

Employee ID: 00427570



Wholesale

James Norris
 104 Shamrock Circle
 Red Springs, NC 283778381

Benefits Confirmation Statement

This statement lists your benefit elections and their associated pay period costs as of January 1, 2018. If applicable, your pay period costs may change as your annual base salary or age changes. This information is based on your current salary as of the statement print date. The pay period costs may vary by a few cents due to system rounding calculations.

Health Plans

Plan Type	Health Plan	Coverage	Employee Cost	Effective Date
Medical	PPO	Employee Only + Spouse	\$ 62.01	August 31, 2015
Dental	Dental	Employee Only + Spouse	\$ 7.83	August 31, 2015
Vision	Basic Plan	Employee Only + Spouse	\$ 5.43	August 31, 2015

Employee Paid Insurance Plans

Insurance Plan	Coverage Level	Coverage Amount	Effective Date	Employee Cost
Supplemental Life	Supp Life - Option 3 times	\$ 56,000.00	January 1, 2017	\$ 34.78
Supplemental Family AD&D	Supp Family AD&D-Opt 5 times	\$ 93,000.00	January 1, 2017	\$ 1.12
Waived Spouse Supp Life	Waived Coverage	\$ 0.00	January 1, 2017	\$ 0.00
Child Supplemental Life	Child Supp Life - Option 1	\$ 10,000.00	January 1, 2017	\$ 0.39 <i>JM: Sorry just keep Child on here.</i>

** EOI may be required before this coverage is effective.

If you have chosen Family Supplemental AD&D coverage your Spouse and Children will have the following coverage:

- If you are covering both a spouse and dependent children their coverage amounts will be: Spouse – 50% of the coverage level you have selected and Dependent Children – 20% of the coverage amount you have selected.
- If you have no dependent children your spouse's coverage amount will be 60% of the coverage level you have selected.
- If you have no spouse your dependent children's coverage amount will be 25% of the coverage level you have selected.

Benefit Plan Costs *Deduction per pay period*

Total Employee Cost
 \$ 111.56

Employer Paid Insurance Plans

Insurance Plan	Coverage Amount	Effective Date	Employer Cost
Basic Life and AD&D	\$ 38,000.00	January 1, 2017	\$ 2.04
Long Term Disability	\$ 28,600.00	December 15, 2008	\$ 2.81

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Dependent & Beneficiary Coverage

Name	Relationship	SSN	Birth Date	Gender	Medical	Dental	Vision	Prim. %	Cont. %
Charius Mclaughlin	Child	XXX-XX-0453	08/13/1989	F				0%	0%
Laura B. Norris	Spouse	246-82-4727	9-01-48	F	✓	✓	✓		

How to Review this Confirmation Statement

This confirmation statement lists the recent benefit selections you have made. Please review all your benefit selections carefully. If you do not need to correct any of your selections, do not return this confirmation statement. Please file it with your records. If the statement lists a choice you did not intend to make, cross out the incorrect selection and neatly print your revised benefit selection next to it. Be sure to authorize the correction(s) you request by signing and dating this form. All corrections must be returned by Nov 13, 2017.

HRSSC Benefits: 5296 Harvest Lake Drive | Loveland, CO 80538, or fax to (303) 542-3733 or e-mail to hrssc@agrium.com. Please call the HRSSC (844) 685-9395 (option 1 for Benefits) if you have questions.

Signature James W. Norris

Date 11-08-17