

Simple Benefits - Client Election Form

Use this form if you elect **NO CHANGES** in benefits for 2010, or

Use this form if you **DECLINE** to participate in benefits for 2010

Client:

Instructions - PLEASE read carefully before you complete this form

Please remember that only full-time (25+hours) employees are eligible for benefits. This form is for the Client's Election Option for 2010 Benefits. If you do NOT have any changes for 2010 Benefits and you do not wish to add, delete, or modify benefits for your worksite employees, please complete this form. If you are not participating in benefits and decline to participate for 2010, please complete this form. Please note that this Election Form ONLY applies to benefits offered by Simple HR and is not intended as an election form for Client benefits such as their own health plan or any other benefits directly offered by the Client. Please return this form by mail to Simple HR or Fax: (850) 650-9936, or contact Benefits if you have any questions 1-850-650-9935, ext. 37.

Please only complete the applicable statement below - not both

ANNUAL RECERTIFICATION: NO CHANGES FOR 2010 BENEFITS

I DO NOT WISH TO CHANGE EXISTING BENEFITS IN PLACE OR OPT TO ADD ADDITIONAL BENEFITS

ANNUAL CERTIFICATION: DECLINE PARTICIPATION FOR 2010 BENEFITS

I DO NOT WISH TO PARTICIPATE IN BENEFITS FOR 2010

CLIENT SIGNATURE

Signature: _____ DATE: _____