

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

John Gardner	Wendy Kwan	Erik Visaya	Douglas Lewis
Location: KUCA0 -- Californi	Location: KUDE0 -- DE Oper	Location: KUIL0 -- IL Oper	Location: KUNY0 -- US HQ
Department: KU002 -- Benefits	Department: KU005 -- Finance	Department: KU031 -- Fire Dept	Department: KU000 -- Pres.
Carmichael Espinosa	Betty Locherty	Colin Davidson	Seek Burkman
Location: KUCA0 -- Californi	Location: KUDE0 -- DE Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU003 -- IS	Department: KU005 -- Finance	Department: KU025 -- Lab	Department: KU001 -- HR
Alain Gasse	Angela McKay	Edmund Donahue	Sandy Cerruit
Location: KUCA0 -- Californi	Location: KUDE0 -- DE Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU003 -- IS	Department: KU005 -- Finance	Department: KU025 -- Lab	Department: KU001 -- HR
Carol Jacobs	Annie Mirzoyan	Tommy Ellis	Kevin Chae
Location: KUCA0 -- Californi	Location: KUDE0 -- DE Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU003 -- IS	Department: KU005 -- Finance	Department: KU025 -- Lab	Department: KU001 -- HR
Nancy Reed	Courtney Osborn	Richie Finnes	Rosanna Channing
Location: KUCA0 -- Californi	Location: KUDE0 -- DE Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU003 -- IS	Department: KU005 -- Finance	Department: KU025 -- Lab	Department: KU001 -- HR
Calvin Roth	Heidi Schwartz	Tiffany Irving	Emmylou K Dell
Location: KUCA0 -- Californi	Location: KUDE0 -- DE Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU003 -- IS	Department: KU005 -- Finance	Department: KU025 -- Lab	Department: KU001 -- HR
Anne Jeffries	Patrick Seto	Helen Johnson	Emma Doyle
Location: KUCA0 -- Californi	Location: KUDE0 -- DE Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU007 -- Bus Svcs	Department: KU005 -- Finance	Department: KU025 -- Lab	Department: KU001 -- HR
Dilon Schuster	Martha Stankowski	Karena Matheson	Jorge Enriquez
Location: KUCA0 -- Californi	Location: KUDE0 -- DE Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU010 -- West Sls	Department: KU005 -- Finance	Department: KU025 -- Lab	Department: KU001 -- HR
Benny Wong	Christelle Stevenson	Susan Rogers	Arthur Erickson
Location: KUCA0 -- Californi	Location: KUDE0 -- DE Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU010 -- West Sls	Department: KU005 -- Finance	Department: KU025 -- Lab	Department: KU001 -- HR
Frank Andrews	Elbert Wynne	Jeff Ryzhikov	James Fung
Location: KUCA0 -- Californi	Location: KUDE0 -- DE Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU012 -- As-Pac Sl	Department: KU005 -- Finance	Department: KU025 -- Lab	Department: KU001 -- HR
Cynthia Adams	Vicki Zinn	Evelyn Sims	Justin Galang
Location: KUDE0 -- DE Oper	Location: KUDE0 -- DE Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU005 -- Finance	Department: KU005 -- Finance	Department: KU025 -- Lab	Department: KU001 -- HR
Adland Chu	Vicky Adler	Kirby Torres	Fred Giles
Location: KUDE0 -- DE Oper	Location: KUIL0 -- IL Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU005 -- Finance	Department: KU031 -- Fire Dept	Department: KU025 -- Lab	Department: KU001 -- HR
Julie Dyer	Wency Carter	Adan Tozer	Cassandra Jacobson
Location: KUDE0 -- DE Oper	Location: KUIL0 -- IL Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU005 -- Finance	Department: KU031 -- Fire Dept	Department: KU025 -- Lab	Department: KU001 -- HR
Derek Holsinger	Joyce Hayden	Corrine Tran	Danny Johnson
Location: KUDE0 -- DE Oper	Location: KUIL0 -- IL Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU005 -- Finance	Department: KU031 -- Fire Dept	Department: KU025 -- Lab	Department: KU001 -- HR
Justine Kim	Grace Stangl	Christine Vargas	Michelle Kelly
Location: KUDE0 -- DE Oper	Location: KUIL0 -- IL Oper	Location: KUNJ0 -- NJ Oper	Location: KUNY0 -- US HQ
Department: KU005 -- Finance	Department: KU031 -- Fire Dept	Department: KU025 -- Lab	Department: KU001 -- HR

Sched ID	Employee ID	Rcd#	Event ID	Optn ID	Cost ID	Msg-ID	Error Message Description	Message-Data 1/2/3
KUEM	KU0100	0	1	0	0	000128	During Program Assignment, it was determined that this employee is eligible for more than one program. The Eligibility Rules Tables need to be modified to make Program eligiblity unique. One error message will be generated for each eligible program. (MSGData1: Benefit-Program)	1: KJ1
				0	0	000128	During Program Assignment, it was determined that this employee is eligible for more than one program. The Eligibility Rules Tables need to be modified to make Program eligiblity unique. One error message will be generated for each eligible program. (MSGData1: Benefit-Program)	1: KU1
	KU0101	0	1	0	0	000128	During Program Assignment, it was determined that this employee is eligible for more than one program. The Eligibility Rules Tables need to be modified to make Program eligiblity unique. One error message will be generated for each eligible program. (MSGData1: Benefit-Program)	1: KJ1
				0	0	000128	During Program Assignment, it was determined that this employee is eligible for more than one program. The Eligibility Rules Tables need to be modified to make Program eligiblity unique. One error message will be generated for each eligible program. (MSGData1: Benefit-Program)	1: KU1
	KU0106	0	2	0	0	000128	During Program Assignment, it was determined that this employee is eligible for more than one program. The Eligibility Rules Tables need to be modified to make Program eligiblity unique. One error message will be generated for each eligible program. (MSGData1: Benefit-Program)	1: KJ1
				0	0	000128	During Program Assignment, it was determined that this employee is eligible for more than one program. The Eligibility Rules Tables need to be modified to make Program eligiblity unique. One error message will be generated for each eligible program. (MSGData1: Benefit-Program)	1: KU1
	KU0112	0	1	0	0	000128	During Program Assignment, it was determined that this employee is eligible for more than one program. The Eligibility Rules Tables need to be modified to make Program eligiblity unique. One error message will be generated for each eligible program. (MSGData1: Benefit-Program)	1: KJ1
				0	0	000128	During Program Assignment, it was determined that this employee is eligible for more than one program. The Eligibility Rules Tables need to be modified to make Program eligiblity unique. One error message will be generated for each eligible program. (MSGData1: Benefit-Program)	1: KU1
		1	1	0	0	000128	During Program Assignment, it was determined that this employee is eligible for more than one program. The Eligibility Rules Tables need to be modified to make Program eligiblity unique. One error message will be generated for each eligible program. (MSGData1: Benefit-Program)	1: KJ1

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

Santos, Antonio
4689 Z Street
Sacramento, CA 94246

Employee ID: KU0010
Date of Birth: 08/09/1972
Event ID: 1

Benefit Pgm: KU1
Effective Date: 05/01/2000
Service Date: 09/12/1997
Event Class: FSC

This statement lists your benefit options and their associated pay period costs. Use this worksheet to select your coverages for 2000. Please note that these choices will remain in effect throughout 2000 unless you experience a change in family status. Check the box next to the desired option and put the option code in the space provided on the right.

Return your completed enrollment form to the Human Resources Department within 2 weeks.

Please keep a copy of this form for your records. Default option codes are in bold print. Proof is required for options that are lead by an asterisk (*).

FLEXIBLE CREDITS

Excess Credits will default to cash unless one of the following rollover options is selected:

- Cash FSA-Health Care FSA-Dep Care Savings

Note: Excess credits can only be applied to eligible benefits as specified on this enrollment form.

Refer to the table below to get the value of your plan based credits.

This value is used in computing the cost of the benefit (price - credit = cost).

CREDITS AND OPTION CODES

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

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

Osborn,Courtney 1 Main Street Dayton, OH 45449	Employee ID: KU0100 Date of Birth: 11/12/1977 Event ID: 0	Benefit Pgm: KU1 Effective Date: 01/01/2000 Service Date: 02/17/1998 Event Class: OE
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This statement confirms your recent flex elections. These coverages will remain in effect until you experience a change in family status or in your employment situation. If an error has been made in recording your elections, please make the necessary corrections on this form, sign it, and return to Human Resources by 11/15/1999.
Please keep a copy of this form for your records.

YOUR BENEFIT CHOICES

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

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

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

Employee ID	Employee Name	Dep ID	Dependent/Beneficiary Name	Event Date	Plan Type	Ben Pct	Flat Amt	Excess	Contingent		
KU0010	Santos, Antonio	01	Santos, Megan	01/01/2000	10-Medical						
				01/01/2000	11-Dental						
				01/01/2000	14-Vision						
				01/01/2000	20-Life	25					
				01/01/2000	21-Supp Life	25					
				01/01/2000	22-AD/D	70					
				01/01/2000	24-Dep AD/D						
				01/01/2000	25-Dep Life						
				01/01/2000	27-Supp AD/D	70					
				01/01/2000	40-401(k)	70					
				01/01/2000	41-Profit Sh	70					
				01/01/2000	4A-ESPP	25					
		01/01/2000	82-US Pensn	25							
		02	Santos, Marguerite			01/01/2000	10-Medical				
						01/01/2000	11-Dental				
						01/01/2000	14-Vision				
						01/01/2000	20-Life	25			
						01/01/2000	21-Supp Life	25			
						01/01/2000	22-AD/D	10			
						01/01/2000	24-Dep AD/D				
						01/01/2000	25-Dep Life				
						01/01/2000	27-Supp AD/D	10			
						01/01/2000	40-401(k)	10			
						01/01/2000	41-Profit Sh	10			
						01/01/2000	4A-ESPP	25			
		01/01/2000	82-US Pensn	25							
		03	Santos, Sean			01/01/2000	10-Medical				
						01/01/2000	11-Dental				
						01/01/2000	14-Vision				
						01/01/2000	20-Life	25			
						01/01/2000	21-Supp Life	25			
						01/01/2000	22-AD/D	10			
						01/01/2000	24-Dep AD/D				
						01/01/2000	25-Dep Life				
						01/01/2000	27-Supp AD/D	10			
						01/01/2000	40-401(k)	10			
01/01/2000	41-Profit Sh					10					
01/01/2000	4A-ESPP					25					
01/01/2000	82-US Pensn	25									
04	Santos, Carissa			01/01/2000	20-Life	25					
				01/01/2000	21-Supp Life	25					
				01/01/2000	22-AD/D	10					
				01/01/2000	27-Supp AD/D	10					
				01/01/2000	40-401(k)	10					
				01/01/2000	41-Profit Sh	10					
01	Torres, Kirby			01/01/2000	20-Life	50					
				01/01/2000	21-Supp Life	50					
				01/01/2000	22-AD/D	50					
				01/01/2000	41-Profit Sh	50					
01/01/2000	82-US Pensn	50									
02	Torres, Dorathy			01/01/2000	10-Medical						
				01/01/2000	11-Dental						
				01/01/2000	14-Vision						
				01/01/2000	20-Life	50					
				01/01/2000	21-Supp Life	50					
				01/01/2000	22-AD/D	50					
				01/01/2000	25-Dep Life		2000				
				01/01/2000	41-Profit Sh	50					
01/01/2000	82-US Pensn	50									
01	Espinosa, Carmichael			01/01/2000	20-Life	50					
				01/01/2000	21-Supp Life	50					
				01/01/2000	22-AD/D	50					
				01/01/2000	24-Dep AD/D						
				01/01/2000	25-Dep Life		2000				

For the period 12/01/1999 through 08/16/2000

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

PeopleSoft
Ineligible Participant Report

Report ID: BAS010

Page No. 1
Run Date 08/16/2000
Run Time 12:39:08

Sched ID	Employee ID	Employee Name	Event ID	Benefit Rcd#	Process Status	Birthdate	Country State																
			Empl Rcd#	Service Date	Empl Class	Benefits Status	Empl Type	Full Part	Reg Temp	Officer Code	Union Code	Std Hrs	FTE	Company	Pay Grp	Loctn	Country State	FLSA Stat	Regn	Business Unit	Plan	Grade	
			EligCnfig1	EligCnfig2	EligCnfig3	EligCnfig4	EligCnfig5	EligCnfig6	EligCnfig7	EligCnfig8	EligCnfig9												
KU99	KUN008	Milton,Duran	0		0	Active		Pgm	None								USA/IN						
		0						F	R	N			40.00	1.00	GBI	KUOH00	USA/OH	N	USA	GBIBU	KU01	005	
KUEM	KU0100	Osborn,Courtney	1		0	Active		Assn	Error	11/12/1977							USA/OH						
		0 02/17/1998						F	R	N			40.00	0.00	GBI	KU1 KUDE00	USA/DE	M	USA	US006	KU01	006	
KUEM	KU0101	Adams,Cynthia	1		0	Active		Assn	Error	03/01/1970							USA/MT						
		0 06/05/1998						F	R	N			40.00	1.00	GBI	KU4 KUDE00	USA/DE	N	USA	GBIBU	KU01	004	
KUEM	KU0106	Chae,Kevin	1		0	Active		Prep	None	06/29/1964							USA/IA						
		0 05/28/1999					H	F	R	N			10.00	0.25	GBI	KU4 KUNY00	USA/NY	N	USA	US004	KU01	003	
		1 05/28/1999					S	F	R	N			10.00	0.25	GBI	KU4 KUDE00	USA/DE	N	USA	US004	KU01	002	
		2 05/28/1999					H	F	R	N			10.00	0.25	GBI	KU4 KUNY00	USA/NY	N	USA	US004	KU01	005	
		3 05/28/1999				Terminated	H	F	R	N			10.00	0.00	GBI	KU4 KUNY00	USA/NY	N	USA	US004	KU01	004	
KUEM	KU0112	McKinley,Larry J	1		0	Active		Assn	Error	03/03/1940							USA/CA						
		0 08/01/1999					S	F	R	N			40.00	1.00	GBI	KU2 KUNY00	USA/NY	A	USA	GBIBU	KU01	006	
		1 08/15/1999					S	F	R	N			20.00	0.50	GBI	KU1 KUDE00	USA/DE	N	USA	GBIBU	KU01	006	
		2 09/01/1999					S	F	R	N			40.00	1.00	GBI	KU2 KUNY00	USA/NY	P	USA	GBIBU	KU01	006	
		0 08/01/1999					S	F	R	N			40.00	1.00	GBI	KU2 KUNY00	USA/NY	A	USA	GBIBU	KU01	006	
		1 08/15/1999					S	F	R	N			20.00	0.50	GBI	KU1 KUDE00	USA/DE	N	USA	GBIBU	KU01	006	
		2 09/01/1999					S	F	R	N			40.00	1.00	GBI	KU2 KUNY00	USA/NY	P	USA	GBIBU	KU01	006	
KUEM	KU0106	Chae,Kevin	2		0	Active		Assn	Error	06/29/1964							USA/IA						
		0 05/28/1999					H	F	R	N			10.00	0.25	GBI	KU4 KUNY00	USA/NY	N	USA	US004	KU01	003	
		1 05/28/1999					S	F	R	N			10.00	0.25	GBI	KU4 KUDE00	USA/DE	N	USA	US004	KU01	002	

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

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

Report ID: BAS702A

Program Definition as of: 01/01/1980

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

----- Benefits Administration Information -----
Apply Defaults After 30 Days if no Enrollment Received
Apply Excess Credits to: C - Cash
Program Currency Code: USD
COBRA Surcharge: 2 Disabled Surcharge: 50

----- FSA Administration Information -----
FSA Admin Run ID: -
Maximum Annual Pledge: \$ 7000.00

----- Other Information -----
FMLA Plan ID: KUF - Roll-Forward FMLA Ca
----- Self-Service Configuration -----
Show Credits: Y
Cost Frequency: A
Handbook URL ID:

----- Plan Information -----

Plan Type	Display Sequence	Waive-Cvrg	Plan Change Restriction	Event Rules	COBRA Plan	Collect DepBen	Collect Funds	Show Plan	Handbook URL	Age Limit	Student Age Lmt	Ineligible If Married	Exclude Disabled
01-Ben Prgm	02	X-Not Appl	0 months		KU01 N	Y	Y	Y					
10-Medical	10	P-With Proof	12 months		KU1X Y	Y	Y	Y		PUI1DR	19	24	Y Y

----- Option Information -----

Option-Type	OptCd	Benefit-Plan	Description	Coverage-Code	Level	Display Sequence	Dflt Optn?	Deduction-Code	Elig Rules	Loctn Table
P-Program				-	0	1	N	-	K01U	
G-Gen Credit				-	0	2	N	KUCRED-Prog Cred		
G-Gen Credit				-	0	1	N	KUMED9-Medical		
W-Waive Optn	W			-	0	2	N	KUMED9-Medical		
O-Option	11	KUMED1-Basic	In-Network Medical	1 -Empl Only	1	3	N	KUMED9-Medical	KMED	KMID
O-Option	12	KUMED1-Basic	In-Network Medical	2 -EE+Spouse	1	4	N	KUMED9-Medical	KMED	KMID
O-Option	13	KUMED1-Basic	In-Network Medical	3 -Empl+Deps	1	5	N	KUMED9-Medical	KMED	KMID
O-Option	14	KUMED1-Basic	In-Network Medical	4 -Family	1	6	N	KUMED9-Medical	KMED	KMID
O-Option	21	KUMED2-Basic	Out-of-Network Medical	1 -Empl Only	1	7	N	KUMED9-Medical	KMED	KRST
O-Option	22	KUMED2-Basic	Out-of-Network Medical	2 -EE+Spouse	1	8	N	KUMED9-Medical	KMED	KRST
O-Option	23	KUMED2-Basic	Out-of-Network Medical	3 -Empl+Deps	1	9	N	KUMED9-Medical	KMED	KRST
O-Option	24	KUMED2-Basic	Out-of-Network Medical	4 -Family	1	10	N	KUMED9-Medical	KMED	KRST
O-Option	31	KUMED	-Enhanced Medical Plan	1 -Empl Only	2	21	Y	KUMED -Basic Med	KMED	
O-Option	32	KUMED	-Enhanced Medical Plan	2 -EE+Spouse	2	22	N	KUMED -Basic Med	KMED	
O-Option	33	KUMED	-Enhanced Medical Plan	3 -Empl+Deps	2	23	N	KUMED -Basic Med	KMED	
O-Option	34	KUMED	-Enhanced Medical Plan	4 -Family	2	24	N	KUMED -Basic Med	KMED	
O-Option	A1	KUHMO1-Medical	HMO Plan 1	1 -Empl Only	1	31	N	KUHMOK-HMO Kaiser	KMED	KUCA
O-Option	A2	KUHMO1-Medical	HMO Plan 1	2 -EE+Spouse	1	32	N	KUHMOK-HMO Kaiser	KMED	KUCA
O-Option	A3	KUHMO1-Medical	HMO Plan 1	3 -Empl+Deps	1	33	N	KUHMOK-HMO Kaiser	KMED	KUCA
O-Option	A4	KUHMO1-Medical	HMO Plan 1	4 -Family	1	34	N	KUHMOK-HMO Kaiser	KMED	KUCA
O-Option	B1	KUHMO2-Medical	HMO Plan 2	1 -Empl Only	1	35	N	KUHMOK-HMO Kaiser	KMED	
O-Option	B2	KUHMO2-Medical	HMO Plan 2	2 -EE+Spouse	1	36	N	KUHMOK-HMO Kaiser	KMED	

Report ID: BAS702B

Program Definition as of: 01/01/2000

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

Coverage Information						Cost Information					
Plan Type	Option-Type	OptCd	Benefit Plan Description	Coverage-Code	Deduction-Code	ID	Type	Earnings-Code	Rate-Type	Rate Table	Calc Rules
01-Ben Prgm	P-Program	-		-	-						
	G-Gen Credit	-		-	KUCRED-Prog Cred	1	C-Credit	C01-Gen Cred	3-Salary %	KS01	KSL1
						2	C-Credit	C01-Gen Cred	4-Service Rt	KV01	KSV1
10-Medical	G-Gen Credit	-		-	KUMED9-Medical	3	C-Credit	C10-Med Cred	2-Flat	KFMX	
	W-Waive Optn	W		-	KUMED9-Medical	4	C-Credit	C10-Med Cred	2-Flat	KFMW	
	O-Option	11	KUMED1-Basic In-Network Medical	1-Empl Only	KUMED9-Medical	5	C-Credit	C10-Med Cred	2-Flat	KFMA	
						6	P-Price	-	2-Flat	KFMA	
	O-Option	12	KUMED1-Basic In-Network Medical	2-Empl+Spous	KUMED9-Medical	7	C-Credit	C10-Med Cred	2-Flat	KFMA	
						8	P-Price	-	2-Flat	KFMB	
	O-Option	13	KUMED1-Basic In-Network Medical	3-Empl+Deps	KUMED9-Medical	9	C-Credit	C10-Med Cred	2-Flat	KFMA	
						10	P-Price	-	2-Flat	KFMC	
	O-Option	14	KUMED1-Basic In-Network Medical	4-Family	KUMED9-Medical	11	C-Credit	C10-Med Cred	2-Flat	KFMA	
						12	P-Price	-	2-Flat	KFMD	
	O-Option	21	KUMED2-Basic Out-of-Network Medical	1-Empl Only	KUMED9-Medical	13	C-Credit	C10-Med Cred	2-Flat	KFMA	
						14	P-Price	-	2-Flat	KFME	
	O-Option	22	KUMED2-Basic Out-of-Network Medical	2-Empl+Spous	KUMED9-Medical	15	C-Credit	C10-Med Cred	2-Flat	KFMA	
						16	P-Price	-	2-Flat	KFMF	
	O-Option	23	KUMED2-Basic Out-of-Network Medical	3-Empl+Deps	KUMED9-Medical	17	C-Credit	C10-Med Cred	2-Flat	KFMA	
						18	P-Price	-	2-Flat	KFMG	
	O-Option	24	KUMED2-Basic Out-of-Network Medical	4-Family	KUMED9-Medical	19	C-Credit	C10-Med Cred	2-Flat	KFMA	
						20	P-Price	-	2-Flat	KFMH	
	O-Option	31	KUMED -Enhanced Medical Plan	1-Empl Only	KUMED -Basic Med	21	C-Credit	C10-Med Cred	2-Flat	KFMA	
						22	P-Price	-	2-Flat	KFMI	KFL3
	O-Option	32	KUMED -Enhanced Medical Plan	2-Empl+Spous	KUMED -Basic Med	23	C-Credit	C10-Med Cred	2-Flat	KFMA	
						24	P-Price	-	2-Flat	KFMJ	KFL3
	O-Option	33	KUMED -Enhanced Medical Plan	3-Empl+Deps	KUMED -Basic Med	25	C-Credit	C10-Med Cred	2-Flat	KFMA	
						26	P-Price	-	2-Flat	KFMK	KFL3
	O-Option	34	KUMED -Enhanced Medical Plan	4-Family	KUMED -Basic Med	27	C-Credit	C10-Med Cred	2-Flat	KFMA	
						28	P-Price	-	2-Flat	KFML	KFL3
	O-Option	A1	KUHM01-Medical HMO Plan 1	1-Empl Only	KUHMOK-HMO Kaiser	29	C-Credit	C10-Med Cred	2-Flat	KFMA	
						30	P-Price	-	2-Flat	KFMM	
	O-Option	A2	KUHM01-Medical HMO Plan 1	2-Empl+Spous	KUHMOK-HMO Kaiser	31	C-Credit	C10-Med Cred	2-Flat	KFMA	
						32	P-Price	-	2-Flat	KFMN	
	O-Option	A3	KUHM01-Medical HMO Plan 1	3-Empl+Deps	KUHMOK-HMO Kaiser	33	C-Credit	C10-Med Cred	2-Flat	KFMA	
						34	P-Price	-	2-Flat	KFMO	
	O-Option	A4	KUHM01-Medical HMO Plan 1	4-Family	KUHMOK-HMO Kaiser	35	C-Credit	C10-Med Cred	2-Flat	KFMA	
						36	P-Price	-	2-Flat	KFMP	
	O-Option	B1	KUHM02-Medical HMO Plan 2	1-Empl Only	KUHMOK-HMO Kaiser	37	C-Credit	C10-Med Cred	2-Flat	KFMA	
						38	P-Price	-	2-Flat	KFMM	

Eligibility Rules Definitions as of: 01/01/2000

Rule ID	Effective Date	Short Description	Grouping Method	Evaluation Method	Active Jobs Only	Eligibility Field Values					
====	=====	=====	=====	=====	=====	=====					
K01C	01/01/2000	CN PayGrps									
		Age-Yrs	-	-	-	0-99	As of: Cur/Chk Dt				
		Svc-Mos	Primary	1 or More	N	0-999	As of: Cur/Chk Dt				
		Std-Hours	Primary	1 or More	N	0.00-99.00					
		FTE	AllFlagged	Sum	Y	0.00-9.99					
	Eligible	Benefit Status:	AllFlagged	1 or More	N	Active	Leave W/BN	Ret W/Ben	Suspended	Term W/Ben	
	Eligible	Company/Pay Group:	Primary	1 or More	N	GBI/KC1	GBI/KC2	GBI/KC3	GBI/KC4		
K01U	01/01/2000	Pgm: KU1									
		Age-Yrs	-	-	-	0-99	As of: Cur/Chk Dt				
		Svc-Mos	Primary	1 or More	N	0-999	As of: Cur/Chk Dt				
		Std-Hours	Primary	1 or More	N	0.00-99.00					
		FTE	AllFlagged	Sum	Y	0.00-9.99					
	Eligible	Benefit Status:	AllFlagged	1 or More	N	Active	Leave W/BN	Ret W/Ben	Suspended	Term W/Ben	
	Eligible	Company/Pay Group:	Primary	1 or More	N	GBI/KU1 GBI/KU6	GBI/KU2	GBI/KU3	GBI/KU4	GBI/KU5	
	Eligible	Full/Part Time:	Flagged BR	1 or More	Y	Full-Time					
	Ineligible	Elig Config 1:	Primary	1 or More	N	KU3					
K02U	01/01/2000	Pgm: KU2									
		Age-Yrs	-	-	-	0-99	As of: Cur/Chk Dt				
		Svc-Mos	Primary	1 or More	N	0-999	As of: Cur/Chk Dt				
		Std-Hours	Primary	1 or More	N	0.00-99.00					
		FTE	Primary	1 or More	N	0.00-9.99					
	Eligible	Benefit Status:	Primary	1 or More	N	Active	Leave W/BN	Ret W/Ben	Suspended	Term W/Ben	
	Eligible	Company/Pay Group:	Primary	1 or More	N	GBI/KU1 GBI/KU6	GBI/KU2	GBI/KU3	GBI/KU4	GBI/KU5	
	Eligible	Full/Part Time:	Flagged BR	All	Y	Part-Time					
K03U	01/01/2000	Pgm: KU3									
		Age-Yrs	-	-	-	0-99	As of: Cur/Chk Dt				
		Svc-Mos	Primary	1 or More	N	0-999	As of: Cur/Chk Dt				

Report ID: BAS703B

Event Rule Definitions as of: 01/01/2000

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

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

Event Class: FSC (Fam Status) Usage:S

99	99	99	\$99999999	99	99	\$99999999	N	All	Option	N	Event Date	(None)	N	Event Date	(None)	CovgBgDt	CovgEndDt	Cur/Option	Y	N	N	N	N
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Event Class: HIR (New Hire) Usage:S

99	99	99	\$99999999	99	99	\$99999999	N	All	Option	N	Event Date	(None)	N	Event Date	(None)	CovgBgDt	CovgEndDt	Cur/Option	Y	N	N	N	N
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Event Class: MSC (Misc Chang) Usage:D

99	99	99	\$99999999	99	99	\$99999999	N	All	Option	N	Event Date	(None)	N	Event Date	(None)	CovgBgDt	CovgEndDt	Cur/Option	Y	N	N	N	N
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Event Class: OE (Opn Enroll) Usage:O

99	99	99	\$99999999	99	99	\$99999999	N	All	Option	N	Event Date	(None)	N	Event Date	(None)	CovgBgDt	CovgEndDt	Cur/Option	Y	N	N	N	N
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Event Class: TER (Terminn) Usage:S

99	99	99	\$99999999	99	99	\$99999999	N	None		N	Event Date	(None)	N	Event Date	(None)	CovgBgDt	CovgEndDt	Cur/Option	Y	N	N	N	N
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Event Rule: KU1Q Eff-Date: 01/01/2000 (NQ Med/Den)

Event Class: FSC (Fam Status) Usage:S

99	99	99	\$99999999	99	99	\$99999999	N	CvgCd/W		N	Event Date	(None)	N	Event Date	(None)	CovgBgDt	CovgEndDt	Cur / None	Y	Y	N	N	N
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Event Class: HIR (New Hire) Usage:S

99	99	99	\$99999999	99	99	\$99999999	N	All	Option	N	Event Date	(None)	N	Event Date	(None)	CovgBgDt	CovgEndDt	Cur / None	Y	N	N	N	N
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Event Class: MSC (Misc Chang) Usage:D

99	99	99	\$99999999	99	99	\$99999999	Y	All	Option	N	Event Date	(None)	N	Event Date	(None)	CovgBgDt	CovgEndDt	Cur / None	Y	Y	N	N	N
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Event Class: OE (Opn Enroll) Usage:O

99	99	99	\$99999999	99	99	\$99999999	N	All	Option	N	Event Date	(None)	N	Event Date	(None)	CovgBgDt	CovgEndDt	Cur / None	Y	Y	N	N	N
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Event Rule Definitions as of: 01/01/2000

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

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

FSC	Fam Status	Specific	None			N
HIR	New Hire	Specific	None			N
MSC	Misc Chang	Default	None			N
OE	Opn Enroll	Open	None			N
TER	Termintrn	Specific	None			N

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

FSC	Fam Status	Specific	None			N
HIR	New Hire	Specific	None			N
MSC	Misc Chang	Default	None			N
OE	Opn Enroll	Open	None			N
TER	Termintrn	Specific	None			N

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

FSC	Fam Status	Specific	None			N
HIR	New Hire	Specific	None			N
MSC	Misc Chang	Default	None			N
OE	Opn Enroll	Open	None			N
TER	Termintrn	Specific	None			N

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

FSC	Fam Status	Specific	None			N
HIR	New Hire	Specific	None			N
MSC	Misc Chang	Default	None			N
OE	Opn Enroll	Open	None			N
TER	Termintrn	Specific	None			N

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

FSC	Fam Status	Specific	None			N
HIR	New Hire	Specific	None			N
MSC	Misc Chang	Default	None			N
OE	Opn Enroll	Open	None			N
TER	Termintrn	Specific	None			N

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

FSC	Fam Status	Specific	None			N
HIR	New Hire	Specific	None			N
MSC	Misc Chang	Default	None			N
OE	Opn Enroll	Open	None			N
TER	Termintrn	Specific	None			N

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

FSC	Fam Status	Specific	None			N
HIR	New Hire	Specific	None			N
MSC	Misc Chang	Default	None			N
OE	Opn Enroll	Open	None			N
TER	Termintrn	Specific	None			N

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

FSC	Fam Status	Specific	None			N
HIR	New Hire	Specific	None			N
MSC	Misc Chang	Default	None			N
OE	Opn Enroll	Open	None			N

Schedule Descr	BAS Type	Company	BAS-Group	Descr	Open Enrollment Definition	Period Begin-Date	Period End-Date	Enroll Begin-Date	Enroll End-Date	Benefit Program	
KC00	:	CAN OE2000	O	GBI	KC1: Basic CAN	KC00: CAN OE2000	01/01/2000	12/31/2000		KC1	
KC99	:	CAN OE1999	O	GBI	KC1: Basic CAN	KC99: CAN OE1999	01/01/1999	12/31/1999		KC1	
KCEM	:	CAN EM	E		KC1: Basic CAN						
KU00	:	US OE 2000	O	GBI	KU1: Basic US	KU00: US OE2000	01/01/2000	12/31/2000		KU1 KU2 KU3	
KU99	:	US OE 1999	O	GBI	KU1: Basic US	KU99: US OE1999	01/01/1999	12/31/1999		KU1	
KUEM	:	US EM	E		KU1: Basic US						
OS99	:	OS 1999	O	DC	LFG: Full Ben	OS99: FEHB OS99	01/03/1999	01/01/2000	11/08/1998	12/06/1998	LFB
TS1-99	:	TSP1-1999	O	DC		T199: TSP 1999-1	07/04/1999	01/01/2000	05/15/1999	07/31/1999	LFB
TS2-99	:	TSP2 -1999	O	DC		T299: TSP 1999-2	01/02/2000	07/01/2000	11/15/1999	01/31/2000	LFB

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	Benefit 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

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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

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Benefit Plan Total:                $1,553.41
Plan Type Total:                  $1,553.41
Benefit Program Total:            $8,845.41
Year Total:                       $8,845.41
Grand Total:                      $8,845.41
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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	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	<- 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: 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	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				