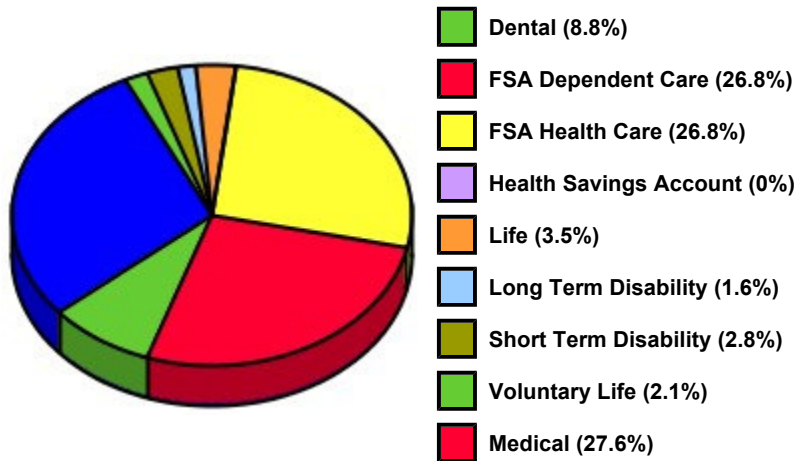


**Client:** Employer Solutions  
**Billing Period:** March 2006

Summary			
Carrier	Policy Number	Plan Type	Total Premium
Medica	123456	Dental	\$110.00
		FSA Dependent Care	\$333.33
		FSA Health Care	\$333.33
		Health Savings Account	\$0.00
Medica	123456	Life	\$44.00
Medica	123456	Long Term Disability	\$20.25
Medica	123456	Short Term Disability	\$34.27
Medica	123456	Voluntary Life	\$26.75
Medica	123456	Medical	\$343.25



Details					
Employee Name	Plan Type	Coverage	Premium	Total Premium	Comments
Johnson, Adam	Dental	ESC	\$75.00		
	FSA Dependent Care	E	\$166.67		
	FSA Health Care	E	\$166.67		
	Health Savings Account	E	\$0.00		
	Life	E	\$22.00		
	Long Term Disability	E	\$9.00		
	Short Term Disability	E	\$15.23		
	Voluntary Life	ESC	\$23.25		<b>\$477.81</b>
Malone, Susan	Dental	E	\$35.00		
	FSA Dependent Care	E	\$166.67		
	FSA Health Care	E	\$166.67		
	Health Savings Account	E	\$0.00		
	Life	E	\$22.00		
	Long Term Disability	E	\$11.25		
	Medical	E	\$343.25		
	Short Term Disability	E	\$19.04		
Voluntary Life	E	\$3.50		<b>\$767.37</b>	