



# Benefits - Client Election Form A

Client:

***Please remember that only full-time (25+hours) employees are eligible for benefits. This form is for the Client's Election Options for 2012 Benefits. 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 ONE of the applicable statements below

## ANNUAL RECERTIFICATION: NO CHANGES FOR 2012 BENEFITS

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

## ANNUAL CERTIFICATION: ADD OR DROP BENEFIT OPTIONS FOR 2012

I WOULD LIKE TO ADD OR DROP BENEFIT OPTIONS FOR 2012

***NOTE: PLEASE COMPLETE THE ATTACHED FORM***

## ANNUAL CERTIFICATION: DECLINE PARTICIPATION IN BENEFITS FOR 2012

I DO NOT WISH TO PARTICIPATE IN BENEFITS FOR 2012

### CLIENT SIGNATURE

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_





# Benefits - Client Election Form B

Use this form if you elect to **ADD OR DROP** benefits for 2012

**Client:**

*Please remember that only full-time (25+ hours) employees are eligible for benefits. This form is for the Client's Election to accept or decline Benefits. Please return this form by mail or Fax: (850) 650-9936, or contact Benefits if you have any questions concerning rates at 1-850-650-9935, ext. 37. Please go to [www.simplehrbenefits.com](http://www.simplehrbenefits.com) for detailed benefits information.*

**1. MAJOR MEDICAL** *You will need to submit your Group Census for Rate Information*

- YES, I'm interested in offering Major Medical Insurance for my Worksite Location
- NO, I'm not interested in Major Medical Insurance Coverage (You still must sign at the bottom of the form)

**2. SIMPLE HR DRUG TESTING AND/OR BACKGROUND CHECKS**

- YES, I'm interested in Drug Testing and would like to sign-up my location
- YES, I'm interested in Background Checks and would like to sign-up my location
- NO, I'm not interested in Drug Testing and/or Background Checks

**3. SIMPLE HR 401(k)** *An Adoption Agreement must be completed for your group*

- YES, I'm interested in having my worksite employees participate in the Simple HR 401(k)
- NO, I'm not interested in offering participation in the Simple HR 401(k)

**4. SIMPLE HR FLEXIBLE SPENDING ACCOUNT - FSA AND DEPENDENT CARE**

- YES, I'm interested in offering participation in the FSA
- NO, I'm not interested in offering participation in the FSA

**5. SIMPLE HR GROUP TERM LIFE INSURANCE (\$15,000 OF TERM LIFE + AD&D)**

- YES, I would like to offer the Group Term Life to my eligible Employees
- NO, I'm not interested in offering Group Term Life Insurance to my eligible Employees

**6. EMPLOYEE ASSISTANCE PROGRAM (EAP) New for 2012!!!**

- YES, I would like to offer the EAP to my eligible Employees
- NO, I'm not interested in offering the EAP to my eligible Employees

**7. SIMPLE HR ADDITIONAL SERVICES AND PRODUCTS**

- YES, I would like to participate in the **Web Payroll** without any cost to me!
- YES, I would like to participate in the **PTO Accrual Program** without any cost to me!
- YES, I would like my employees to participate in the **SimplePAY Pay Card!** (a small "per-load" fee applies)
- YES, I would like to participate in **SimpleView!** (employment document viewing)
- YES, I would like to participate in **SimpleHire!** (staffing assistance program)
- NO, I'm not interested in participating in any of the above listed programs or processes.

**CLIENT SIGNATURE (Please sign below regardless of your participation options)**

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

