

Simple HR

Annual Open Enrollment Election Form

EMPLOYEE NAME

CLIENT NAME

Instructions - PLEASE read carefully before you complete this form

Please follow the TWO easy steps to enroll or decline enrollment for 2009. If you are currently enrolled in benefits and do not wish to make any changes in your benefits for 2010, simply check **Option A** and sign and date the bottom. If you do not wish to participate in Open Enrollment or you wish to stop your benefits participation, simply check **Option B** and sign and date at the bottom. If you wish to participate in Open Enrollment as a new enrollee or you have changes to your current benefits for 2009, simple check **Option C**, complete the second page, and sign and date at the bottom. For details about any Simple HR Benefits, please visit www.simplehrbenefits.com.

STEP ONE - Please pick from one of the following options below

OPTION A: NO CHANGES FOR 2010

I do not wish to make any changes to my current benefits enrollment and authorize Simple HR to continue my payroll deductions for 2010. I have read through this benefits packet and agree to any changes in rates as stated for 2010.

I do not wish to make any changes to my benefits for Calendar Year 2010

OPTION B: DECLINING or CANCELING ENROLLMENT FOR 2010

I do not wish to enroll in any benefits during Open Enrollment for Calendar Year 2010. If I currently have benefits, and I elect this option, I understand that all benefits that I currently have will END on December 31st, 2009. This does NOT apply to any benefits I am enrolled in at the Employer Location sponsored directly by the Employer

I'm declining enrollment for benefits for Calendar Year 2010 (please READ CAREFULLY!)
or

I'm cancelling my current enrollment for benefits for Calendar Year 2010 (please READ CAREFULLY!)

OPTION C: MAKE CHANGES OR INTIAL ENROLLMENT FOR 2010

NOTE! YOU MUST COMPLETE THE BENEFITS ELECTION FORM and THE BENEFIT DEDUCTION AUTHORIZATION FORM (next two pages)

I understand I must complete an application for each benefit that I wish to enroll or make changes in my existing coverage. I will not be covered if I fail to complete the appropriate application. Any enrollments that I complete are final until next open enrollment or unless I have a qualifying event that allows me to make changes during the plan year.

I wish to enroll in benefits for the first time
or

I wish to make changes to my existing enrollment in benefits

STEP TWO - Everyone must complete this section

OPEN ENROLLMENT ACKNOWLEDGEMENT - READ VERY CAREFULLY!

I understand that this election form revokes any prior election form completed and will remain in effect and cannot be revoked or changed during the plan year, unless there is a qualifying event as outlined by the IRS rules for the Section 125 Plan. I understand and agree that I am responsible at all times for any benefit premiums for which I have authorized and such premiums will be deducted from my wages when due.

Signature: _____ DATE: _____