

## YOUR 2017 BENEFIT ELECTIONS


[VIEW CURRENT BENEFITS STATEMENT](#)

## PLEASE REVIEW ALL YOUR BENEFIT ELECTIONS CAREFULLY

DANA MOOLANI

This statement confirms your 2017 benefit elections. **These benefits are effective January 1, 2017 through December 31, 2017**, unless you have a life status change such as a marriage, divorce, birth of a child, or other changes as described in our Summary Plan Description. If you experience a life status change, you must notify HR within 31 days of the event.

If you made enrollment changes due to a qualified status change event after the end of Open Enrollment, those changes will not be reflected on this statement. Additionally, life insurance premiums that are based on age and Accidental Death and Dismemberment premiums that are based on salary may change January 1.

If you have questions regarding your 2017 elections, please contact Ariam Ghebreyesus at (213) 356-3278  immediately.

**Click the plan type below to make a change to your election.**

YOUR ELECTIONS	PLAN / NETWORK	COVERAGE	YOUR COST PER PAY PERIOD	# DEPS COVERED	PRIOR PLAN / NETWORK	PRIOR COVERAGE
<b>HEALTH INSURANCE</b>						
Medical	PPO 90	Staff Member plus Family	\$146.00	3	PPO 90	Staff Member plus Family
Dental	Dental PPO	Staff Member plus Family	\$15.00	3	Dental PPO	Staff Member plus Family
<b>VISION</b>						
Vision	VSP Choice	Staff Member plus Spouse/DomPartner	\$10.36	1	VSP Choice	Staff Member plus Spouse/DomPartner
<b>LIFE INSURANCE</b>						
Basic Life	3x Base Salary	\$450,000.00	Employer Paid			
Optional Life	Staff Member	\$280,000.00	\$14.00		Staff Member	\$280,000.00
Optional Life	Spouse	Not Enrolled	Not Enrolled		Spouse	Not Enrolled
Optional Life	Child(ren)	Not Enrolled	Not Enrolled		Child(ren)	Not Enrolled
Accidental Death & Dismemberment	3x Base Salary	\$450,000.00	Employer Paid			
Voluntary Accidental Death and Dismemberment	Not Enrolled	Not Enrolled	Not Enrolled		Not Enrolled	Not Enrolled
<b>LONG TERM CARE INSURANCE</b>						
Staff Member	Not Enrolled	Not Enrolled	Not Enrolled		Not Enrolled	Not Enrolled
Spouse	Not Enrolled	Not Enrolled	Not Enrolled		Not Enrolled	Not Enrolled
<b>FLEXIBLE SPENDING ACCOUNTS</b>						
	ANNUAL CONTRIBUTION	DEDUCTION PER PAY PERIOD	AUTOMATIC REIMBURSEMENT		PRIOR ANNUAL CONTRIBUTION	
Health Care FSA	\$2,550.00	\$106.25	Y		\$2,550.00	
Dependent Care FSA	Not Enrolled	Not Enrolled	N		Not Enrolled	
FSA Direct Deposit Bank Account	XXXX2846					

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