Co	npany:	LAABC Company 105 W. Madison Street Chicago, IL 60602
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Employee: Fred Gailey

Date As Of:	10/18/2023
Plan Year:	01/01/2023 through 12/31/2023

This memo is to keep you informed of the status of your Flexible Spending. Following is a list of the current and projected account balances for the plan year end 12/31/2023:

Benefit	Annual Election	YTD Deposits	Claims Requested	Claims Approved	Claims Denied	Claims Paid	Account Balance	Amount Available			
Dependent Care Assistance Program	4,848.00	3,898.00	2,800.00	2,800.00	0.00	2,800.00	1,098.00	1,098.00			
Expenses for this account must be incurred by 12/31/2023, and claims received by the run-out date, 12/31/2023.											
Medical Flexible Spending Account	3,049.92	2,414.52	0.00	0.00	0.00	0.00	2,414.52	3,049.92			
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Expenses for this account must be incurred by 12/31/2023, and claims received by the run-out date, 12/31/2023.

Please keep in mind that any amounts remaining in your account(s) after the run-out date will be lost.

Note: The projected account balance assumes that pending claims and payments will be paid, and that contributions will continue at the current rate through the end of the plan year.