

Account Name: TERRI D MCDONALD
Group ID: D500000 - Executive Budget Office

Subscriber Inquiry - Coverage

Name: NIKKI R HALEY
SSN: 249-55-2350
BIN: 50736722

Type: ACTIVE - REGULAR
Group: D050000

Coverage

	Status	Plan Category	Effective & End Dates	Employee Premium	Waiver Date
Health	Active	STANDARD PLAN - Full Family	02-01-2011	306.56	
Tobacco Premium	Refused		02-01-2011	0.00	
Dental	Active	Full Family	02-01-2011	21.34	
Dental Plus	Refused		01-01-2014	0.00	
Vision	Refused		02-01-2011	0.00	
DL Child	Refused		02-01-2011	0.00	
Basic Life	Active		02-01-2011	0.00	
LTD	Active		02-01-2011	0.00	

Pre Existing End Date: Leave Without Pay End Date:

	Status	Cover	Age Group	Salary	Effective & End Dates	Employee Premium	Waiver Date
SLTD	Refused			\$0.00	02-01-2011	0.00	
Optional Life	Active	50000	40 - 44		01-01-2014	3.80	
DL Spouse	Refused				02-01-2011	0.00	