



PeopleSoft 8.00.01 FSA  
Administration Reports PeopleBook

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# PEOPLESOFT 8.00.01 FSA ADMINISTRATION REPORTS PEOPLEBOOK

This book provides you with the information you will need for using the PeopleSoft 8.00.01 FSA Administration Reports PeopleBook. You can order the online version by requesting SKU HRB8SP1R0, or the hard-copy version by requesting SKU MAFSr8SP1R 1200.

This following section contains the information you need to begin working with PeopleSoft products and documentation, including PeopleSoft-specific documentation conventions, how to order additional copies of our documentation, and so on.

## Related Documentation

To add to your knowledge of PeopleSoft applications and tools, you may want to refer to the documentation of other PeopleSoft applications. You can access additional documentation for this and previous releases online from PeopleSoft Customer Connection ([www.peoplesoft.com](http://www.peoplesoft.com)).

Through the Documentation section of Customer Connection, you can download files to add to your PeopleBook library. You'll find a variety of useful and timely materials, including updates to the full PeopleSoft documentation delivered on your PeopleBooks CD.



**Important!** Before upgrading, it is *imperative* that you check PeopleSoft Customer Connection for updates to the upgrade instructions. We continually post updates as we refine the upgrade process.

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## Documentation on CD-ROM

Complete documentation for this release is provided on the CD-ROM PeopleSoft 8.00.01 HRMS and PeopleTools 8.12 PeopleBooks, SKU CD HRB8SP1R0.

## Hardcopy Documentation

To order hard-copy of the PeopleSoft documentation delivered on your PeopleBooks CD-ROM, visit the PeopleSoft Press Web site from the Documentation section of PeopleSoft Customer Connection. The PeopleSoft Press Web site is a joint venture between PeopleSoft and CPI, our book print vendor.

We print documentation for each major release shortly after the software is shipped. Customers and partners can order printed PeopleSoft documentation using any of the following methods:

Internet	From the main PeopleSoft Internet site, go to the Documentation section of Customer Connection. You can find order information under the Ordering PeopleBooks topic. Use a Customer Connection ID, credit card, or purchase order to place your order.  PeopleSoft Internet site: <a href="http://www.peoplesoft.com/">http://www.peoplesoft.com/</a>
Telephone	Contact Consolidated Publishing Incorporated (CPI) at 800 888 3559.
Email	Email CPI at <a href="mailto:callcenter@conpub.com">callcenter@conpub.com</a> .

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## Hard-copy Visual Cues

To help you locate and interpret information, we use several visual cues for notes, more information, and warnings.



Text in this bar indicates information that you should pay particular attention to as you work with your PeopleSoft system. If the note is preceded by **Important!**, the note is crucial and includes information that concerns what you need to do for the system to function properly.

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Text in this bar indicates For more information cross-references to related or additional information.

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Text within this bar indicates a crucial configuration consideration. Pay very close attention to these warning messages.

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## Comments and Suggestions

Your comments are important to us. We encourage you to tell us what you like, or what you would like changed about our documentation, PeopleBooks, and other PeopleSoft reference and training materials. Please send your suggestions to:

PeopleSoft HRMS Product Documentation Manager  
PeopleSoft, Inc.  
4460 Hacienda Drive  
Pleasanton, CA 94588

Or send comments by email to the authors of the PeopleSoft documentation at:

[DOC@PEOPLESOFT.COM](mailto:DOC@PEOPLESOFT.COM)

While we cannot guarantee to answer every email message, we pay careful attention to your comments and suggestions. We are always improving our product communications for you.



## CHAPTER 1

# FSA Administration Reports

When it comes to reporting, you couldn't ask for more versatility. PeopleSoft applications offer a wide range of query and reporting possibilities, from the standard reports we deliver to the reporting tools you can use to create new reports from scratch.

Your database contains a wealth of information that you've carefully entered, maintained, and secured for the ultimate purpose of generating timely, meaningful, presentation-quality reports. Our reporting capabilities enable you to access the data you need and present it in the form that is most useful for those who depend on you for financial and management information.

And the tools are easy to use. You no longer have to rely on technical support staff to create queries or reports for you. That means you can get all the information you need, when *you* need it.

## PeopleSoft Reporting Tools

We deliver PeopleSoft applications with a set of standard reports that provide the kind of business information many companies need. Running a report is as easy as selecting it from a menu and entering any necessary parameters. But for those of you who want to modify our standard reports, create your own reports, or reformat report output, we offer a variety of reporting tools.

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### PeopleSoft Query

We designed PeopleSoft Query to help you create and run database queries without having to write SQL statements. You can extract the precise data you want, using visual representations of your PeopleSoft database. The queries can be as simple or as complex as necessary, and they can be one-time, ad hoc queries or queries that you'll use repeatedly.

PeopleSoft Query is more than just a reporting tool. You can use it to create queries for a variety of purposes:

- **To display data in a list box.** You can run queries within Query itself, displaying the result set in a list box for review. This option is useful when you are refining your queries.
- **To search for records.** Many of the search dialog boxes in PeopleSoft applications enable you to select a predefined query or create a new one, rather than enter search criteria for the records you want to find.
- **To check the database for conditions that trigger workflow events.** Using PeopleSoft Workflow, you can specify that certain conditions—say, the presence of a new employee—

cause the system to send an email to someone or put an entry on someone's worklist. You write queries to detect those conditions, and then you schedule database agents to run them periodically.

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## Crystal Reports

Crystal Reports Pro™ for Windows is a versatile report formatter from Crystal Services. Combined with our Query-to-Crystal Interface, Crystal helps you generate clear and easy-to-read reports containing data from PeopleSoft applications. You can use it to generate the standard reports we've already created or to create your own custom reports.

Query and Crystal are linked together, seamlessly. Once you build a query, you can use Crystal to create reports, mailing labels, or forms. You can quickly and easily lay them out, using a variety of fonts, borders, and other special effects.

---

## PeopleSoft nVision

PeopleSoft nVision is a sophisticated tool for creating business reports in Microsoft Excel. Working within Excel, you create a report layout that defines both the data to retrieve and the format of the report.

Reporting with PeopleSoft nVision goes well beyond simply formatting the results of a query. You can create report layouts that summarize information from your PeopleSoft database, and also enable you to interactively *drill down* to the supporting details. You can share report layouts across multiple companies without changing the data-retrieval criteria.

And PeopleSoft nVision provides you with *data on demand*, so you don't have to wait for batch reports for the information you need. Since everything runs online right from your spreadsheet application, there's less paper tracking. You're one step closer to a paperless office.



In PeopleSoft PeopleTools, when you attempt to view nVision reports from buttons, the PeopleSoft Configuration Manager for nVision must have the report instance pointing to C:\user\nvision\instance, to match up with the macro in order to run the report.

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## Structured Query Reports

One of the most versatile approaches to reporting is the MITI Structured Query Report Writer. This tool can extract data from any SQL-based relational database and print or display it in a prescribed format. We've created a variety of standard structured query reports (SQRs) that summarize table information and data. You can use these reports as is, customize them, or, if needed, create your own. You can create tabular, single- or multiple-page reports, and form letters. You can also use SQR to make global updates to your database, load and unload tables, and perform interactive queries.



For more information about PeopleSoft reporting tools, see PeopleSoft Reporting Tools.

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## Process Scheduler

The Process Scheduler is not a reporting tool *per se*, but it plays an important role in PeopleSoft reporting. The Process Scheduler is the part of the system that actually runs most of the reports. When you request one of the standard reports, you're really asking the Process Scheduler to run it for you.

The Process Scheduler is a PeopleTool that performs tasks *behind the scenes* of your application. It can run several kinds of processes—COBOL programs, database queries, reports—on a regular schedule or at your request. Furthermore, it can run the processes at your workstation or on a server. The Process Scheduler handles reports because you would typically like the system to generate the report while you continue to work on something else. The Process Scheduler also enables you to track the status of the report.



For more information about Process Scheduler, see Process Scheduler.

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## Identifying Reports

As a benefits professional, you need quick access to data so that you can make informed decisions and plan policy changes. To assist you in every aspect of benefits administration, PeopleSoft Human Resources Base Benefits, Benefits Administration, and FSA Administration provide a plethora of standard reports in various forms: SQRs, queries formatted in Crystal Reports Pro™ for Windows, and letter merges in Microsoft Word for Windows. You can view them online or print them immediately. And if you require a large volume of reports at the same time, you can set up processing schedules to run and print them later.

## Summaries and Samples

The following lists describe all the reports currently available for PeopleSoft Human Resources Base Benefits, Benefits Administration, and FSA Administration. For each report, we provide a summary page, to give you an idea of what it contains, and a sample report page, to show you how it looks.



When reviewing the report descriptions in this documentation, please keep in mind that the samples are just that—samples. Note that we've included only enough data to show you their structure—column and row labels, totals, and representative information. Where necessary, to create a one-page sample, we've reduced lengthy reports so that they fit on one page. Totals may not match the column content, and page breaks may be missing.

## Lists of PeopleSoft FSA Administration Reports

<i>Report Name</i>	<i>Report ID</i>	<i>Window</i>
Flexible Spending Account Closure	FSA002	Compensate Employees, Administer FSA, Report
Flexible Spending Account Check Print	FSA003	Compensate Employees, Administer FSA, Report
Flexible Spending Account Check Register	FSA004	Compensate Employees, Administer FSA, Report
Flexible Spending Account Quarterly Statement	FSA005	Compensate Employees, Administer FSA, Report

## Accessing Report Samples

For samples of reports in your application, see the PDF files published on CD-ROM with your documentation (for online users) or the *PeopleSoft HRMS Reporting Tools* (for hard copy users.)

## Flexible Spending Account Closure

When you initiate this SQR (structured query report), the system updates the account status to Closed for FSA participants who had an active Flexible Spending Account at the end of the calendar year. The system also creates the annual account closure statement.

The annual account closure statement includes: plan type, benefit plan, employee ID, employee name, FSA account status, annual pledge, FSA contribution and amount paid year-to-date, forfeited amounts, and excess payments.

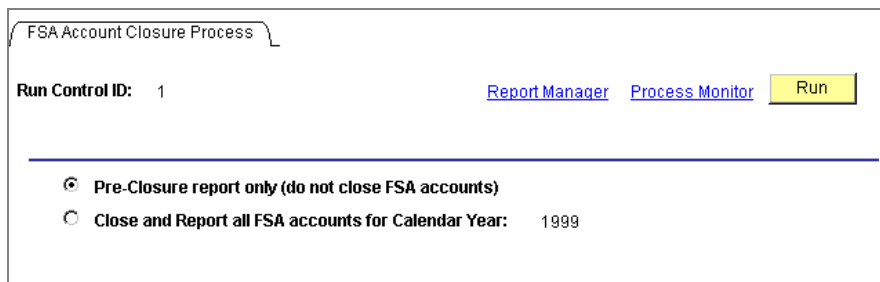
This report provides you with an audit trail of account information for a plan year. Using this report, you can review annual pledge amounts, contributions, claims paid, forfeited amounts, and excess payment amounts for employees, and you can view program and plan totals for these categories. You might use this information to analyze the utilization of your various FSA benefit

plans. Over time, you might gain information about which plans are most appreciated by employees and how you might structure FSAs to meet employee needs.

---

## Account Closure - FSA Account Closure Process Page

Usage	Use the FSA Account Closure Process page to initiate an SQR that updates the account status to Closed for FSA participants who had an active Flexible Spending Account at the end of the calendar year. The system also creates the annual account closure statement.
Object Name	RUNCTL_FSA002
Navigation	<b>Compensate Employees, Administer FSA (US), Report, Account Closure, FSA Account Closure Process</b>
Access Requirements	Enter a run control ID.



Account Closure - FSA Account Closure Process page

- Run Control ID**                      The system displays the run control ID you entered to access the page.
- Report Manager**                      Click **Report Manager** to display the Report List or Archived Reports pages.
- Process Monitor**                      Click **Process Monitor** to display the Process List or Server List pages.
- Run**                                      Click **Run** to run this request. Process Scheduler runs the process at user-defined intervals.
- Pre-Closure report only (do not close FSA accounts)**                      Select this option if you only want a list of accounts that will be closed for the current calendar year. The system prints the report, but does not close the accounts.
- Close and Report all FSA accounts for Calendar Year**                      Select this option if you want thy system to close the accounts for the current calendar year and print the report.

Click **Run** to run this request. Process Scheduler runs the FSA Account Closure process at user-defined intervals.



For more information about Process Scheduler, see Process Scheduler.

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## Flexible Spending Account Closure Report

Description	<p>This report provides you with an audit trail of account information for a plan year. With this report, you can review annual pledge amounts, contributions, claims paid, forfeited amounts, and excess payment amounts for employees, and you can view program and plan totals for these categories.</p> <p>You might use this information to look at how various FSA benefit plans are used. Over time, you might gain information about which plans are most appreciated by employees and how you might structure FSAs to meet employee needs.</p>
Report ID	FSA002
Type of Report	SQR
Source	RUNCNTL_FSA002
Sorted By	Benefit Program, Plan Type, Benefit Plan, Employee ID

## Flexible Spending Account Check Print

The Flexible Spending Account Check process prints FSA claim checks for records flagged during FSA claims processing. The system prompts you for the form ID for the required check stock. You must run the FSA check print for each check stock you use. You can run up to two calendar plan years and multiple benefit programs at the same time, as long as only one type of check stock is required.

The check printing process prints FSA claim checks for records flagged in FSA001. The system prompts you for the form ID for the required check stock. If you have different check forms, you must run the claim process for each check form that is different. You can run a single claim process for up to two calendar plan years and multiple benefit programs, as long as the check form ID is the same.

You will need to initiate a separate SQR to prepare your system for FSA claim payments, before you initiate check printing and the associated reports and statements.

### Check Print - FSA Check Printing Page

Usage	Use the Flexible Spending Account Check process to print FSA claim checks for records flagged in FSA001. If you use more than one type of check stock, you must run this process for each type of check stock.
Object Name	RUNCTL_FORM_ID
Navigation	<b>Compensate Employees, Administer FSA (US), Report, Check Print, FSA Check Printing</b>
Prerequisites	Set up FSA Claims Processing Run Ctl Page and then run Processing Claim Payments.
Access Requirements	Enter a run control ID.

FSA Check Printing page

**Run Control ID** The system displays the **Run Control ID** you entered to access the page.

**Report Manager** Click **Report Manager** to display the Report List or Archived Reports pages.

**Process Monitor** Click **Process Monitor** to display the Process List or Server List pages.

**Run** Click **Run** to run this request. Process Scheduler runs the process at user-defined intervals.

#### Report Request Parameters

**Form ID** Select the check stock you want to use for the check run. You set up the ID for the checks on the Form Table Page.

Click **Run** to run this request. Process Scheduler runs the FSA Check Printing process at user-defined intervals.



For more information about Process Scheduler, see Process Scheduler.

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## FSA Check Print

Description	This report prints the FSA claim checks.
Report ID	FSA003
Type of Report	SQR
Parameters	Enter the run control ID and the form ID.
Source	RUNCTL_FORM_ID
Sorted By	Form ID, Calendar Year, FSA Run ID

## Flexible Spending Account Check Register

This report prints a list of checks printed by the Flexible Spending Account Check Print report (FSA003). The system prompts you to identify the check stock form ID used for the check print.

For each check printed, the report shows the check number, check date, check amount, name, employee ID, plan type, plan name, and benefit plan. It inserts page breaks and supplies totals at the benefit year, plan type, and benefit plan levels.

---

### Check Register - FSA Check Register Page

Usage	Use the FSA Check Register page to print a list of checks printed by the FSA Check Print Report.
Object Name	RUNCTL_FSA004
Navigation	<b>Compensate Employees, Administer FSA (US), Report, Check Register, FSA Check Register</b>
Prerequisites	Set up FSA Claims Processing Run Ctl Page and then run Processing Claim Payments.
Access Requirements	Enter a run control ID.

FSA Check Register page

- Run Control ID**                      The system displays the **Run Control ID** you entered to access the page.
- Report Manager**                      Click **Report Manager** to display the Report List or Archived Reports pages.
- Process Monitor**                      Click **Process Monitor** to display the Process List or Server List pages.
- Run**                                      Click **Run** to run this request. Process Scheduler runs the process at user-defined intervals.

**Report Request Parameters**

- Form ID**                                      Select the check stock you want to use for the check run. You set up the ID for the checks on the Form Table Page..
- Calendar Year**                              Enter the **Calendar Year** for this report.
- Benefit Program**                              Select the **Benefit Program** to be included in the report.
- Check Dt on or after** (check date on or after)                      Enter the date on which the checks are to be printed.

Click **Run** to run this request. Process Scheduler runs the FSA Check Register process at user-defined intervals.



For more information about Process Scheduler, see Process Scheduler.

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## FSA Check Register

Description	This report prints the FSA check register for the printed FSA checks.
Report ID	FSA004
Type of Report	SQR
Parameters	Enter the form ID, calendar year, benefit program, and check date.
Source	RUNCTL_FSA004
Sorted By	Calendar Year, Benefit Program, Plan Type, Benefit Plan

## Flexible Spending Account Quarterly Statement

This report creates and prints quarterly statements for FSA participants who have had activity in one of their spending accounts during the current quarter.

The statements are for your employees, showing them the status and activity of health care and dependent day care FSA accounts, including the annual pledge amount, claims paid in prior quarters, claims paid this quarter, amount available for additional claims, pay period contribution amount, and year-to-date contributions. It also shows claims approved but unpaid and claims approved and paid at both the beginning and the end of the quarter.

You might also review this information to ascertain how your employees are using their FSA plans. For example, you might determine utilization patterns based on the time of year, most used plan types, such as orthodontia, types of claims that are denied, and so on. Based on this information, you might want to expand FSA communication with employees or make changes to plan benefits, to more closely match employee concerns.

---

## Quarterly Account Statement - FSA Quarterly Statement Page

Usage	This report creates and prints quarterly statements for FSA participants who have had activity in one of their spending accounts during the current quarter.
Navigation	<ul style="list-style-type: none"> <li>• <b>Compensate Employees, Administer FSA (US), Report, Quarterly Account Statement, FSA Quarterly Statement</b></li> <li>• <b>Compensate Employees, Administer FSA (CAN), Process, FSA Claims Processing, FSA Claim Payment Process</b></li> </ul>
Prerequisites	Set up FSA Claims Processing Run Ctl Page and then run Processing Claim Payments.
Access Requirements	Enter a run control ID.

FSA Quarterly Statement		
Run Control ID: 1	<a href="#">Report Manager</a>	<a href="#">Process Monitor</a>
		<input type="button" value="Run"/>

FSA Quarterly Statement page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Run Control ID**.

Click **Run** to run this request. Process Scheduler runs the FSA Quarterly Statement process at user-defined intervals.



For more information about Process Scheduler, see Process Scheduler.

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### FSA Account Quarterly Statement

Description	This report prints the FSA check register.
Report ID	FSA005
Type of Report	SQR
Source	PCRRNCNTL
Sorted By	Calendar Year, FSA Run ID



Benefit Program: KU1 - GBI US Fulltime Benefit Pgm  
 Plan Type: 60 - Flex Spending Health - U.S.  
 Benefit Plan: KUHFSA

Name	Employee ID	Acct Status	Annual Pledge	<----- Year-To-Date -----> Contributions Claims Paid		Amounts Forfeited	Excess 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

Benefit Program: KU1 - GBI US Fulltime Benefit Pgm  
 Plan Type: 61 - Flex Spending Dependent Care  
 Benefit Plan: KUDFSA

Name	Employee ID	Acct Status	Annual Pledge	<----- Year-To-Date -----> Contributions	Claims Paid	Amounts Forfeited	Excess 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

Benefit Program: KU2 - GBI US Parttime Benefit Pgm  
Plan Type: 60 - Flex Spending Health - U.S.  
Benefit Plan: KUHFS

Name	Employee ID	Acct Status	Annual Pledge	<----- Year-To-Date -----> Contributions Claims Paid		Amounts Forfeited	Excess 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

Benefit Program: KU2 - GBI US Parttime Benefit Pgm  
Plan Type: 61 - Flex Spending Dependent Care  
Benefit Plan: KUDFSA

Name	Employee ID	Acct Status	Annual Pledge	<----- Year-To-Date -----> Contributions Claims Paid		Amounts Forfeited	Excess 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

Benefit Program: KU3 - GBI US Supplemental MJ Program  
Plan Type: 61 - Flex Spending Dependent Care  
Benefit Plan: KUDFSA

Name	Employee ID	Acct Status	Annual Pledge	<----- Year-To-Date -----> Contributions	Claims Paid	Amounts Forfeited	Excess 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

02/01/2000

0001025

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

Claim ID	Type	Service		Provider	Claim Amounts		Claims Paid	
		From	To		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

02/01/2000

0001026

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

Claim ID	Type	Service		Provider	Claim Amounts		Claims Paid	
		From	To		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

02/01/2000

0001027

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

Claim ID	Type	Service		Provider	Claim Amounts		Claims Paid	
		From	To		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

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

Benefit Year	Benefit Program	Benefit Plan	Plan Type	Check No.	Check Date	Check Amount	Employee Name	Employee ID
2000	KUI	60 FSA Health	KUHFS	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  
FSA CHECK REGISTER

Report ID: FSA004

For: Form-ID KUFSA, and Calendar Year 2000

Benefit Year	Benefit Program	Benefit Plan	Plan Type	Plan	Check No.	Check Date	Check Amount	Employee Name	Employee ID
2000	KUI	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

```

=====
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
=====

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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

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	Amount	PAYCHECK_NBR	Check Date

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

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					

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 Provider	<- Claim Amounts ->		<----- Claims Paid ----->	Claim ID	Type
		Submitted Approved		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	

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

To: Corrine Tran  
492 E. Ervay Street  
  
Dallas, TX 75224

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	
Your Pay Period Contribution Amount:	76.92	
Year-to-Date Contributions to Your Account:	615.36	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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	Provider	<- Claim Amounts ->		<----- Claims Paid ----->	Claim ID	Type
			Submitted	Approved		Claim ID	Amount PAYCHECK_NBR
						Check Date	

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

To: Adan Tozer  
90 W 500 S

Salt Lake City, UT 84111

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	Amount	PAYCHECK_NBR	Check Date

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

To: Christelle Stevenson  
2139 Arctic Boulevard  
  
Anchorage, AK 99521

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	
Your Pay Period Contribution Amount:	76.92	
Year-to-Date Contributions to Your Account:	615.36	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	2,000.00	
Pledge Remaining Through End of Year:	0.00	
Amount Currently Available for Additional Claims:	0.00	
Claims Approved but Unpaid at Beginning of Quarter:	0.00	
Claims Approved this Quarter (see below as *):	2,000.00	
Claims Paid this Quarter (see below as *):	2,000.00	
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		
00010005	Dental	01/20/2000 DR. NEWMAN	800.00	800.00		00010005	800.00	0001003	02/01/2000		
00010016	Dental	02/20/2000 SAFEWAY	78.00	62.00		00010016	62.00	0001010	02/28/2000		
	[\$16.00 was denied because: Not a Covered Expense]										
00010025	Dental	03/20/2000 DR. HACK	1,320.00	1,138.00		00010025	1,138.00	0001017	03/31/2000		
	[\$182.00 was denied because: Submitted Amt Exceeds Balance]										

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

To: May Gee  
5416 Big Tyler Road  
  
Charleston, WV 25313

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:	166.67	400.00
Year-to-Date Contributions to Your Account:	666.68	1,600.00
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	1,600.00
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		Amount	PAYCHECK_NBR	Check Date

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

To: Christine Vargas  
1621 Terry Road  
  
Jackson, MS 39215

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	
Your Pay Period Contribution Amount:	38.46	
Year-to-Date Contributions to Your Account:	679.28	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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		Amount	PAYCHECK_NBR	Check Date

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

To: Neil Alvarez  
521 Forest Avenue  
  
Portland, ME 04123

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	
Your Pay Period Contribution Amount:	83.33	
Year-to-Date Contributions to Your Account:	666.64	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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		Amount	PAYCHECK_NBR	Check Date

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

To: Dominick Osorio  
1902 W. End Avenue  
  
Nashville, TN 37221

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:		46.15
Year-to-Date Contributions to Your Account:		815.04
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:		815.04
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	Amount	PAYCHECK_NBR	Check Date

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

To: James Fung  
2177 Dewey Boulevard  
  
Butte, MT 59703

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:		92.31
Year-to-Date Contributions to Your Account:		1,630.23
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:		1,630.23
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 Provider	<- Claim Amounts ->		<----- Claims Paid ----->	Claim ID	Type
		Submitted Approved		Amount PAYCHECK_NBR	Check Date	

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

To: Marisa Martinez  
521 N. Spring Street  
  
Tupelo, MS 38802

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	
Your Pay Period Contribution Amount:	83.33	
Year-to-Date Contributions to Your Account:	666.64	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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		Amount	PAYCHECK_NBR	Check Date

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

To: Danny Johnson  
521 S. Mill Street  
  
Aspen, CO 81611

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:		400.00
Year-to-Date Contributions to Your Account:		1,600.00
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:		1,600.00
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 Provider	<- Claim Amounts ->		<----- Claims Paid ----->	Claim ID	Type
		Submitted Approved		Amount PAYCHECK_NBR	Check Date	

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

To: Evelyn Sims  
923 N. 1st Street  
  
Phoenix, AZ 85022

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	
Your Pay Period Contribution Amount:	76.92	
Year-to-Date Contributions to Your Account:	615.36	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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 Provider	<- Claim Amounts ->		<----- Claims Paid ----->	Claim ID	Type
		Submitted Approved		Amount PAYCHECK_NBR	Check Date	

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

To: Brenton Francisco  
4216 Nicholasville Road  
  
Lexiton, KY 40522

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	
Your Pay Period Contribution Amount:	83.33	
Year-to-Date Contributions to Your Account:	666.64	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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: Dilon Schuster  
509 N. Franklin St.  
  
Tampa, FL 33623

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

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

To: Susan Rogers  
723 Calhoun Street  
  
Charleston, SC 29416

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:		400.00
Year-to-Date Contributions to Your Account:		1,600.00
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:		1,600.00
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 Provider	<- Claim Amounts ->		<----- Claims Paid ----->	Claim ID	Type
		Submitted Approved		Amount PAYCHECK_NBR	Check Date	

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

To: Nety Owyang  
221 Las Flores St  
  
San Juan, PR 00906

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	
Your Pay Period Contribution Amount:	76.92	
Year-to-Date Contributions to Your Account:	615.36	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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		Amount	PAYCHECK_NBR	Check Date

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

To: Rosa Benigo  
2211 N. Maple Ave.  
  
Rapid City, SD 57703

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	
Your Pay Period Contribution Amount:	76.92	
Year-to-Date Contributions to Your Account:	615.36	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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 Provider	<- Claim Amounts ->		<----- Claims Paid ----->	Claim ID	Type
		Submitted Approved		Amount PAYCHECK_NBR	Check Date	

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

To: Alex Passantino  
334 Main Street  
  
Rutland, VT 05702

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

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

To: Wayne Mosley  
1001 N. Cass Street  
  
Milwaukee, WI 53216

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	815.04
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	2,400.00
Amount Currently Available for Additional Claims:	2,000.00	815.04
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	

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

To: Stacey Siebor  
1011 Howard Street  
  
Omaha, NE 68101

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	
Your Pay Period Contribution Amount:	38.46	
Year-to-Date Contributions to Your Account:	679.28	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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		Amount	PAYCHECK_NBR	Check Date

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

To: Karena Matheson  
781 N. Clark Street  
  
Chicago, IL 60619

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	
Your Pay Period Contribution Amount:	166.67	
Year-to-Date Contributions to Your Account:	666.68	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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	Provider	<- Claim Amounts ->		<----- Claims Paid ----->	Claim ID	Type		
			Submitted	Approved		Claim ID	Amount	PAYCHECK_NBR	Check Date

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

To: Tommy Ellis  
2411 32nd Avenue S  
  
Grand Forks, ND 58206

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 *):	0.00	0.00
Pledge Remaining Through End of Year:	2,000.00	2,400.00
Amount Currently Available for Additional Claims:	2,000.00	738.48
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		Amount	PAYCHECK_NBR	Check Date

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

To: Edmund Donahue  
2321 N. High Street  
  
Columbus, OH 43211

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:		200.00
Year-to-Date Contributions to Your Account:		1,600.00
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:		1,600.00
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	Amount	PAYCHECK_NBR	Check Date

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

To: Kevin Chae  
628 Locust Street  
  
Des Moines, IA 50309

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	
Your Pay Period Contribution Amount:	166.67	
Year-to-Date Contributions to Your Account:	666.68	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	830.00	
Pledge Remaining Through End of Year:	1,170.00	
Amount Currently Available for Additional Claims:	1,170.00	
Claims Approved but Unpaid at Beginning of Quarter:	0.00	
Claims Approved this Quarter (see below as *):	830.00	
Claims Paid this Quarter (see below as *):	830.00	
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			
00010006	Vision	01/20/2000 WALMART	120.00	120.00		00010006	120.00	0001004	02/01/2000		
00010007	Dental	01/20/2000 DR. NEWMAN	566.00	500.00		00010007	500.00	0001004	02/01/2000		
	[\$66.00 was denied because: Not a Covered Expense]					00010017	210.00	0001011	02/28/2000		
00010017	Dental	02/20/2000 DR. HACK	210.00	210.00							

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

To: Jackson Chin  
791 N. Military Highway  
  
Norfolk, VA 23517

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:		200.00
Year-to-Date Contributions to Your Account:		800.00
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:		800.00
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	Amount	PAYCHECK_NBR	Check Date



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

To: Cassandra Jacobson  
101 Little Rd  
  
Springboro, OH 45066

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:		200.00
Year-to-Date Contributions to Your Account:		800.00
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:		800.00
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	Amount	PAYCHECK_NBR	Check Date

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

To: Emmylou K Dell  
50 Sweet Jog Trail  
  
Bellbrook, OH 45305

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:	166.67	200.00
Year-to-Date Contributions to Your Account:	0.00	0.00
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	2,400.00
Amount Currently Available for Additional Claims:	2,000.00	0.00
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	

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

To: George N Mapin  
4816 Diaspo Blvd  
  
San Ramon, CA 94678

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	
Your Pay Period Contribution Amount:	76.92	
Year-to-Date Contributions to Your Account:	307.68	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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		Amount	PAYCHECK_NBR	Check Date

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

To: Martha Stankowski  
11308 Wildflower Lane  
  
Grass Valley, CA 97077

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

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

To: Lucius Snow  
4447 Riverform Drive  
  
Chicago, IL 60015

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	
Your Pay Period Contribution Amount:	76.92	
Year-to-Date Contributions to Your Account:	307.68	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	0.00	
Pledge Remaining Through End of Year:	2,000.00	
Amount Currently Available for Additional Claims:	2,000.00	
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: John Gardner  
444 Glendale Ave.  
  
Moraga, CA 94563

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:		4,000.00
Your Pay Period Contribution Amount:		153.85
Year-to-Date Contributions to Your Account:		1,230.79
Claims Paid in Prior Quarters:		0.00
Claims Paid this Quarter (see below as *):		0.00
Pledge Remaining Through End of Year:		4,000.00
Amount Currently Available for Additional Claims:		1,230.79
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	Amount	PAYCHECK_NBR	Check Date

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

To: Allan Martin  
712 20th Street N.  
  
Birmingham, AL 35213

Mail Drop: (none)

From: Benefits Administration  
Subject: Benefit Program GBI US Parttime 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:	166.67	400.00
Year-to-Date Contributions to Your Account:	666.68	1,600.00
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	1,600.00
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		

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

To: Shawn Quilligan  
300 E. Trade Street  
  
Charlotte, NC 28207

Mail Drop: (none)

From: Benefits Administration  
Subject: Benefit Program GBI US Parttime 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 Provider	<- Claim Amounts ->		<----- Claims Paid ----->	Claim ID	Type
		Submitted Approved		Amount PAYCHECK_NBR	Check Date	

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

To: Mable Saxon  
107 Beacon Street  
  
Boston, MA 02112

Mail Drop: (none)

From: Benefits Administration  
Subject: Benefit Program GBI US Parttime 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:	38.46	92.31
Year-to-Date Contributions to Your Account:	679.28	1,630.23
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	1,630.23
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		Amount	PAYCHECK_NBR	Check Date