



PeopleSoft 8.3
FSA Administration Reports
PeopleBook

PeopleSoft 8.3 FSA Administration Reports PeopleBook

SKU HRMSr83FSA-R 1001

PeopleBooks Contributors: Teams from PeopleSoft Product Documentation and Development.

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About This PeopleBook

This book describes information about PeopleSoft 8.3 FSA Administration Reports. You can order the online version by requesting SKU HR83PBR0, or the hardcopy version by requesting SKU HRMSr83FSA-R 1001.

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CHAPTER 1

PeopleSoft 8.3 FSA Administration Reports

This chapter provides an overview of PeopleSoft FSA Administration reports and enables you to:

- View summary tables of all reports.
- View report details and source records.

Note. Samples of these reports follow this chapter.

See Also

PeopleTools PeopleBook: Process Scheduler

PeopleSoft FSA Administration Reports: General Description

This table lists the PeopleSoft FSA Administration reports, sorted alphanumerically by report ID. The reports listed are all SQR reports. If you need more information about a report, refer to the report details at the end of this chapter.

PeopleSoft FSA Administration Reports

Report ID and Report Name	Description	Navigation	Run Control Page
FSA002 Flexible Spending Account Closure	Initiate an SQR that updates the account status to <i>Closed</i> for FSA participants who had an active FSA at the end of the calendar year.	Compensate Employees, Administer FSA, Report	RUNCTL_FSA002

Report ID and Report Name	Description	Navigation	Run Control Page
FSA003 Flexible Spending Account Check Print	Print FSA claim checks for records flagged in FSA001. Run this process for each type of check stock that you use. Set up FSA Claims Processing Run Ctl Page and then run Processing Claim Payments.	Compensate Employees, Administer FSA, Report	RUNCTL_FORM_ID
FSA004 Flexible Spending Account Check Register	Print a list of checks printed by the FSA Check Print Report. Set up FSA Claims Processing Run Ctl Page and then run Processing Claim Payments.	Compensate Employees, Administer FSA, Report	RUNCTL_FSA004
FSA005 Flexible Spending Account Quarterly Statement	Create and print quarterly statements for FSA participants who have had activity in one of their spending accounts during the current quarter.	Compensate Employees, Administer FSA, Report	RUNCTL_FSA005

PeopleSoft FSA Administration Reports: A to Z

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

FSA002 - Flexible Spending Account Closure

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

This information enables you to look at 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 employee needs.

Source Records

Benefit Program, Plan Type, Benefit Plan, Employee ID

FSA003 - FSA Check Printing

This report prints the FSA claim checks.

Source Records

Form ID, Calendar Year, FSA Run ID

FSA004 - FSA Check Register

This report prints the FSA check register for the printed FSA checks.

Source Records

Calendar Year, Benefit Program, Plan Type, Benefit Plan

FSA005 - Quarterly Statements

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

Source Records

Calendar Year, FSA Run ID

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

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 ----->		Amounts Forfeited	Excess Payments
				Contributions	Claims Paid		
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: KUHPSA

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

PeopleSoft
FSA CHECK REGISTER

Report ID: FSA004

Page No. 1
Run Date 08/15/2000
Run Time 16:02:14

For: Form-ID KUFSFA, and Calendar Year 2000

Benefit Year	Benefit Program	Plan Type	Benefit Plan	Check No.	Check Date	Check Amount	Employee Name	Employee ID
2000	KU1	60 FSA Health	KUHFSFA	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:
Plan Type Total:

=====

\$7,292.00
\$7,292.00

PeopleSoft
FSA CHECK REGISTER

Report ID: FSA004

Page No. 2
Run Date 08/15/2000
Run Time 16:02:14

For: Form-ID KUFSFA, and Calendar Year 2000

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

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

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		Claim ID	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	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	<- 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: 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		Claim ID	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	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: 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		Claim ID	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	<- 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: 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	<- 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: 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		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	<- 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: 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	<- 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: 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		Claim ID	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	<- 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: 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	<- 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: 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		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	<- 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: 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		Claim ID	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 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: Larry J McKinley
1229 Glenwood Rd

Livermore, CA 94550

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:	499.98	
Claims Paid in Prior Quarters:	0.00	
Claims Paid this Quarter (see below as *):	1,520.00	
Pledge Remaining Through End of Year:	480.00	
Amount Currently Available for Additional Claims:	480.00	
Claims Approved but Unpaid at Beginning of Quarter:	0.00	
Claims Approved this Quarter (see below as *):	1,520.00	
Claims Paid this Quarter (see below as *):	1,520.00	
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											
00010011 Vision	01/20/2000 WALMART	120.00	120.00	120.00	00010011	120.00	0001005	02/01/2000											
00010012 Dental	01/20/2000 DR. NEWMAN	566.00	500.00	500.00	00010012	500.00	0001005	02/01/2000											
	[\$66.00 was denied because: Not a Covered Expense]				00010018	900.00	0001012	02/28/2000											
00010018 Vision	02/20/2000 DR. SEEWELL	999.00	900.00	900.00															
	[\$99.00 was denied because: Not a Covered Expense]																		
00010026 Medical	03/20/2000 SEARS	87.00	0.00	0.00															
	[\$87.00 was denied because: Not a Covered Expense]																		

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	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	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: 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	<- 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: 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		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	<- 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: 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		Claim ID	Amount PAYCHECK_NBR
						Check Date