                                           O-Option   23 KUMED2-Basic Out-of-Network Medical 3 -Empl+Deps   1   9   N   KUMED9-Medical   KMED KRST
                                                           O-Option   24 KUMED2-Basic Out-of-Network Medical 4 -Family   1   10   N   KUMED9-Medical   KMED KRST
                                                           O-Option   31 KUMED -Enhanced Medical Plan   1 -Empl Only   2   21   Y   KUMED -Basic Med KMED
                                                           O-Option   32 KUMED -Enhanced Medical Plan   2 -EE+Spouse   2   22   N   KUMED -Basic Med KMED
                                                           O-Option   33 KUMED -Enhanced Medical Plan   3 -Empl+Deps   2   23   N   KUMED -Basic Med KMED
                                                           O-Option   34 KUMED -Enhanced Medical Plan   4 -Family   2   24   N   KUMED -Basic Med KMED
                                                           O-Option   A1 KUHMO1-Medical HMO Plan 1   1 -Empl Only   1   31   N   KUHMOK-HMO Kaiser KMED KUCA
                                                           O-Option   A2 KUHMO1-Medical HMO Plan 1   2 -EE+Spouse   1   32   N   KUHMOK-HMO Kaiser KMED KUCA
                                                           O-Option   A3 KUHMO1-Medical HMO Plan 1   3 -Empl+Deps   1   33   N   KUHMOK-HMO Kaiser KMED KUCA
                                                           O-Option   A4 KUHMO1-Medical HMO Plan 1   4 -Family   1   34   N   KUHMOK-HMO Kaiser KMED KUCA
                                                           O-Option   B1 KUHMO2-Medical HMO Plan 2   1 -Empl Only   1   35   N   KUHMOK-HMO Kaiser KMED
                                                           O-Option   B2 KUHMO2-Medical HMO Plan 2   2 -EE+Spouse   1   36   N   KUHMOK-HMO Kaiser KMED

```
                                                     PeopleSoft
Report ID:  BAS702B                     Benefit Program (Costs) - Benefits Administration                        Page No.  1
                                                                                                                Run Date 08/17/2000
                                                                                                                Run Time 15:30:28
```

```
Program Definition as of:  01/01/2000


Benefit/Deduction Program: KU1 - GBI US Fulltime Benefit Pgm  (Program Type: Automated)
Program Effective Date:    01/01/2000
```

Plan Type	Option-Type	OptCd	Benefit Plan Description	Coverage-Code	Deduction-Code	ID	Type	Earnings-Code	Rate-Type	Rate Table	Calc Rules
===========	=============	=======	======================================	=============	================	===	========	===============	============	=====	=====
01-Ben Prgm	P-Program		-	-	-						
	G-Gen Credit		-	-	KUCRED-Prog Cred	1	C-Credit	C01-Gen Cred	3-Salary %	KS01	KSL1
						2	C-Credit	C01-Gen Cred	4-Service Rt	KV01	KSV1
10-Medical	G-Gen Credit		-	-	KUMED9-Medical	3	C-Credit	C10-Med Cred	2-Flat	KFMX	
	W-Waive Optn	W	-	-	KUMED9-Medical	4	C-Credit	C10-Med Cred	2-Flat	KFMW	
	O-Option	11	KUMED1-Basic In-Network Medical	1-Empl Only	KUMED9-Medical	5	C-Credit	C10-Med Cred	2-Flat	KFMA	
						6	P-Price	-	2-Flat	KFMA	
	O-Option	12	KUMED1-Basic In-Network Medical	2-Empl+Spous	KUMED9-Medical	7	C-Credit	C10-Med Cred	2-Flat	KFMA	
						8	P-Price	-	2-Flat	KFMB	
	O-Option	13	KUMED1-Basic In-Network Medical	3-Empl+Deps	KUMED9-Medical	9	C-Credit	C10-Med Cred	2-Flat	KFMA	
						10	P-Price	-	2-Flat	KFMC	
	O-Option	14	KUMED1-Basic In-Network Medical	4-Family	KUMED9-Medical	11	C-Credit	C10-Med Cred	2-Flat	KFMA	
						12	P-Price	-	2-Flat	KFMD	
	O-Option	21	KUMED2-Basic Out-of-Network Medical	1-Empl Only	KUMED9-Medical	13	C-Credit	C10-Med Cred	2-Flat	KFMA	
						14	P-Price	-	2-Flat	KFME	
	O-Option	22	KUMED2-Basic Out-of-Network Medical	2-Empl+Spous	KUMED9-Medical	15	C-Credit	C10-Med Cred	2-Flat	KFMA	
						16	P-Price	-	2-Flat	KFMF	
	O-Option	23	KUMED2-Basic Out-of-Network Medical	3-Empl+Deps	KUMED9-Medical	17	C-Credit	C10-Med Cred	2-Flat	KFMA	
						18	P-Price	-	2-Flat	KFMG	
	O-Option	24	KUMED2-Basic Out-of-Network Medical	4-Family	KUMED9-Medical	19	C-Credit	C10-Med Cred	2-Flat	KFMA	
						20	P-Price	-	2-Flat	KFMH	
	O-Option	31	KUMED -Enhanced Medical Plan	1-Empl Only	KUMED -Basic Med	21	C-Credit	C10-Med Cred	2-Flat	KFMA	
						22	P-Price	-	2-Flat	KFMI	KFL3
	O-Option	32	KUMED -Enhanced Medical Plan	2-Empl+Spous	KUMED -Basic Med	23	C-Credit	C10-Med Cred	2-Flat	KFMA	
						24	P-Price	-	2-Flat	KFMJ	KFL3
	O-Option	33	KUMED -Enhanced Medical Plan	3-Empl+Deps	KUMED -Basic Med	25	C-Credit	C10-Med Cred	2-Flat	KFMA	
						26	P-Price	-	2-Flat	KFMK	KFL3
	O-Option	34	KUMED -Enhanced Medical Plan	4-Family	KUMED -Basic Med	27	C-Credit	C10-Med Cred	2-Flat	KFMA	
						28	P-Price	-	2-Flat	KFML	KFL3
	O-Option	A1	KUHMO1-Medical HMO Plan 1	1-Empl Only	KUHMOK-HMO Kaiser	29	C-Credit	C10-Med Cred	2-Flat	KFMA	
						30	P-Price	-	2-Flat	KFMM	
	O-Option	A2	KUHMO1-Medical HMO Plan 1	2-Empl+Spous	KUHMOK-HMO Kaiser	31	C-Credit	C10-Med Cred	2-Flat	KFMA	
						32	P-Price	-	2-Flat	KFMN	
	O-Option	A3	KUHMO1-Medical HMO Plan 1	3-Empl+Deps	KUHMOK-HMO Kaiser	33	C-Credit	C10-Med Cred	2-Flat	KFMA	
						34	P-Price	-	2-Flat	KFMO	
	O-Option	A4	KUHMO1-Medical HMO Plan 1	4-Family	KUHMOK-HMO Kaiser	35	C-Credit	C10-Med Cred	2-Flat	KFMA	
						36	P-Price	-	2-Flat	KFMP	
	O-Option	B1	KUHMO2-Medical HMO Plan 2	1-Empl Only	KUHMOK-HMO Kaiser	37	C-Credit	C10-Med Cred	2-Flat	KFMA	
						38	P-Price	-	2-Flat	KFMM	

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                                                           PeopleSoft
Report ID:  BAS703A                          ELIGIBILITY RULES - BENEFITS ADMINISTRATION                              Page No.  1
                                                                                                                     Run Date 08/17/2000
                                                                                                                     Run Time 15:34:06
```

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Eligibility Rules Definitions as of:  01/01/2000


Rule  Effective   Short                   Grouping     Evaluation  Active
ID    Date        Description             Method       Method      Jobs Only  Eligibility Field Values
====  ==========  ===========             ==========   ==========  ==========  ==================================================================================================

K01C  01/01/2000  CN PayGrps
                  Age-Yrs                 -            -           -           0-99       As of: Cur/Chk Dt
                  Svc-Mos                 Primary      1 or More   N           0-999      As of: Cur/Chk Dt
                  Std-Hours               Primary      1 or More   N           0.00-99.00
                  FTE                     AllFlagged   Sum         Y           0.00-9.99

         Eligible   Benefit Status:       AllFlagged   1 or More   N           Active           Leave W/BN       Ret W/Ben        Suspended        Term W/Ben

         Eligible   Company/Pay Group:    Primary      1 or More   N           GBI/KC1          GBI/KC2          GBI/KC3          GBI/KC4


K01U  01/01/2000  Pgm: KU1
                  Age-Yrs                 -            -           -           0-99       As of: Cur/Chk Dt
                  Svc-Mos                 Primary      1 or More   N           0-999      As of: Cur/Chk Dt
                  Std-Hours               Primary      1 or More   N           0.00-99.00
                  FTE                     AllFlagged   Sum         Y           0.00-9.99

         Eligible   Benefit Status:       AllFlagged   1 or More   N           Active           Leave W/BN       Ret W/Ben        Suspended        Term W/Ben

         Eligible   Company/Pay Group:    Primary      1 or More   N           GBI/KU1          GBI/KU2          GBI/KU3          GBI/KU4          GBI/KU5
                                                                               GBI/KU6

         Eligible   Full/Part Time:       Flagged BR   1 or More   Y           Full-Time

         Ineligible Elig Config 1:        Primary      1 or More   N           KU3


K02U  01/01/2000  Pgm: KU2
                  Age-Yrs                 -            -           -           0-99       As of: Cur/Chk Dt
                  Svc-Mos                 Primary      1 or More   N           0-999      As of: Cur/Chk Dt
                  Std-Hours               Primary      1 or More   N           0.00-99.00
                  FTE                     Primary      1 or More   N           0.00-9.99

         Eligible   Benefit Status:       Primary      1 or More   N           Active           Leave W/BN       Ret W/Ben        Suspended        Term W/Ben

         Eligible   Company/Pay Group:    Primary      1 or More   N           GBI/KU1          GBI/KU2          GBI/KU3          GBI/KU4          GBI/KU5
                                                                               GBI/KU6

         Eligible   Full/Part Time:       Flagged BR   All         Y           Part-Time


K03U  01/01/2000  Pgm: KU3
                  Age-Yrs                 -            -           -           0-99       As of: Cur/Chk Dt
                  Svc-Mos                 Primary      1 or More   N           0-999      As of: Cur/Chk Dt
```

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                                                          PeopleSoft
Report ID:  BAS703B                              Event Rules - Benefits Administration                              Page No.  1
                                                                                                                   Run Date 08/17/2000
                                                                                                                   Run Time 18:34:25
Event Rule Definitions as of: 01/01/2000

|------------ Event-Based Eligibility Information    -----------|----------------------- Event-Based Coverage Information ---------------------|--- Other Event Control ---|
| Current/New-Change-Lvls Waived-Change-Lvls  Use Selections Elt | Coverage-Begin-Date Exist Coverage-End-Date  Deduction/Credit-Date  Default  | Def Pre Ignr Ignore-Edits |
| Prf Max Start StartCovg Max Start StartCovg His Allowed    Rqd | Begin-Rule    WaitPd Wait End-Rule    GracePd Begin-Rule   End-Rule    Cvg Method| Crd Ent Plan DepBen Invst |
| ====================== =================== === ========== === | =================== ===== ================== ====================== ========== | === === ==== =========== |


Event Rule: KU01  Eff-Date: 01/01/2000  (Program)
-------------------------------------------------

Event Class: FSC (Fam Status) Usage:S

  99  99   99  $99999999 99   99  $99999999 N  All Option  N   Event Date   (None)   N   Event Date  (None) CovgBgDt    CovgEndDt   Cur/Option   Y   N   N     N     N

Event Class: HIR (New Hire) Usage:S

  99  99   99  $99999999 99   99  $99999999 N  All Option  N   Event Date   (None)   N   Event Date  (None) CovgBgDt    CovgEndDt   Cur/Option   Y   N   N     N     N

Event Class: MSC (Misc Chang) Usage:D

  99  99   99  $99999999 99   99  $99999999 N  All Option  N   Event Date   (None)   N   Event Date  (None) CovgBgDt    CovgEndDt   Cur/Option   Y   N   N     N     N

Event Class: OE  (Opn Enroll) Usage:O

  99  99   99  $99999999 99   99  $99999999 N  All Option  N   Event Date   (None)   N   Event Date  (None) CovgBgDt    CovgEndDt   Cur/Option   Y   N   N     N     N

Event Class: TER (Termintn) Usage:S

  99  99   99  $99999999 99   99  $99999999 N  None        N   Event Date   (None)   N   Event Date  (None) CovgBgDt    CovgEndDt   Cur/Option   Y   N   N     N     N


Event Rule: KU1Q  Eff-Date: 01/01/2000  (NQ Med/Den)
-------------------------------------------------

Event Class: FSC (Fam Status) Usage:S

  99  99   99  $99999999 99   99  $99999999 N  CvgCd/W     N   Event Date   (None)   N   Event Date  (None) CovgBgDt    CovgEndDt   Cur / None   Y   Y   N     N     N

Event Class: HIR (New Hire) Usage:S

  99  99   99  $99999999 99   99  $99999999 N  All Option  N   Event Date   (None)   N   Event Date  (None) CovgBgDt    CovgEndDt   Cur / None   Y   N   N     N     N

Event Class: MSC (Misc Chang) Usage:D

  99  99   99  $99999999 99   99  $99999999 Y  All Option  N   Event Date   (None)   N   Event Date  (None) CovgBgDt    CovgEndDt   Cur / None   Y   Y   N     N     N

Event Class: OE  (Opn Enroll) Usage:O

  99  99   99  $99999999 99   99  $99999999 N  All Option  N   Event Date   (None)   N   Event Date  (None) CovgBgDt    CovgEndDt   Cur / None   Y   Y   N     N     N
```

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                                                  PeopleSoft
Report ID: BAS703C                       EVENT RULES - BENEFITS BILLING                     Page No.  1
                                                                                            Run Date 08/17/2000
                                                                                            Run Time 18:35:49
```

Event Rule Definitions as of: 01/01/2000

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| ------------------------------------------------------------------------------------------------------ |
| Event  Class                    | Billing     Billing-Action-Date | Pct  Rate        Rate | Flat Rate       |
| Class  Description Usage         | Action      Date-Code  Delay-Pd | Calc Qualifier   Pct  | Calc Amount     |
| =====  =========== ==========   | ==========  =================== | ==== ==========  ==== | ==== ========   |
```

Event Rule: KU01 Eff-Date: 01/01/2000 (Program)

Class	Description	Usage	Action		Pct Calc			Flat Calc	
FSC	Fam Status	Specific	None		N			N	
HIR	New Hire	Specific	None		N			N	
MSC	Misc Chang	Default	None		N			N	
OE	Opn Enroll	Open	None		N			N	
TER	Termintn	Specific	None		N			N	

Event Rule: KU1Q Eff-Date: 01/01/2000 (NQ Med/Den)

Class	Description	Usage	Action		Pct Calc			Flat Calc	
FSC	Fam Status	Specific	None		N			N	
HIR	New Hire	Specific	None		N			N	
MSC	Misc Chang	Default	None		N			N	
OE	Opn Enroll	Open	None		N			N	
TER	Termintn	Specific	None		N			N	

Event Rule: KU1X Eff-Date: 01/01/2000 (Med/Den)

Class	Description	Usage	Action		Pct Calc			Flat Calc	
FSC	Fam Status	Specific	None		N			N	
HIR	New Hire	Specific	None		N			N	
MSC	Misc Chang	Default	None		N			N	
OE	Opn Enroll	Open	None		N			N	
TER	Termintn	Specific	None		N			N	

Event Rule: KU2X Eff-Date: 01/01/2000 (Life/ADD)

Class	Description	Usage	Action		Pct Calc			Flat Calc	
FSC	Fam Status	Specific	None		N			N	
HIR	New Hire	Specific	None		N			N	
MSC	Misc Chang	Default	None		N			N	
OE	Opn Enroll	Open	None		N			N	
TER	Termintn	Specific	None		N			N	

Event Rule: KU3X Eff-Date: 01/01/2000 (Disability)

Class	Description	Usage	Action		Pct Calc			Flat Calc	
FSC	Fam Status	Specific	None		N			N	
HIR	New Hire	Specific	None		N			N	
MSC	Misc Chang	Default	None		N			N	
OE	Opn Enroll	Open	None		N			N	
TER	Termintn	Specific	None		N			N	

Event Rule: KU41 Eff-Date: 01/01/2000 (ProfShare)

Class	Description	Usage	Action		Pct Calc			Flat Calc	
FSC	Fam Status	Specific	None		N			N	
HIR	New Hire	Specific	None		N			N	
MSC	Misc Chang	Default	None		N			N	
OE	Opn Enroll	Open	None		N			N	
TER	Termintn	Specific	None		N			N	

Event Rule: KU4A Eff-Date: 01/01/2000 (ESPP)

Class	Description	Usage	Action		Pct Calc			Flat Calc	
FSC	Fam Status	Specific	None		N			N	
HIR	New Hire	Specific	None		N			N	
MSC	Misc Chang	Default	None		N			N	
OE	Opn Enroll	Open	None		N			N	
TER	Termintn	Specific	None		N			N	

Event Rule: KU4X Eff-Date: 01/01/2000 (Savings)

Class	Description	Usage	Action		Pct Calc			Flat Calc	
FSC	Fam Status	Specific	None		N			N	
HIR	New Hire	Specific	None		N			N	
MSC	Misc Chang	Default	None		N			N	
OE	Opn Enroll	Open	None		N			N	

```
                                              PeopleSoft
Report ID:  BAS714                 BENEFITS ADMINISTRATION - SCHEDULING              Page No.  1
                                                                                    Run Date 08/17/2000
                                                                                    Run Time 16:26:04
```

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                    BAS                              Open Enrollment Period     Period     Enroll     Enroll     Benefit
Schedule Descr      Type Company BAS-Group Descr Definition       Begin-Date End-Date   Begin-Date End-Date   Program
=================== ==== ======= =============== ================ ========== ========== ========== ========== =======

KC00  : CAN OE2000 O    GBI     KC1: Basic CAN  KC00: CAN OE2000 01/01/2000 12/31/2000                        KC1

KC99  : CAN OE1999 O    GBI     KC1: Basic CAN  KC99: CAN OE1999 01/01/1999 12/31/1999                        KC1

KCEM  : CAN EM     E            KC1: Basic CAN

KU00  : US OE 2000 O    GBI     KU1: Basic US   KU00: US OE2000  01/01/2000 12/31/2000                        KU1
                                                                                                              KU2
                                                                                                              KU3

KU99  : US OE 1999 O    GBI     KU1: Basic US   KU99: US OE1999  01/01/1999 12/31/1999                        KU1

KUEM  : US EM      E            KU1: Basic US

OS99  : OS 1999    O    DC      LFG: Full Ben   OS99: FEHB OS99  01/03/1999 01/01/2000 11/08/1998 12/06/1998 LFB

TS1-99: TSP1-1999  O    DC                      T199: TSP 1999-1 07/04/1999 01/01/2000 05/15/1999 07/31/1999 LFB

TS2-99: TSP2 -1999 O    DC                      T299: TSP 1999-2 01/02/2000 07/01/2000 11/15/1999 01/31/2000 LFB
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                                         End of Report
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                                                 PeopleSoft
Report ID:  FSA002            FSA ACCOUNT PRE-CLOSURE STATEMENT (REPORT ONLY - NO CLOSURE)        Page No.  1
                                            Calendar Year: 2000                                   Run Date 08/16/2000
Benefit Program: KU1 - GBI US Fulltime Benefit Pgm                                                Run Time 14:14:51
Plan Type: 60 - Flex Spending Health - U.S.
Benefit Plan: KUHFSA
                                      Acct     Annual   <----- Year-To-Date ----->    Amounts        Excess
Name                     Employee ID  Status   Pledge   Contributions  Claims Paid   Forfeited      Payments

Parsons,Jean             KU0003       A        2,000.00        615.36         0.00       615.36          0.00
Santos,Antonio           KU0010       A        2,000.00        679.28     1,530.00         0.00        850.72
Espinosa,Carmichael      KU0015       A        2,000.00        615.36     1,312.00         0.00        696.64
Tran,Corrine             KU0017       A        2,000.00        615.36         0.00       615.36          0.00
Stevenson,Christelle     KU0020       A        2,000.00        615.36     2,000.00         0.00      1,384.64
Gee,May                  KU0025       A        2,000.00        666.68         0.00       666.68          0.00
Vargas,Christine         KU0029       A        2,000.00        679.28         0.00       679.28          0.00
Alvarez,Neil             KU0030       A        2,000.00        666.64         0.00       666.64          0.00
Martinez,Marisa          KU0040       A        2,000.00        666.64         0.00       666.64          0.00
Sims,Evelyn              KU0043       A        2,000.00        615.36         0.00       615.36          0.00
Francisco,Brenton        KU0048       A        2,000.00        666.64         0.00       666.64          0.00
Owyang,Nety              KU0055       A        2,000.00        615.36         0.00       615.36          0.00
Benigo,Rosa              KU0062       A        2,000.00        615.36         0.00       615.36          0.00
Mosley,Wayne             KU0072       A        2,000.00        679.28         0.00       679.28          0.00
Siebor,Stacey            KU0074       A        2,000.00        679.28         0.00       679.28          0.00
Matheson,Karena          KU0083       A        2,000.00        666.68         0.00       666.68          0.00
Ellis,Tommy              KU0099       A        2,000.00        615.36         0.00       615.36          0.00
Chae,Kevin               KU0106       A        2,000.00        666.68       830.00         0.00        163.32
McKinley,Larry J         KU0112       A        2,000.00        499.98     1,620.00         0.00      1,120.02
Dell,Emmylou K           KU0114       A        2,000.00          0.00         0.00         0.00          0.00
Mapin,George N           KU0115       A        2,000.00        307.68         0.00       307.68          0.00
Snow,Lucius              KU0117       A        2,000.00        307.68         0.00       307.68          0.00

                  Benefit Plan Total           44,000.00     12,755.30     7,292.00     9,678.64      4,215.34

                  Plan Type Total              44,000.00     12,755.30     7,292.00     9,678.64      4,215.34
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                                          PeopleSoft
Report ID:  FSA002          FSA ACCOUNT PRE-CLOSURE STATEMENT (REPORT ONLY - NO CLOSURE)      Page No.  2
                                      Calendar Year: 2000                          Run Date 08/16/2000
Benefit Program: KU1 - GBI US Fulltime Benefit Pgm                                 Run Time 14:14:51
Plan Type: 61 - Flex Spending Dependent Care
Benefit Plan: KUDFSA
                                  Acct     Annual   <----- Year-To-Date ----->      Amounts        Excess
Name                  Employee ID Status   Pledge   Contributions  Claims Paid      Forfeited      Payments

Parsons,Jean          KU0003       A     4,800.00     1,476.93        0.00         1,476.93          0.00
Roth,Calvin           KU0008       A     4,800.00     1,476.93        0.00         1,476.93          0.00
Santos,Antonio        KU0010       A     2,400.00       814.93      814.93             0.00          0.00
Seto,Patrick          KU0011       A     2,400.00       738.48        0.00           738.48          0.00
Espinosa,Carmichael   KU0015       A     2,400.00       738.48      738.48             0.00          0.00
Tozer,Adan            KU0019       A     4,800.00     1,476.93        0.00         1,476.93          0.00
Gee,May               KU0025       A     4,800.00     1,600.00        0.00         1,600.00          0.00
Osorio,Dominick       KU0033       A     2,400.00       815.04        0.00           815.04          0.00
Fung,James            KU0035       A     4,800.00     1,630.23        0.00         1,630.23          0.00
Johnson,Danny         KU0042       A     4,800.00     1,600.00        0.00         1,600.00          0.00
Schuster,Dilon        KU0051       A     2,400.00       738.48        0.00           738.48          0.00
Rogers,Susan          KU0052       A     4,800.00     1,600.00        0.00         1,600.00          0.00
Passantino,Alex       KU0067       A     2,400.00       738.48        0.00           738.48          0.00
Mosley,Wayne          KU0072       A     2,400.00       815.04        0.00           815.04          0.00
Ellis,Tommy           KU0099       A     2,400.00       738.48        0.00           738.48          0.00
Donahue,Edmund        KU0102       A     4,800.00     1,600.00        0.00         1,600.00          0.00
Chin,Jackson          KU0109       A     2,400.00       800.00        0.00           800.00          0.00
Jacobson,Cassandra    KU0113       A     2,400.00       800.00        0.00           800.00          0.00
Dell,Emmylou K        KU0114       A     2,400.00         0.00        0.00             0.00          0.00
Stankowski,Martha     KU0116       A     2,400.00       738.48        0.00           738.48          0.00
Gardner,John          KUTR02       A     4,000.00     1,230.79        0.00         1,230.79          0.00

                      Benefit Plan Total     71,200.00    22,167.70    1,553.41     20,614.29          0.00

                      Plan Type Total        71,200.00    22,167.70    1,553.41     20,614.29          0.00

                      Benefit Program Total 115,200.00    34,923.00    8,845.41     30,292.93      4,215.34
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                                        PeopleSoft
Report ID:  FSA002              FSA ACCOUNT PRE-CLOSURE STATEMENT (REPORT ONLY - NO CLOSURE)        Page No.  3
                                     Calendar Year: 2000                                           Run Date 08/16/2000
Benefit Program: KU2 - GBI US Parttime Benefit Pgm                                                 Run Time 14:14:51
```

```
Plan Type: 60 - Flex Spending Health - U.S.
Benefit Plan: KUHFSA
                                    Acct      Annual  <----- Year-To-Date ----->     Amounts        Excess
Name                      Employee ID Status   Pledge  Contributions  Claims Paid   Forfeited      Payments

Martin,Allan              KU0012      A      2,000.00        666.68         0.00       666.68          0.00
Saxon,Mable              KU0082      A      2,000.00        679.28         0.00       679.28          0.00

                         Benefit Plan Total  4,000.00      1,345.96         0.00     1,345.96          0.00

                         Plan Type Total     4,000.00      1,345.96         0.00     1,345.96          0.00
```

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                                        PeopleSoft
Report ID:  FSA002              FSA ACCOUNT PRE-CLOSURE STATEMENT (REPORT ONLY - NO CLOSURE)        Page No.  3
                                     Calendar Year: 2000                                           Run Date 08/16/2000
Benefit Program: KU2 - GBI US Parttime Benefit Pgm                                                 Run Time 14:14:51
Plan Type: 60 - Flex Spending Health - U.S.
Benefit Plan: KUHFSA
                                    Acct      Annual  <----- Year-To-Date ----->     Amounts        Excess
                          Employee ID Status   Pledge  Contributions  Claims Paid   Forfeited      Payments
```

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                                          PeopleSoft
Report ID:  FSA002              FSA ACCOUNT PRE-CLOSURE STATEMENT (REPORT ONLY - NO CLOSURE)        Page No.  4
                                       Calendar Year: 2000                          Run Date 08/16/2000
Benefit Program: KU2 - GBI US Parttime Benefit Pgm                                  Run Time 14:14:51
```

```
Plan Type: 61 - Flex Spending Dependent Care
Benefit Plan: KUDFSA
                                 Acct     Annual   <----- Year-To-Date ----->     Amounts      Excess
Name                  Employee ID Status   Pledge  Contributions  Claims Paid    Forfeited    Payments

Martin,Allan          KU0012      A      4,800.00      1,600.00         0.00      1,600.00        0.00
Quilligan,Shawn       KU0039      A      2,400.00        738.48         0.00        738.48        0.00
Saxon,Mable           KU0082      A      4,800.00      1,630.23         0.00      1,630.23        0.00

              Benefit Plan Total       12,000.00      3,968.71         0.00      3,968.71        0.00

              Plan Type Total         12,000.00      3,968.71         0.00      3,968.71        0.00

              Benefit Program Total   16,000.00      5,314.67         0.00      5,314.67        0.00
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                                        PeopleSoft
Report ID: FSA002   FSA ACCOUNT PRE-CLOSURE STATEMENT (REPORT ONLY - NO CLOSURE)   Page No. 5
                                     Calendar Year: 2000   Run Date 08/16/2000
Benefit Program: KU3 - GBI US Supplemental MJ Program   Run Time 14:14:51
Plan Type: 61 - Flex Spending Dependent Care
Benefit Plan: KUDFSA

	Acct	Annual	<----- Year-To-Date ----->		Amounts	Excess
Name	Employee ID	Status	Pledge	Contributions	Claims Paid	Forfeited	Payments
			0.00	0.00	0.00	0.00	0.00
	Benefit Plan Total		0.00	0.00	0.00	0.00	0.00
	Plan Type Total		0.00	0.00	0.00	0.00	0.00
	Benefit Program Total		0.00	0.00	0.00	0.00	0.00
	Grand Total		131,200.00	40,237.67	8,845.41	35,607.60	4,215.34

                                        PeopleSoft
Report ID: FSA002   FSA ACCOUNT PRE-CLOSURE STATEMENT (REPORT ONLY - NO CLOSURE)   Page No. 5
                                     Calendar Year: 2000   Run Date 08/16/2000
Benefit Program: KU3 - GBI US Supplemental MJ Program   Run Time 14:14:51
Plan Type: 61 - Flex Spending Dependent Care
Benefit Plan: KUDFSA

                                        End of Report

Antonio Santos
4689 Z Street
Sacramento, CA   94246

                                                            $500.00

Five Hundred and 00/100 Dollars

Check Date 02/01/2000   Check No. 0001025 Antonio Santos ID: KU0010

Reimbursement for Health Care Claims for 2000

		<--------- Service ---------->			<- Claim Amounts- >		<-- Claims Paid -->	
Claim ID	Type	From	To	Provider	Submitted	Approved	To-Date	This Check
00010001	M-Medical	01/05/2000	01/05/2000	DR. SMITH	350.00	350.00	350.00	350.00
00010002	D-Dental	01/18/2000	01/18/2000	DR. HACK	150.00	150.00	150.00	150.00

Carmichael Espinosa
4122 West Avenue
San Antonio, TX   78220

                                                   $452.00

Four Hundred Fifty-Two and 00/100 Dollars

Check Date 02/01/2000   Check No. 0001026 Carmichael Espinosa ID: KU0015

Reimbursement for Health Care Claims for 2000

           <--------- Service ---------->   <- Claim Amounts- >   <-- Claims Paid -->
Claim ID Type   From   To   Provider   Submitted Approved   To-Date This Check
00010003 M-Medical   01/06/2000 01/06/2000 PRIMOS FACIAL   200.00   200.00   200.00   200.00
00010004 D-Dental   01/08/2000 01/08/2000 DR. HACK   252.00   252.00   252.00   252.00

Antonio Santos
4689 Z Street
Sacramento, CA   94246

$226.24

Two Hundred Twenty-Six and 24/100 Dollars

Check Date 02/01/2000   Check No. 0001027 Antonio Santos ID: KU0010

Reimbursement for Dependent Day Care Claims for 2000

	<--------- Service ---------->				<- Claim Amounts- >		<-- Claims Paid -->	
Claim ID	Type	From	To	Provider	Submitted	Approved	To-Date	This Check
00010008	C-DepDayCare	01/12/2000	01/12/2000		200.00	200.00	200.00	200.00
00010009	C-DepDayCare	01/14/2000	01/14/2000		100.00	100.00	100.00	26.24
00010027	C-DepDayCare	03/12/2000	03/16/2000		90.00	90.00	58.93*	0.00

* Remaining amount has been pended awaiting additional contributions to your account.

02/01/2000   0001028

          Carmichael Espinosa
          4122 West Avenue
          San Antonio, TX   78220
                                                              $178.00

          One Hundred Seventy-Eight and 00/100 Dollars

Check Date 02/01/2000   Check No. 0001028 Carmichael Espinosa ID: KU0015

Reimbursement for Dependent Day Care Claims for 2000

          <--------- Service ---------->   <- Claim Amounts- >   <-- Claims Paid -->
Claim ID Type   From   To   Provider   Submitted Approved   To-Date This Check
00010010 C-DepDayCare 01/02/2000 01/02/2000   178.00   178.00   178.00   178.00

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                                                    PeopleSoft
Report ID:  FSA004                               FSA CHECK REGISTER                                    Page No.  1
                                                                                                      Run Date 08/15/2000
For: Form-ID KUFSA, and Calendar Year 2000                                                            Run Time 16:02:14

Benefit  Benefit                     Benefit
Year     Program Plan Type           Plan        Check No.  Check Date      Check Amount  Employee Name               Employee ID

2000     KU1     60 FSA Health       KUHFSA      0001001    02/01/2000   **** REVERSED ****
                                                 0001002    02/01/2000   **** REVERSED ****
                                                 0001003    02/01/2000         $800.00  Christelle Stevenson          KU0020
                                                 0001004    02/01/2000         $620.00  Kevin Chae                    KU0106
                                                 0001005    02/01/2000         $620.00  Larry J McKinley              KU0112
                                                 0001008    02/28/2000         $350.00  Antonio Santos                KU0010
                                                 0001009    02/28/2000         $200.00  Carmichael Espinosa           KU0015
                                                 0001010    02/28/2000          $62.00  Christelle Stevenson          KU0020
                                                 0001011    02/28/2000         $210.00  Kevin Chae                    KU0106
                                                 0001012    02/28/2000         $900.00  Larry J McKinley              KU0112
                                                 0001015    03/31/2000         $350.00  Antonio Santos                KU0010
                                                 0001016    03/31/2000         $600.00  Carmichael Espinosa           KU0015
                                                 0001017    03/31/2000       $1,138.00  Christelle Stevenson          KU0020
                                                 0001020    04/30/2000         $330.00  Antonio Santos                KU0010
                                                 0001021    04/30/2000          $60.00  Carmichael Espinosa           KU0015
                                                 0001022    04/30/2000         $100.00  Larry J McKinley              KU0112
                                                 0001025    02/01/2000         $500.00  Antonio Santos                KU0010
                                                 0001026    02/01/2000         $452.00  Carmichael Espinosa           KU0015

=======================                          ==================
Benefit Plan Total:                                     $7,292.00
Plan Type Total:                                        $7,292.00
```

PeopleSoft

Report ID: FSA004   FSA CHECK REGISTER   Page No. 2
                                                                                                           Run Date 08/15/2000
For: Form-ID KUFSA, and Calendar Year 2000   Run Time 16:02:14

Benefit Year	Benefit Program	Plan Type	Benefit Plan	Check No.	Check Date	Check Amount	Employee Name	Employee ID
2000	KU1	61 FSA Depnd	KUDFSA	0001006	02/01/2000	**** REVERSED ****		
				0001007	02/01/2000	**** REVERSED ****		
				0001013	02/28/2000	$181.28	Antonio Santos	KU0010
				0001014	02/28/2000	$191.24	Carmichael Espinosa	KU0015
				0001018	03/31/2000	$180.96	Antonio Santos	KU0010
				0001019	03/31/2000	$184.62	Carmichael Espinosa	KU0015
				0001023	04/30/2000	$226.45	Antonio Santos	KU0010
				0001024	04/30/2000	$184.62	Carmichael Espinosa	KU0015
				0001027	02/01/2000	$226.24	Antonio Santos	KU0010
				0001028	02/01/2000	$178.00	Carmichael Espinosa	KU0015

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=======================                        ==================
Benefit Plan Total:                                  $1,553.41
Plan Type Total:                                     $1,553.41
Benefit Program Total:                               $8,845.41
Year Total:                                          $8,845.41
Grand Total:                                         $8,845.41
```

End of Report

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                       Quarterly Flexible Spending Account Statement
                                  for the Quarter Ending
                                       03/31/2000


To:  Jean Parsons
     8775 Osler Place

     Rochester, NY  14619

Mail Drop:  (none)

From:    Benefits Administration
Subject: Benefit Program GBI US Fulltime Benefit Pgm    for 2000

The following represents the status and activity of your Health Care and/or Dependent Day Care Flexible Spending
Accounts for the calendar quarter which just ended.  Should you have any questions, please call the FSA Administrator.



                                      Health Care      Dependent Day Care

Your Annual Pledge Amount:                2,000.00              4,800.00
Your Pay Period Contribution Amount:         76.92                184.62
Year-to-Date Contributions to Your Account:  615.36             1,476.93

Claims Paid in Prior Quarters:                0.00                  0.00
Claims Paid this Quarter (see below as *):    0.00                  0.00

Pledge Remaining Through End of Year:     2,000.00              4,800.00
Amount Currently Available for Additional Claims:  2,000.00     1,476.93

Claims Approved but Unpaid at Beginning of Quarter:   0.00          0.00
Claims Approved this Quarter (see below as *):        0.00          0.00
Claims Paid this Quarter (see below as *):            0.00          0.00
Claims Approved but Unpaid at End of Quarter:         0.00          0.00

        <--------- Service ------------>  Submit                <- Claim Amounts -> | <----------- Claims Paid ----------->Claim ID  Type
                                 Provider     Submitted Approved | Claim ID    Amount PAYCHECK_NBR  Check Date
                                                                 |
```

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                         Quarterly Flexible Spending Account Statement
                                   for the Quarter Ending
                                        03/31/2000


To:  Calvin Roth
     5025 Sanders

     Fresno, CA  93711

Mail Drop:  (none)

From:     Benefits Administration
Subject:  Benefit Program GBI US Fulltime Benefit Pgm    for 2000

The following represents the status and activity of your Health Care and/or Dependent Day Care Flexible Spending
Accounts for the calendar quarter which just ended.  Should you have any questions, please call the FSA Administrator.


                                 Health Care      Dependent Day Care

Your Annual Pledge Amount:                              4,800.00
Your Pay Period Contribution Amount:                      184.62
Year-to-Date Contributions to Your Account:            1,476.93

Claims Paid in Prior Quarters:                             0.00
Claims Paid this Quarter (see below as *):                 0.00

Pledge Remaining Through End of Year:                  4,800.00
Amount Currently Available for Additional Claims:      1,476.93

Claims Approved but Unpaid at Beginning of Quarter:        0.00
Claims Approved this Quarter (see below as *):             0.00
Claims Paid this Quarter (see below as *):                 0.00
Claims Approved but Unpaid at End of Quarter:              0.00

        <--------- Service ------------>   Submit           <- Claim Amounts -> | <----------- Claims Paid ----------->Claim ID   Type
                                           Provider      Submitted Approved | Claim ID    Amount PAYCHECK_NBR  Check Date
                                                                            |
```

```
To:  Antonio Santos
     4689 Z Street

     Sacramento, CA  94246

Mail Drop:  (none)

From:      Benefits Administration
Subject:  Benefit Program GBI US Fulltime Benefit Pgm    for 2000

The following represents the status and activity of your Health Care and/or Dependent Day Care Flexible Spending
Accounts for the calendar quarter which just ended.  Should you have any questions, please call the FSA Administrator.
```

	Health Care	Dependent Day Care
Your Annual Pledge Amount:	2,000.00	2,400.00
Your Pay Period Contribution Amount:	38.46	46.15
Year-to-Date Contributions to Your Account:	679.28	814.93
Claims Paid in Prior Quarters:	0.00	0.00
Claims Paid this Quarter (see below as *):	1,200.00	588.48
Pledge Remaining Through End of Year:	800.00	1,811.52
Amount Currently Available for Additional Claims:	800.00	226.45
Claims Approved but Unpaid at Beginning of Quarter:	0.00	0.00
Claims Approved this Quarter (see below as *):	1,200.00	986.00
Claims Paid this Quarter (see below as *):	1,200.00	588.48
Claims Approved but Unpaid at End of Quarter:	0.00	397.52

```
        <--------- Service ------------>  Submit                 <- Claim Amounts -> | <----------- Claims Paid ----------->Claim ID  Type
                                          Provider      Submitted Approved | Claim ID    Amount PAYCHECK_NBR  Check Date
00010001  Medical                        01/21/2000 DR. SMITH       350.00   350.00 | 00010001   [Check 0000000 Reversed]
00010002  Dental                         01/21/2000 DR. HACK        150.00   150.00 | 00010001    350.00 0001025 02/01/2000
00010008  DepDayCare                     01/21/2000                 200.00   200.00 | 00010002   [Check 0000000 Reversed]
00010009  DepDayCare                     01/21/2000                 100.00   100.00 | 00010002    150.00 0001025 02/01/2000
00010013  Medical                        02/21/2000 DR. SMITH       300.00   300.00 | 00010008   [Check 0000000 Reversed]
00010014  Dental                         02/21/2000 DR. HACK         50.00    50.00 | 00010008    200.00 0001027 02/01/2000
00010019  DepDayCare                     02/21/2000                 400.00   400.00 | 00010009   [Check 0000000 Reversed]
00010020  DepDayCare                     02/21/2000                  56.00    56.00 | 00010009     26.24 0001027 02/01/2000
00010022  Medical                        03/21/2000 DR. SMITH       340.00   340.00 | 00010027      0.00 0001027 02/01/2000
00010023  Dental                         03/21/2000 DRUGSRUS         10.00    10.00 | 00010037   [Check 0000000 Reversed]
00010027  DepDayCare                     03/21/2000                  90.00    90.00 | 00010009     73.76 0001013 02/28/2000
00010028  DepDayCare                     03/21/2000                 140.00   140.00 | 00010013    300.00 0001008 02/28/2000
                                                                                   | 00010014     50.00 0001008 02/28/2000
                                                                                   | 00010019    107.52 0001013 02/28/2000
                                                                                   | 00010019    180.96 0001018 03/31/2000
                                                                                   | 00010022    340.00 0001015 03/31/2000
                                                                                   | 00010023     10.00 0001015 03/31/2000
```

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                        Quarterly Flexible Spending Account Statement
                                  for the Quarter Ending
                                      03/31/2000


To:   Patrick Seto
      219 Baldwin Avenue

      Paia, HI  96779

Mail Drop:  (none)

From:     Benefits Administration
Subject:  Benefit Program GBI US Fulltime Benefit Pgm     for 2000

The following represents the status and activity of your Health Care and/or Dependent Day Care Flexible Spending
Accounts for the calendar quarter which just ended.  Should you have any questions, please call the FSA Administrator.



                                   Health Care     Dependent Day Care

Your Annual Pledge Amount:                              2,400.00
Your Pay Period Contribution Amount:                       92.31
Year-to-Date Contributions to Your Account:               738.48

Claims Paid in Prior Quarters:                              0.00
Claims Paid this Quarter (see below as *):                 0.00

Pledge Remaining Through End of Year:                   2,400.00
Amount Currently Available for Additional Claims:         738.48

Claims Approved but Unpaid at Beginning of Quarter:        0.00
Claims Approved this Quarter (see below as *):             0.00
Claims Paid this Quarter (see below as *):                 0.00
Claims Approved but Unpaid at End of Quarter:              0.00

        <--------- Service ------------>   Submit            <- Claim Amounts -> | <----------- Claims Paid ----------->Claim ID  Type
                                           Provider     Submitted Approved | Claim ID    Amount PAYCHECK_NBR  Check Date
                                                                          |
```

```
                          Quarterly Flexible Spending Account Statement
                                    for the Quarter Ending
                                         03/31/2000


To:  Carmichael Espinosa
     4122 West Avenue

     San Antonio, TX  78220

Mail Drop:  (none)

From:     Benefits Administration
Subject:  Benefit Program GBI US Fulltime Benefit Pgm    for 2000

The following represents the status and activity of your Health Care and/or Dependent Day Care Flexible Spending
Accounts for the calendar quarter which just ended.  Should you have any questions, please call the FSA Administrator.


                                      Health Care      Dependent Day Care

Your Annual Pledge Amount:               2,000.00           2,400.00
Your Pay Period Contribution Amount:        76.92              92.31
Year-to-Date Contributions to Your Account:  615.36            738.48

Claims Paid in Prior Quarters:               0.00               0.00
Claims Paid this Quarter (see below as *):  1,252.00           553.86

Pledge Remaining Through End of Year:       748.00           1,846.14
Amount Currently Available for Additional Claims:  748.00        184.62

Claims Approved but Unpaid at Beginning of Quarter:   0.00          0.00
Claims Approved this Quarter (see below as *):     1,252.00        678.00
Claims Paid this Quarter (see below as *):         1,252.00        553.86
Claims Approved but Unpaid at End of Quarter:          0.00        124.14

         <--------- Service ------------>  Submit          <- Claim Amounts -> | <----------- Claims Paid ----------->Claim ID  Type
                                           Provider      Submitted Approved | Claim ID   Amount PAYCHECK_NBR  Check Date
00010003  Medical                   01/20/2000 PRIMOS FACIAL  200.00   200.00 | 00010003  [Check 0000000 Reversed]
00010004  Dental                    01/20/2000 DR. HACK       252.00   252.00 | 00010003   200.00 0001026 02/01/2000
00010010  DepDayCare                01/21/2000                178.00   178.00 | 00010004  [Check 0000000 Reversed]
00010015  Medical                   02/20/2000 PRIMOS FACIAL  200.00   200.00 | 00010004   252.00 0001026 02/01/2000
00010021  DepDayCare                02/21/2000                400.00   400.00 | 00010010  [Check 0000000 Reversed]
00010024  Vision                    03/20/2000 GUCCI          600.00   600.00 | 00010010   178.00 0001028 02/01/2000
00010029  DepDayCare                03/21/2000                100.00   100.00 | 00010015   200.00 0001009 02/28/2000
                                                                             | 00010021   191.24 0001014 02/28/2000
                                                                             | 00010021   184.62 0001019 03/31/2000
                                                                             | 00010024   600.00 0001016 03/31/2000
```