

**ADMINISTRATIVE EXPENSE CLAIM FORM**

**Debtor: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11**

**NOTE: This form should only be used to make a claim for an Administrative Expense arising or accruing from May 1, 2019 through August 31, 2019 ONLY.**

Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Judith A. Guffey</u>	<input type="checkbox"/>	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: <u>128 S. St. Rd 1 Cambridge City, In. 47327</u>	<input checked="" type="checkbox"/>	Check box if you have never received any notices from the bankruptcy court in this case.
Name and address where payment should be sent (if different): <u>- Same -</u>	<input type="checkbox"/>	Check box if the address differs from the address on the envelope sent to you by the court.
Telephone number: <u>1-765-265-0515</u>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>                      SEP 26 2019                 </div>	

Last four digits of account or other number by which creditor identifies debtor: \_\_\_\_\_

<b>1. Basis for Administrative Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(b) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
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<b>2. Date(s) debt was incurred:</b> <u>May 15<sup>th</sup> 2019</u>	<b>3. If court judgment, date obtained:</b> <u>N/A</u>
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**4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$** 80,000.00

If all or part of your claim is secured, also complete Item 5 below.  
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

<b>5. Please identify the property of the Debtor that secures the claim.</b>  Description of Property: _____  Basis for Perfection: _____  Value of Property: _____	<b>6. Offsets, Credits and Setoffs:</b> <input checked="" type="checkbox"/> All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein <input checked="" type="checkbox"/> This claim is not subject to any setoff or counterclaim. <input type="checkbox"/> This claim is subject to setoff or counterclaim as follows: _____
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<b>7. This Administrative Proof of Claim:</b> <input checked="" type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein.  <input type="checkbox"/> amends/supplements a proof of claim _____ filed on _____ or _____  <input type="checkbox"/> replaces/suspends a proof of claim filed on _____	<b>8. Assignment</b>  <input type="checkbox"/> If the claimant has obtained this claim by Assignment, a copy is attached hereto.
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**9. Supporting Documentation:**

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Date: <u>9-25-17</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Judith A. Guffey</u> <u>Judith A. Guffey</u> <u>Fayette Regional EVS House Keeper</u>
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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

IN RE: )  
 )  
FAYETTE MEMORIAL HOSPITAL ) Case No. 18-07762-JJG-11  
ASSOCIATION, INC. d/b/a FAYETTE )  
REGIONAL HEALTH SYSTEMS, )  
Debtor. )  
 )

**NOTICE OF DEADLINE FOR FILING ADMINISTRATIVE CLAIMS ARISING  
DURING THE PERIOD BETWEEN MAY 1, 2019 AND AUGUST 31, 2019**

PLEASE TAKE NOTICE. The United States Bankruptcy Court for the Southern District of Indiana, Indianapolis Division, has entered an Order Establishing Claims Bar Date (the "Bar Date Order") setting **October 18, 2019** (the "Claims Bar Date") as the deadline for all persons and entities, including individuals, partnerships, corporations, estates, trusts and governmental units (except those persons and entities described below), who have or may have any claim against Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems (the "Debtor") that arose during the period between **May 1, 2019 and August 31, 2019** to file a request for allowance and/or payment of such claim pursuant to 11 U.S.C. § 503 (an "Administrative Expense Claim").

Pursuant to 11 U.S.C. § 503, "after notice and a hearing, there shall be allowed, administrative expenses, other than claims allowed under section 502(f) of [title 11], including – the actual, necessary costs and expenses of preserving the estate. ..."

Any person or entity asserting an Administrative Expense Claim against the Debtor's bankruptcy estate shall file such claim on or before the Claims Bar Date. Each proof of claim must substantially conform to the **Administrative Proof of Claim Form** attached to this Notice. Proofs of Claim may be filed by sending them to Debtor's Claims Agent, BMC Group, Inc., either: (1) by regular mail to BMC Group, Inc., Attn: FMHA Claims Processing, PO Box 90100, Los Angeles, CA 90009 or (2) by messenger or overnight delivery to BMC Group, Inc., Attn: FMHA Claims Processing, 3732 West 120th Street, Hawthorne, CA 90250, so as to be RECEIVED on or before **October 18, 2019**. Facsimile, email or other electronic submission will not be accepted. Proofs of claim shall be deemed filed when actually received by BMC Group, Inc. Timely filed proofs of claim that are entitled to prima facie validity will be deemed allowed unless and until objected to by the Debtor or other party in interest. Should an objection be filed, you will receive notice and an opportunity to respond.

If you have previously filed an Administrative Expense Claim with the Bankruptcy Court seeking allowance and/or payment of a claim against the Debtor, or if the Bankruptcy Court has entered an order allowing or otherwise resolving your claim against the Debtor, you do NOT need to file anything further unless you have an additional or different claim.

ANY PERSON OR ENTITY THAT IS REQUIRED TO FILE A CLAIM ON OR BEFORE THE CLAIMS BAR DATE, BUT FAILS TO DO SO, MAY BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM (A) ASSERTING ANY SUCH CLAIM AGAINST THE DEBTOR AND/OR ITS BANKRUPTCY ESTATE AND (B) RECEIVING PAYMENT FROM THE DEBTOR'S ESTATE OR A DISTRIBUTION ON ACCOUNT OF SUCH CLAIM UNDER ANY PLAN CONFIRMED IN THIS CASE.

YOUR RIGHTS MAY BE AFFECTED BY THIS NOTICE and you should read these papers carefully and consult with your attorney. If you do not have an attorney, you may wish to consult one.

Dated: September 6, 2019

Lt. Wendy D. Brewer  
Wendy D. Brewer (#22669-49)  
FULTZ MADDON DICKENS PLC  
333 N. Alabama Street, Ste. 350  
Indianapolis, IN 46204  
Tel: (317) 215-6220  
E-Mail: [wbrewer@fmdlegal.com](mailto:wbrewer@fmdlegal.com)

-and-

Laura M. Brymer (#30989-10)  
FULTZ MADDON DICKENS PLC  
101 S. Fifth Street, Ste. 2700  
Louisville, KY 40202  
Tel: (502) 588-2000  
E-mail: [lbrymer@fmdlegal.com](mailto:lbrymer@fmdlegal.com)  
*Attorneys for the Debtor*

To Whom it may concern:

Hello my name is Judith A. Guffey "Judy" I was employed by Fayette Regional Health System for 15 years. On May 15<sup>th</sup> 2019 my husband Luther Ray Guffey passed away. I had purchased life insurance on him through Fayette a company they provided. I sent in the death certificate as requested only to find out that Fayette had let the policy lapse while still taking money for it out of my bi-weekly check. Attached to this letter are my check stubs proving this. Also a letter from One America Insurance saying they are not accountable for paying me. In all fairness I believe since the CFO Sam Bell of Fayette Regional Health System did willingly not pay life insurance premiums that Fayette is accountable for this claim of my 80,000.00 dollar life insurance. If you would please your honor grant this it will help me to start over. Nothing will bring back my husband but right is right. Thank you for your time.

God Bless you  
Sincerely Judy Guffey  
September 25<sup>th</sup> 2019



AMERICAN UNITED LIFE  
INSURANCE COMPANY®  
a ONEAMERICA® company

Claims Department  
P.O. Box 7106  
Indianapolis, IN 46207-7106

Fax 317-285-7666  
Lifeclaims.employeenefits@oneamerica.com  
Waiverclaims.employeenefits@oneamerica.com  
Employeebenefits.aul.com

August 8, 2019

Judy Guffey  
128 So. St. Rd 1  
Cambridge City IN 47327

Re: Luther Ray Guffey  
Policyholder: Fayette Regional Health System  
Group number: 616362

Dear Ms. Guffey,

American United Life Insurance Company® (AUL), a OneAmerica® company, has received notice of death for Luther Ray Guffey, an employee of Fayette Regional Health System. Please accept our condolences on your loss.

After review of the information submitted AUL has determined Fayette Regional Health System's Voluntary Term Life insurance policy was effective with AUL on January 1, 2018 and terminated February 28, 2019. The information submitted shows Luther Ray Guffey passed away on May 15, 2019. Since Luther Ray Guffey passed away after the policyholder, Fayette Regional Health System's February 28, 2019 termination date, we must inform you Dependent Voluntary Term Life insurance coverage was not in effect at the time of his passing on May 15, 2019 and the claim for Dependent Voluntary Term Life Insurance is not payable. Please find a complete explanation of the denial including applicable policy language below:

**SECTION 22 - PREMIUM PAYMENT**

*Each premium is remitted in United States dollars by the Participating Unit or by the Portable to AUL on or before its due date. Upon the request of the Participating Unit and the written consent of AUL, the interval of payment may be changed. Payment of any premium does not maintain the insurance in force beyond the end of the period for which the premium has been paid or after the policy has terminated except as provided under the Grace Period or Portable provision.*

Fayette Regional Health System's Voluntary Term Life insurance policy with AUL terminated on February 28, 2019. Since Luther Ray Guffey passed away on May 15, 2019 the Dependent Voluntary Term Life coverage had also terminated and was no longer in effect.

**SECTION 20 – DEPENDENT INSURANCE  
SECTION 20E- DEPENDENT INDIVIDUAL TERMINATIONS**

**INDIVIDUAL TERMINATIONS**

When the Voluntary Term Life insurance terminated on February 28, 2019, Luther Ray Guffey was no longer eligible for Dependent Voluntary Term Life Insurance. Based upon the date Mr. Guffey's date of death, May 15, 2019, Dependent Voluntary Term Life insurance was terminated. Therefore, we regrettably must inform you the claim for Dependent Voluntary Term Life Insurance is denied.

If you believe a premium refund may be due, please contact the Benefits Representatives or Human Resources Department at Fayette Regional Health System for assistance.

The companies of OneAmerica® expressly reserve all rights and defenses under its policy of insurance.

If you wish to appeal AUL's decision, claimants are allowed 60 days following receipt of a notification of an adverse benefit determination within which to appeal the determination. Claimants are allowed the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits. The claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits. Whether a document, record, or other information is relevant to a claim for benefits shall be determined by reference to paragraph (m)(8) of 29 C.F.R. § 2560.503-1. AUL's review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. A claimant has a right to obtain the information about any voluntary appeal procedures offered by the plan described in paragraph (c)(3)(iv) of 29 C.F.R. § 2560.503-1 and has a right to bring an action under section 502(a) of ERISA. A final determination will be provided pursuant to 29 C.F.R. § 2560.503-1.

**SECTION 21 – GENERAL POLICY PROVISIONS**  
**(Continued)**

*LEGAL ACTION: No legal action may be brought to obtain benefits under this policy:*  
*1) for at least 60 days after proof of loss has been furnished and before arbitration is held pursuant to the arbitration provisions in the policy; or*  
*2) after three (3) years from the time written proof of loss is required to have been furnished to AUL.*

CO. FILE DEPT. CLOCK VCHR NO. 020  
 2ET 034959 000850 0000060347 1

# Earnings Statement



FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Period Beginning: 01/20/2019  
 Period Ending: 02/02/2019  
 Pay Date: 02/08/2019

Taxable Marital Status:  
 Federal: Married

JUDITH A. GUFFEY  
 128 SOUTH STATE ROAD 1  
 CAMBRIDGE CITY IN 47327

Exemptions/Allowances:  
 Federal: 0,\$20 Additional Tax

Earnings	rate	hours	this period	year to date
Regular	10.0000	68.75	687.50	2,040.00
Eto	10.0000	6.25	62.50	142.50
Holiday				112.50
<b>Gross Pay</b>			<b>\$750.00</b>	<b>2,295.00</b>

## Additional Tax Withholding Information

Taxable Marital Status:  
 IN: Single  
 Exemptions/Allowances:  
 IN: 0,\$10 Additional Tax

Deductions	Statutory		
Federal Income Tax		-42.63	186.95
Social Security Tax		-43.56	133.47
Medicare Tax		-10.19	31.22
IN State Income Tax		-31.97	97.31
Fayette R Income Tax		-16.12	49.39
<b>Other</b>			
Addl Life Taxed		-35.03	94.94
Dep Life Spouse		-25.48	69.05
Health Ins Pret		-44.00*	132.00
Long Term Dis		-7.73	23.19
Short Term Tax		-6.12	18.36
Vision Pretax		-3.40*	10.20
403B Ee Contrib		-22.50*	68.86
<b>Net Pay</b>		<b>\$461.27</b>	
Checking 1		-461.27	
<b>Net Check</b>		<b>\$0.00</b>	

\* Excluded from federal taxable wages  
 Your federal taxable wages this period are \$680.10

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FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Advice number: 0000060347  
 Pay date: 02/08/2019

Deposited to the account of	account number	transit ABA	amount
JUDITH A. GUFFEY	xxx5375	xxxx xxxx	\$461.27

THIS IS NOT A CHECK

**NON-NEGOTIABLE**

CO	FILE	DEPT.	CLOCK	VCHR. NO.	020
2ET	034959	000850		0000040358	1

# Earnings Statement



FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Period Beginning: 01/06/2019  
 Period Ending: 01/19/2019  
 Pay Date: 01/25/2019

Taxable Marital Status:  
 Federal: Married

JUDITH A. GUFFEY  
 128 SOUTH STATE ROAD 1  
 CAMBRIDGE CITY IN 47327

Exemptions/Allowances:  
 Federal: 0,\$20 Additional Tax

Earnings	rate	hours	this period	year to date
Regular	10.0000	75.25	752.50	1,352.50
Eto	10.0000	.50	5.00	80.00
Holiday				112.50
<b>Gross Pay</b>			<b>\$767.50</b>	<b>1,545.00</b>

**Important Notes**  
 EFFECTIVE THIS PAY PERIOD YOUR MARITAL STATUS HAS CHANGED FROM SINGLE TO MARRIED.

**Additional Tax Withholding Information**  
 Taxable Marital Status:  
 IN: Single  
 Exemptions/Allowances:  
 IN: 0,\$10 Additional Tax

Deductions	Statutory		
Federal Income Tax		-43.35	144.32
Social Security Tax		-44.02	89.91
Medicare Tax		-10.30	21.03
IN State Income Tax		-32.20	65.34
Fayette R Income Tax		-16.29	33.27
<b>Other</b>			
Addl Life Taxed		-35.03	59.91
Dep Life Spouse		-25.48	43.57
Health Ins Pret		-44.00*	88.00
Long Term Dis		-7.73	15.46
Short Term Tax		-6.12	12.24
Vision Pretax		-3.40*	6.80
403B Ee Contrib		-22.73*	46.36
<b>Net Pay</b>		<b>\$466.85</b>	
Checking 1		-466.85	
<b>Net Check</b>		<b>\$0.00</b>	

\* Excluded from federal taxable wages  
 Your federal taxable wages this period are \$687.37

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FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Advice number: 0000040358  
 Pay date: 01/25/2019

Deposited to the account of	account number	transit ABA	amount
JUDITH A. GUFFEY	xxx5375	xxxx xxxx	\$466.85

THIS IS NOT A CHECK

**NON-NEGOTIABLE**

CO.	FILE	DEPT	CLOCK	VCHR. NO.	020
2ET	034959	000850		0000080356	1

# Earnings Statement



FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Period Beginning: 02/03/2019  
 Period Ending: 02/16/2019  
 Pay Date: 02/22/2019

Taxable Marital Status:  
 Federal: Married

JUDITH A. GUFFEY  
 128 SOUTH STATE ROAD 1  
 CAMBRIDGE CITY IN 47327

Exemptions/Allowances:  
 Federal: 0,\$40 Additional Tax

Earnings	rate	hours	this period	year to date
Regular	10.0000	72.50	725.00	2,765.00
Eto	10.0000	2.50	25.00	167.50
Holiday				112.50
<b>Gross Pay</b>			<b>\$750.00</b>	<b>3,045.00</b>

## Additional Tax Withholding Information

Taxable Marital Status:  
 IN: Single  
 Exemptions/Allowances:  
 IN: 0,\$10 Additional Tax

Deductions	Statutory		
	Federal Income Tax	-62.63	249.58
	Social Security Tax	-43.56	177.03
	Medicare Tax	-10.18	41.40
	IN State Income Tax	-31.97	129.28
	Fayette R Income Tax	-16.12	65.51
	<b>Other</b>		
	Addl Life Taxed	-35.03	129.97
	Dep Life Spouse	-25.48	94.53
	Health Ins Pret	-44.00*	176.00
	Long Term Dis	-7.73	30.92
	Short Term Tax	-6.12	24.48
	Vision Pretax	-3.40*	13.60
	403B Ee Contrib	-22.50*	91.36
	<b>Net Pay</b>	<b>\$441.28</b>	
	Checking 1	-441.28	
	<b>Net Check</b>	<b>\$0.00</b>	

\* Excluded from federal taxable wages  
 Your federal taxable wages this period are \$680.10

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FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Advice number: 0000080356  
 Pay date: 02/22/2019

Deposited to the account of	account number	transit ABA	amount
JUDITH A. GUFFEY	xxx5375	xxxx xxxx	\$441.28

THIS IS NOT A CHECK

**NON-NEGOTIABLE**



CO	FILE	DEPT	CLOCK	VCHR NO	020
ZET	034959	000850		0000100356	1

# Earnings Statement



FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Period Beginning: 02/17/2019  
 Period Ending: 03/02/2019  
 Pay Date: 03/08/2019

Taxable Marital Status:  
 Federal: Married

JUDITH A. GUFFEY  
 128 SOUTH STATE ROAD 1  
 CAMBRIDGE CITY IN 47327

Exemptions/Allowances:  
 Federal: 0,\$40 Additional Tax

Earnings	rate	hours	this period	year to date
Regular	10.0000	44.00	440.00	3,205.00
Eto	10.0000	31.00	310.00	477.50
Holiday				112.50
<b>Gross Pay</b>			<b>\$750.00</b>	<b>3,795.00</b>

### Important Notes

EFFECTIVE THIS PAY PERIOD YOUR LOCAL TAX JURISDICTION HAS BEEN CHANGED.

### Additional Tax Withholding Information

Taxable Marital Status:  
 IN: Single  
 Exemptions/Allowances:  
 IN: 0,\$10 Additional Tax

Deductions	Statutory		year to date
	Federal Income Tax	-62.63	312.21
	Social Security Tax	-43.57	220.60
	Medicare Tax	-10.19	51.59
	IN State Income Tax	-31.97	161.25
	Fayette R Income Tax	-16.12	81.63
	Wayne R Income Tax	-10.20	10.20
	<b>Other</b>		
	Add Life Taxed	-35.03	165.00
	Dep Life Spouse	-25.48	120.01
	Health Ins Pret	-44.00*	220.00
	Long Term Dis	-7.73	38.65
	Short Term Tax	-6.12	30.60
	Vision Pretax	-3.40*	17.00
	403B Ee Contrib	-22.50*	113.86
	<b>Net Pay</b>	<b>\$431.06</b>	
	Checking 1	-431.06	
	<b>Net Check</b>	<b>\$0.00</b>	

\* Excluded from federal taxable wages  
 Your federal taxable wages this period are \$680.10

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FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Advice number: 0000100356  
 Pay date: 03/08/2019

Deposited to the account of	account number	transit ABA	amount
JUDITH A. GUFFEY	xxx5375	xxxx xxxx	\$431.06

THIS IS NOT A CHECK

**NON-NEGOTIABLE**

CO: FILE: DEPT: CLOCK VCHR. NO. 020  
 ZET 034959 000860 0000120352 1

# Earnings Statement



FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Period Beginning: 03/03/2019  
 Period Ending: 03/16/2019  
 Pay Date: 03/22/2019

Taxable Marital Status:  
 Federal: Married

JUDITH A. GUFFEY  
 128 SOUTH STATE ROAD 1  
 CAMBRIDGE CITY IN 47327

Exemptions/Allowances:  
 Federal: 0,\$40 Additional Tax

Earnings	rate	hours	this period	year to date
Regular	10.0000	70.00	700.00	3,905.00
Eto	10.0000	5.00	50.00	527.50
Holiday				112.50
<b>Gross Pay</b>			<b>\$750.00</b>	<b>4,545.00</b>

## Additional Tax Withholding Information

Taxable Marital Status:  
 IN: Single  
 Exemptions/Allowances:  
 IN: 0,\$10 Additional Tax

Deductions	Statutory		
Federal Income Tax		-62.63	374.84
Social Security Tax		-43.56	264.16
Medicare Tax		-10.19	61.78
IN State Income Tax		-31.97	193.22
Fayette R Income Tax		-16.12	97.75
Wayne R Income Tax		-10.20	20.40
<b>Other</b>			
Addl Life Taxed		-35.03	200.03
Dep Life Spouse		-25.48	145.49
Health Ins Pret		-44.00*	264.00
Long Term Dis		-7.73	46.38
Short Term Tax		-6.12	36.72
Vision Pretax		-3.40*	20.40
403B Ee Contrib		-22.50*	136.36
<b>Net Pay</b>			<b>\$431.07</b>
Checking 1		-431.07	
<b>Net Check</b>			<b>\$0.00</b>

\* Excluded from federal taxable wages  
 Your federal taxable wages this period are \$680.10

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FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Advice number: 00000120352  
 Pay date: 03/22/2019

Deposited to the account of JUDITH A. GUFFEY account number xxx5375 transit ABA xxxx xxxx amount \$431.07

THIS IS NOT A CHECK

**NON-NEGOTIABLE**

CG FILE DEPT CLOCK VCHR NO 020  
 ZET 034959 000850 0000140357 1

# Earnings Statement



FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Period Beginning: 03/17/2019  
 Period Ending: 03/30/2019  
 Pay Date: 04/05/2019

Taxable Marital Status:  
 Federal: Married

JUDITH A. GUFFEY  
 128 SOUTH STATE ROAD 1  
 CAMBRIDGE CITY IN 47327

Exemptions/Allowances:  
 Federal: 0,\$40 Additional Tax

Earnings	rate	hours	this period	year to date
Regular	10.0000	67.00	670.00	4,575.00
Eto				527.50
Holiday				112.50
<b>Gross Pay</b>			<b>\$670.00</b>	<b>5,215.00</b>

### Important Notes

EFFECTIVE THIS PAY PERIOD YOUR LOCALITY JURISDICTION HAS BEEN CHANGED.

### Additional Tax Withholding Information

Taxable Marital Status:  
 IN: Single  
 Exemptions/Allowances:  
 IN: 0,\$10 Additional Tax

Deductions	Statutory		
Federal Income Tax		-54.87	429.71
Social Security Tax		-38.60	302.76
Medicare Tax		-9.03	70.81
IN State Income Tax		-29.46	222.68
Wayne R Income Tax		-9.04	29.44
Fayette R Income Tax			97.75
<b>Other</b>			
Addl Life Taxed		-35.03	235.06
Dep Life Spouse		-25.48	170.97
Health Ins Pret		-44.00*	308.00
Long Term Dis		-7.73	54.11
Short Term Tax		-6.12	42.84
Vision Pretax		-3.40*	23.80
403B Ee Contrib		-20.10*	156.46
<b>Net Pay</b>			<b>\$387.14</b>
Checking 1		-387.14	
<b>Net Check</b>			<b>\$0.00</b>

\* Excluded from federal taxable wages  
 Your federal taxable wages this period are \$602.50

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FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Advice number: 00000140357  
 Pay date: 04/05/2019

Deposited to the account of	account number	transit	ABA	amount
JUDITH A. GUFFEY	xxx5375	xxxx	xxxx	\$387.14

THIS IS NOT A CHECK

**NON-NEGOTIABLE**

CO: FILE DEPT CLOCK VCHR NO. 020  
 ZET 034959 000850 0000220316 1

# Earnings Statement



FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Period Beginning: 05/12/2019  
 Period Ending: 05/25/2019  
 Pay Date: 05/31/2019

Taxable Marital Status:  
 Federal: Married

JUDITH A. GUFFEY  
 128 SOUTH STATE ROAD 1  
 CAMBRIDGE CITY IN 47327

Exemptions/Allowances:  
 Federal: 0,\$40 Additional Tax

Earnings	rate	hours	this period	year to date
Eto	10.0000	30.00	300.00	947.50
Regular				5,175.00
Holiday				112.50
<b>Gross Pay</b>			<b>\$300.00</b>	<b>6,235.00</b>

## Additional Tax Withholding Information

Taxable Marital Status:  
 IN: Single  
 Exemptions/Allowances:  
 IN: 0,\$10 Additional Tax

Deductions	Statutory		
Federal Income Tax		-40.00	557.79
Social Security Tax		-15.66	357.18
Medicare Tax		-3.66	83.53
IN State Income Tax		-17.87	280.05
Wayne R Income Tax		-3.65	42.15
Fayette R Income Tax			97.75
<b>Other</b>			
Addl Life Taxed		-35.03	305.12
Dep Life Spouse		-25.48	221.93
Health Ins Pret		-44.00*	440.00
Long Term Dis		-7.73	73.63
Short Term Tax		-6.12	61.20
Vision Pretax		-3.40*	34.00
403B Ee Contrib		-9.00*	187.06
<b>Net Pay</b>		<b>\$88.40</b>	
Checking 1		-88.40	
<b>Net Check</b>		<b>\$0.00</b>	

*Interview  
 6-5-19  
 @ 11:00*

\* Excluded from federal taxable wages  
 Your federal taxable wages this period are \$243.60

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FAYETTE MEMORIAL HOSPITAL  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Advice number: 0000220316  
 Pay date: 05/31/2019

Deposited to the account of JUDITH A. GUFFEY account number xxx5375 transit ABA xxxx xxxx amount \$88.40

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

*Eto  
 As of 6-1-19 17.08*



## Fayette Regional Health System

Log Out

Your Cost: \$2,909.31

- 1 Personal/ Dependent Information    2 Benefit Enrollment    3 Supplemental Information  
4 Summary Information    5 Confirmation

## Confirmation:

**Acknowledgment:** I acknowledge I have received and read the benefit plan designs. I understand my election(s) to participate or waive coverage is binding for the plan year and the deduction(s), if any, will be in effect for the entire plan year and cannot be revoked unless provided for under the provisions of the plan, such as family status change as recognized by the IRS, or until the enrollment period for the next year. I understand some benefits may require EOI and are subject to underwriting guidelines as outlined in the benefit plan descriptions/brochures provided to me. Coverage could be denied for some benefit elections. I hereby (1) request coverage for the group health and life plans for which I am, or may become eligible, (2) authorize my employer to make payroll deductions based on any products I may select, or for any FSA contributions. I understand that any FSA contributions not used during the plan year will be forfeited. I certify the information I have supplied on this form is true and correct to the best of my knowledge. I understand that payments will be made directly to the hospital or physician for services rendered unless paid receipts are presented.

**Medical Waiver:** I have been offered the opportunity to participate in the Fayette Regional Health Benefit Plan. I elect to waive health coverage for myself and my eligible dependents at this time. I understand that if I apply for coverage at a later date without a special event, I may be subject to the late enroll provisions of the plan.

I understand that if I have a salary change during the year, that my short term disability, long term disability, and life insurance benefits may be affected by an increase or decrease in benefits and premium and I approve my Employer to make this change.

I understand this confirmation constitutes my electronic signature.

Before printing, please scroll down to get your confirmation number. This number will be required if you have questions regarding this enrollment or the benefits you have elected.

### Confirmation

YOUR CONFIRMATION NUMBER IS: 88572181

Time of Enrollment: 11/7/2017 12:24:21 PM Eastern Time

*Please print out your confirmation page by using the PRINT button on your WEB browser.*

Please enter the insurance carrier for the other coverage

Humana

**Dependent Information**

Dependents	Dependent's SSN:	Gender:	Disabled:	Status
LUTHER R GUFFEY Spouse DOB: 2/26/1954	307582989	M	N	No Change

**Spousal Information**

**New Hires ONLY:** Is your spouse between the ages of 65 and 69? If so, you cannot elect more than \$5,000 spousal life insurance amount on the spouse life election page.

**ALL Employees:** Is your spouse over age 70? If yes, then there is no spouse life insurance coverage available.

No

**Benefits Information**

show all details / hide all details

<input checked="" type="checkbox"/> <b>Medical</b>	per pay period			
	Pre-Tax Cost:	Post-Tax Cost:		
Medical Insurance Provider: Fayette Regional Health Plan 2 HDHP 2600 Your Medical Insurance will cover: Employee	\$44.00			
<table border="1" style="width: 100%;"> <tr> <td><b>Additional Forms</b></td> </tr> <tr> <td>Employee Benefit Guide</td> </tr> </table>			<b>Additional Forms</b>	Employee Benefit Guide
<b>Additional Forms</b>				
Employee Benefit Guide				

per pay period		
<input checked="" type="checkbox"/> <b>Long Term Disability</b>	<b>Pre-Tax Cost:</b>	<b>Post-Tax Cost:</b>
LTD Coverage: Long Term Disability Covered insurance amount : \$975.00 monthly		\$2.97
<div style="border: 1px solid black; padding: 2px;">Additional Forms</div> <div style="border: 1px solid black; padding: 2px;">Employee Benefit Guide</div>		

per pay period		
<input checked="" type="checkbox"/> <b>Basic Life Insurance ** Company Provided</b>	<b>Pre-Tax Cost:</b>	<b>Post-Tax Cost:</b>
Basic Life Insurance: \$10,000 benefit Covered insurance amount : \$10,000.00		
<div style="border: 1px solid black; padding: 2px;">Additional Forms</div> <div style="border: 1px solid black; padding: 2px;">Employee Benefit Guide</div>		
<b>Primary Beneficiaries:</b> 2: LESLEY DALE: 50% 3: GWEN MORGAN: 50%		

per pay period		
<input checked="" type="checkbox"/> <b>Supplemental Life Insurance</b>	<b>Pre-Tax Cost:</b>	<b>Post-Tax Cost:</b>
Supplemental Life Insurance Coverage: 5x Salary Covered insurance amount : \$97,500.00 <i>*** Set to plan maximum</i>		\$20.81
<div style="border: 1px solid black; padding: 2px;">Additional Forms</div> <div style="border: 1px solid black; padding: 2px;">Employee Benefit Guide</div>		
<b>Primary Beneficiaries:</b> 2: LESLEY DALE: 50% 3: GWEN MORGAN: 50%		

per pay period		
<input checked="" type="checkbox"/> <b>Spousal Life Insurance</b>	<b>Pre-Tax Cost:</b>	<b>Post-Tax Cost:</b>
<b>Requested Coverage:</b> Spousal Life Insurance: 5x Salary Amount of insurance selected : \$97,500.00 Cost for selected amount of insurance : Post-Tax Cost: \$42.38 per pay period		
<b>Guaranteed Coverage:</b> Covered insurance amount : \$80,000.00 <i>*** Additional insurance requires Evidence of Insurability</i>		\$34.60
<div style="border: 1px solid black; padding: 2px;">Additional Forms</div> <div style="border: 1px solid black; padding: 2px;">Employee Benefit Guide</div>		

Type of Benefit:	Benefit Plan:	Coverage Level/Covered Amount:	Deduction Amount:
Medical	Fayette Regional Health Plan 2 HDHP 2600	Employee	\$44.00
Tobacco Free Certification	Yes	Employee	\$0.00
HSA	\$0.00 annually		\$0.00
Dental	Decline Coverage		\$0.00
Vision	Vision Coverage	Employee	\$3.40
Short Term Disability	Short Term Disability	\$225.00 weekly	\$6.13
Long Term Disability	Long Term Disability	\$975.00 monthly	\$2.97
Basic Life Insurance	\$10,000 benefit	\$10,000.00	\$0.00
Supplemental Life Insurance	5x Salary	\$97,500.00	\$20.81
Spousal Life Insurance	5x Salary	\$80,000.00	\$34.60
Flexible Spending Account (FSA)	\$0.00 annually		\$0.00
Colonial Life Group Accident	Decline Coverage		\$0.00
Colonial Life Group Critical Care	Decline Coverage		\$0.00
Cafeteria Plan Agreement	I Agree - Certain benefits will be pre-tax		
<b>Total Per Pay Cost:</b>			<b>\$111.90</b>
			<b>\$2,909.31</b>