

**ADMINISTRATIVE OPTIONS**

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| 1. | <b>Administrator</b>   | Main Contact: _____<br>Main Contact Email Address: _____<br>Billing/Admin/Online Contact: _____<br>Billing Contact Email Address: _____   |  |
| 2. | <b>Billing/Mailing Address</b>                                   | <input type="checkbox"/> Physical Address <input type="checkbox"/> Different Address:   |  |
| 3. | <b>Minimum Hours</b>   | _____ (minimum of 30 hours required)  |  |
| 4. | <b>Eligibility Waiting Periods</b>                               | New Hires are effective on:<br><input type="checkbox"/> Date of Hire<br><input type="checkbox"/> 1 <sup>st</sup> of the month following Date of Hire<br><input type="checkbox"/> 1 <sup>st</sup> of the month following 30 days<br><input type="checkbox"/> 1 <sup>st</sup> of the month following 60 days<br><input type="checkbox"/> 1 <sup>st</sup> of the month following 90 days | <input checked="" type="checkbox"/> Active Current Employees hired before the effective date will be effective on the effective date.  |
|    | <b>Employee Effective Date*</b><br>(Subject to Active Work Rule) | *The employee effective date definition for new hires includes the verbiage "First day of insurance month coinciding/following the completion of the eligibility waiting period," therefore, if the completion of the waiting period falls on the first of the month, the member's effective date will remain in that month.  |  |
| 5. | <b>Excluded Classes</b>  | Retirees, temporary, seasonal and part-time employees working less than the Minimum Hours selected are standardly excluded.   |  |
| 6. | <b>Definition of Earnings</b>                                    | What would you like to include in your employees' salaries? (Earnings determined on last day worked)  |  |
|    |  | <input type="checkbox"/> Base Salary plus Commissions (if applicable) (Commissions will be averaged over 12 Months)   | <input type="checkbox"/> W-2 (Prior Calendar Year) <input type="checkbox"/> K1 Earnings* – Owners (if applicable)<br><small>*If K1's are selected, rates may change.</small> |

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| 7.  | <b>Funding</b>                      | Employer premium contribution will be funded from:<br><input type="checkbox"/> General Assets <input type="checkbox"/> Section 125/Cafeteria plan – typically for medical and dental  |  |
|     |                                     | If Contributory: Employee's Premium is funded from: <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax<br>If Dependent Life Included: <input type="checkbox"/> Yes, Employer contribution _____% <input type="checkbox"/> No                            |  |
| 8.  | <b>Subsidiary/ Division</b>         | <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Name _____ Federal Tax ID: _____  |  |
| 9.  | <b>Location of Employees</b>        | Any employees working in CA, HI, NJ, NY, or RI? If so how many, in what states, and how many covered by state disability plan? <b>(The Company cannot write state disability plans in any state.)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No _____ |  |
| 10. | <b>If electing STD: W2 Printing</b> | We will <b>print</b> W2's for any employees that go out on a Short Term Disability claim, at no additional cost.<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |

**BILLING INFORMATION**

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|-----|-----------------|--|
| 11. | <b>Billing:</b> | <input checked="" type="checkbox"/> <b>List Bill</b><br>We will provide you an alphabetical monthly bill with the cost broken out for each employee. |
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**REMARKS**