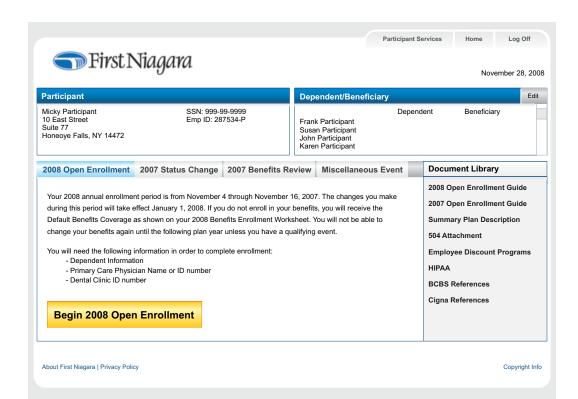
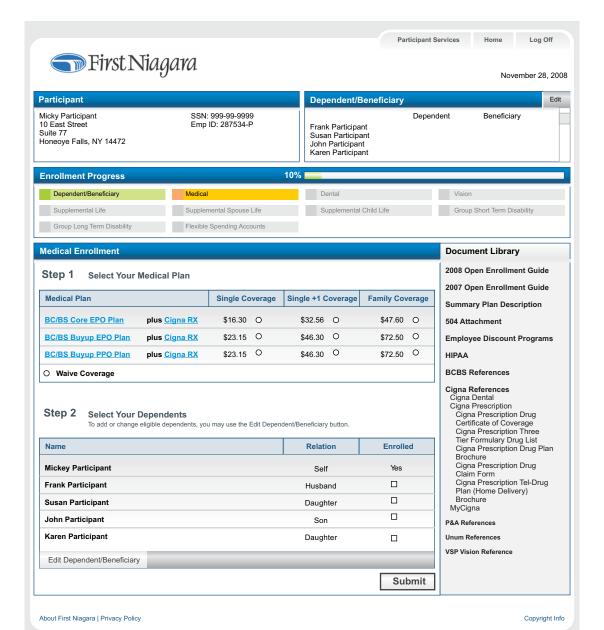
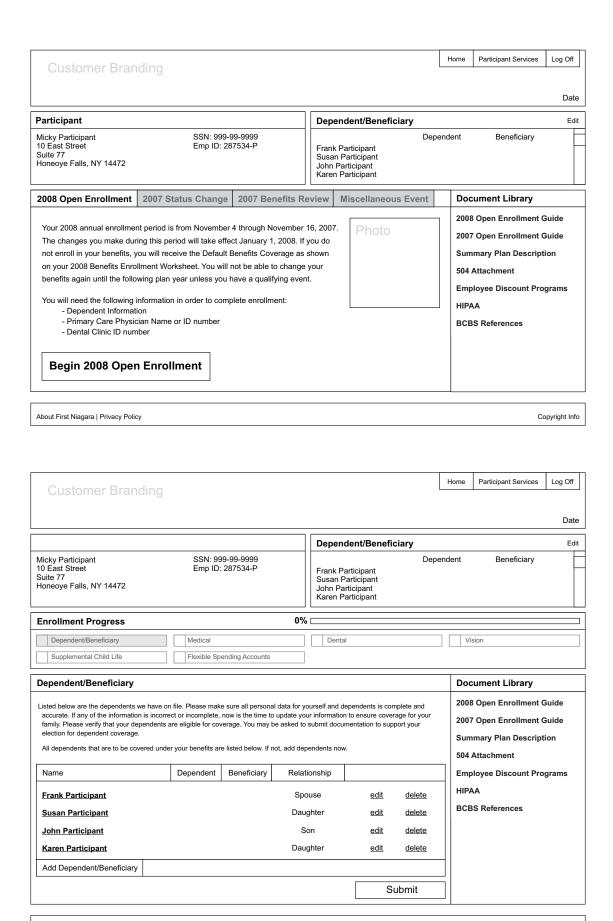
	Login	
➡ First Niagara	Company Code:	Keep your PIN# a secret.
111301 (leightite	User ID:	You should avoid giving someone else your PIN# at
Welcome to	PIN #:	all costs.
WorkSiteCommerce.com	Log In	Forgot your PIN#? Please call 1-888-866-4015 enter your company code
The Website that connects you		and identification number, and follow the prompts for
to your plan benefits.	In order to use worksitecommerce, your	forgotten password.
	browser must be configured to allow a secure connection.	Benefits Customers: Please dial 0 at the initial
	SSL Security is enabled	voice prompt.
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Customer Branding							Home	Participant Services	Log Off
									Date
Participant				Depend	dent/Benefici	ary			Edit
Micky Participant 10 East Street Suite 77 Honeoye Falls, NY 14472		9-99-9999 287534-P		Susan P John Pa	articipant Participant Irticipant Participant	Depe	endent	Beneficiary	
Enrollment Progress			0%						
Dependent/Beneficiary	Medical			Denta	ıl		Vis	sion	
Supplemental Child Life	Flexible Spe	ending Accounts							
Dependent/Beneficiary							Doc	ument Library	
Listed below are the dependents we have c accurate. If any of the information is incorre family, Please verify that your dependents a election for dependent coverage. All dependents that are to be covered unde	ct or incomplete, are eligible for cov	now is the time to erage. You may	o update your be asked to s	information ubmit docu	n to ensure coverage mentation to suppo	ge for your	2007 Sum	Open Enrollment (Open Enrollment (mary Plan Descript Attachment	Guide
Name	Dependent	Beneficiary	Relatio	nship			Emp	loyee Discount Pro	grams
Frank Participant			Spou	ise	<u>edit</u>	<u>delete</u>	HIPA	NA.	
Susan Participant			Daug	hter	<u>edit</u>	<u>delete</u>	ВСВ	S References	
John Participant			So	n	<u>edit</u>	<u>delete</u>			
Karen Participant			Daug	hter	<u>edit</u>	<u>delete</u>			
Type: O Dependen	t O Beneficiary	′	Address 1"	10 Eas	st Street]			
Relationship: Daughter	▼		Address 2:	Suite 7	7				
Estate/Trust/Ward Name:			City:	Honeo	ye Falls]			
SSN: 00-0000-000			State	NY	▼]			
First Name: Karen			Zip Code:	14472					
Last Name: Participant									
Gender: Female									
Date of Birth: 12/31/1999									
Full Time College Student									
Handicapped									
					Done	Cancel			

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									Date
Participant				Dependent/	Beneficiary				Edit
Micky Participant 10 East Street Suite 77 Honeoye Falls, NY 14472 Suite 77 Honeoye Falls, NY 14472 Frank Participant Susan Participant John Participant Karen Participant							nt	Beneficiary	
Enrollment Progress			10%						
Dependent/Beneficiary Supplemental Life Group Long Term Disability		nental Spouse Life Spending Account		Dental Supplementa	I Child Life		Visi	ion oup Short Term Disabilit	y
Medical Enrollment							Docı	ument Library	
Step 1 Select Your Med	dical Plan							Open Enrollment G	
Medical Plan		Single Cover	rage Sin	gle +1 Coverage	Family Covera	ige	Sumr	mary Plan Descript	ion
BC/BS Core EPO Plan p	lus <u>Cigna RX</u>	\$16.30 C)	\$32.56 〇	\$47.60 C)	504 A	Attachment	
BC/BS Buyup EPO Plan p	lus <u>Cigna RX</u>	\$23.15 C)	\$46.30 ○	\$72.50 C)	Empl	loyee Discount Pro	grams
BC/BS Buyup PPO Plan p	lus <u>Cigna RX</u>	\$23.15 C)	\$46.30	\$72.50 C)	HIPA	A	
O Waive Coverage							BCBS	S References	
Step 2 Select Your Dep To add or change eligi		ı may use the Edit	Dependent/B	eneficiary button.					
Name				Relation	Enrolled				
Mickey Participant				Self	Yes				
Frank Participant				Husband					
Susan Participant				Daughter					
John Participant				Son					
Karen Participant				Daughter					
Edit Dependent/Beneficiary									
					Subm	nit			

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Date

Participar	ηt
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Micky Participant 10 East Street Suite 77 Honeoye Falls, NY 14472 SSN: 999-99-9999 Emp ID: 287534-P Dependent/Beneficiary

Dependent

Beneficiary

Frank Participant Susan Participant John Participant Karen Participant

Enrollment Progress

100% □

Benefits Summary

New Hire Benefits - Effective 1/1/2008

For your convenience, we have filled the table below with your current benefit selections, (gray rows). To make changes to your benefits for the 2007 plan year, click on the benefit link below and follow the necessary steps to initiate a change in that plan. Light

	Coverage Level	Do	r Pay Period
	Coverage Level	76	ray renou
<u>Medical</u>			
BC/BS Core EPO Plan w/Cigna RX	Family Coverage		\$0.00
<u>Dental</u>			
Cigna Dental PPO	Family Coverage		\$0.00
Vision			
Waive Coverage	Waive Coverage		\$0.00
Supplemental Life Insurance	\$50,000		\$0.00
UNUM Lifestyle Life	φου,υυυ		φυ.υυ
Supplemental Spouse Life Insurance			
UNUM Lifestyle Life	\$25,000		\$0.00
Supplemental Child Life Insurance			
UNUM Lifestyle Life	\$2,000 For Each Child		\$0.00
Group Short Term Disability Insurance			
First UNUM	60% to \$250/wk for 26 weeks		\$0.00
Group Long Term Disability Insurance			
UNUM Provident	50% of Monthly Salary		\$0.00
Flexible Spending Accounts			
Health Care	Enrolled		\$0.00
Dependent Care	Enrolled		\$0.00
Adoption Assistance	Not Enrolled		\$0.00
		Total	\$0.00
			Submit

Document Library

2008 Open Enrollment Guide 2007 Open Enrollment Guide Summary Plan Description

504 Attachment

Employee Discount Programs
HIPAA

BCBS References

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Date

Participant

Micky Participant 10 East Street Suite 77 Honeoye Falls, NY 14472 SSN: 999-99-9999 Emp ID: 287534-P

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Benefits Confirmation

Confirm Your Benefit Elections

This is your Benefits Confirmation. Please review your elections. If you would like to change your elections, return to the Benefits Summary. To confirm these elections for your 2007 benefits, click the Submit button at the bottom of the page. You will receive a confirmation tracking number confirming your enrolliteen bandt as thick will be forwarded to you.

The cost of your life insurance benefit is based on your current age and salary. Please note that your cost may change mid-year if you repartge Qualifieds C When you report a change in status, your benefits costs will recalculate, which may affect your deductions.

You must click the Submit button or your changes will be discarded!

Dependent Information									
Name	Relation	SSN	Date of Birth	Sex	College Student	Handicapped	Medical	Dental	Vision
Micky Participant	Self	000-00-0000	11/5/1979	F	NO	NO	YES	YES	YES
Frank Participant	Husband	000-00-0000	4/23/1965	М	NO	NO	YES	YES	YES
Susan Participant	Daughter	000-00-0000	1/1/2000	F	NO	NO	YES	YES	YES
John Participant	Son	000-00-0000	2/2/2002	М	NO	NO	YES	YES	YES
Karen Participant	Daughter	000-00-0000	3/3/2004	F	NO	NO	YES	YES	YES

Beneficiary Information								
Name	Relation	SSN	Date of Birth	Sex	Primary Benefit	Contingent Benefit		
Micky Participant	Self	000-00-0000	11/5/1979	F	100%	0%		
Frank Participant	Husband	000-00-0000	4/23/1965	М	0%	100%		

Benefits Selections			
	Coverage Level	Effective Date	Per Pay Period
<u>Medical</u>			
BC/BS Core EPO Plan w/Cigna RX	Family Coverage	11/1/2008	\$0.00
<u>Dental</u>			
Cigna Dental PPO	Family Coverage	11/1/2008	\$0.00
<u>Vision</u>	Webs Ossess	44/4/0000	#0.00
Waive Coverage	Waive Coverage	11/1/2008	\$0.00
Supplemental Life Insurance	\$50,000	11/1/2008	\$0.00
UNUM Lifestyle Life	\$50,000	11/1/2000	ψ0.00
Supplemental Spouse Life Insurance			
UNUM Lifestyle Life	\$25,000	11/1/2008	\$0.00
Supplemental Child Life Insurance			
UNUM Lifestyle Life	\$2,000 For Each Child	11/1/2008	\$0.00
Group Short Term Disability Insurance	60% to \$250/wk for 26 weeks	11/1/2008	\$0.00
First UNUM	60% to \$250/wk for 26 weeks	11/1/2008	\$0.00
Group Long Term Disability Insurance			
UNUM Provident	50% of Monthly Salary	11/1/2008	\$0.00
Flexible Spending Accounts			
Health Care	Enrolled Enrolled	11/1/2008 11/1/2008	\$0.00 \$0.00
Dependent Care	Enrolled Not Enrolled	11/1/2008	\$0.00 \$0.00
Adoption Assistance	2	11/1/2000	
			Total \$0.00
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Tille Tills Lago			Cano