



2012 Benefits Open Enrollment

October 1st through November 15th, 2011

The 2012 Open Enrollment is now open. The applicable information and forms are attached for your information. ***Please*** take the time to read through this very important packet. This will be your only opportunity to enroll in group benefits until next year or unless you have a family status change during the plan year.

Detailed benefits information concerning our benefit plans can be viewed by visiting www.simplehrbenefits.com for each of the following benefits:

**Guardian Vision - VSP
Symetra Defined Benefit Plans
Allstate Supplemental Benefits
Guardian DentalGuard Preferred Dental
Identity TheftShield and Pre-Paid Legal Services**

Please remember that the Client may also sponsor certain benefits at their location. This Open Enrollment only applies to benefits offered through Simple HR!

Open Enrollment Directions

NEW for 2012 Open Enrollment!

- If you are currently enrolled in Simple HR Benefits and **DO NOT** have any changes for 2012 –

○ *You DO NOT need to respond – your coverage(s) and your deduction(s) will roll over into 2012.*

- If you have previously declined benefits and do not wish to enroll again this year –

○ *You DO NOT need to respond – you will be listed as a declined, eligible participant.*

*You only need to respond and complete the attached forms if you wish to **STOP, CHANGE, ADD** additional benefits or to **INITIALLY ENROLL** in benefits.*

If you are enrolling for the first time in Simple HR Benefits or you are making changes (add/drop) to your current Simple HR Benefits:

- 1. Complete and sign the Annual Open Enrollment Election Form.**
- 2. Complete and sign the Benefit Options Election Form.**
- 3. Complete and sign each application for the benefit you would like to enroll in.**
- 4. Complete the Benefits Deduction Authorization listing all benefit premiums you wish to have deducted from your paycheck.**

You can FAX the completed and signed forms and applications to Simple HR at **850-650-9934**, Attention: Benefits. **PLEASE mail your original forms to:**

**Simple HR Benefits
36474 Emerald Coast Parkway, Building B
Destin, FL 32541**

For further questions or information contact Shannon Coccia, Benefits Administrator at 850-650-9935 ext. 37 or visit our website at **www.Simplehrbenefits.com**.

***Note:** Each Client may also elect to offer additional benefits at your location (401k, healthcare, life insurance, employee assistance program, etc.). Please check with your supervisor.*

Remember: The deadline is November 15th, 2011

Frequently Asked Questions **Regarding the Simple HR Cafeteria Plan**

Who can sign up for benefits?

All full-time employees, working 25 hours or more, are eligible. *Seasonal, part-time, contract and temporary employees are not eligible.*

When can I sign up for benefits?

New hires are eligible for coverage on the 1st day of the month following 90-days of employment. Applications must be completed within 45 days of the effective date! You may also be eligible to sign up for benefits during our annual Open Enrollment period.

What if I miss my new hire enrollment eligibility period?

If you miss your enrollment eligibility period you must wait until the next annual open enrollment period which runs from October 1st through mid-November of each year.

What other benefits may I be eligible for?

Your worksite employer, our Client, may elect to also offer the Simple HR 401(k), Group Term Life Insurance, Employee Assistance Program and the Simple HR Flexible Spending Account. The Client may also offer their own group healthcare plan which may have a different waiting period than the standard 90-days. Please check with your supervisor about these other benefits.

When can I terminate my benefits during the plan year?

You may **only** cancel a pre-tax benefit during the annual open enrollment or with a qualifying life event. You may NOT cancel a pre-tax benefit simply because you decide you can't afford it any longer or you don't use the benefit. You may cancel any post-tax benefit at any time as long as it is in writing.

What is a qualifying life event?

You may change the level of your benefit coverage if you have a qualifying life event and notify Simple HR within **30 days** of the qualifying event: These include but are not limited to:

- Marriage or Divorce
- Legal separation and a legal agreement permits a change in coverage
- Birth of a child or adoption
- Death of a spouse or child
- Loss of eligibility for a dependent
- Spouse gains coverage under another benefit plan
- Spouse loses coverage under their own benefit because of a change in status (loss of a job, change in employment, full-time to part-time)
- Your employment status changes from full-time to part-time or part-time to full-time
- You qualify and take a leave of absence

When do my payroll deductions start?

Most benefit deductions will begin **30-days** prior to the effective date of your benefit. Exceptions to this are the 401(k) and the Flexible Spending Account. Should you stop your benefits or terminate your employment, your coverage will always stop at the end of the current month in which you make a change.

Simple HR

Annual Open Enrollment Election Form

EMPLOYEE NAME

CLIENT NAME

Instructions - PLEASE read carefully before you complete this form

Please follow the instructions below to enroll or change benefits for 2012. If you are currently enrolled in benefits and do not wish to make any changes in your benefits for 2012, you DO NOT need to take any action. Your current benefit(s) and deductions will automatically roll over into 2012. If you wish to change your current Simple HR Benefits, drop a benefit or initially enroll in Simple HR Benefits, please complete the second page, and sign and date at the bottom. For details about any Simple HR Benefits, visit www.simplehrbenefits.com.

STEP ONE - Please read the following options below

NO CHANGES FOR 2012 – You do not need to respond if you plan to keep your same benefits

If you do not intend to make any changes in your current benefit(s), your active enrollment will be continued into 2012 and your deduction(s) will continue into 2012. **If we do not hear from you then we will continue your enrollment into 2012.**

DECLINING PARTICIPATION FOR BENEFITS IN 2012 – You do not need to respond

If you have not enrolled before and do not intend to participate in Open Enrollment to enroll in benefits, you do not need to respond. You will be automatically declined and ineligible for benefits in 2012 unless you have a Qualifying Event.

MAKE CHANGES TO CURRENT BENEFITS OR INITIALLY ENROLL IN BENEFITS FOR 2012

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 year.

I wish to enroll in Simple HR benefits for the first time

I wish to CHANGE, STOP or ADD additional Benefits

STEP TWO - Please 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: _____



Complete this form IF you are making changes or initially enrolling

Benefit Options Election Form

EMPLOYEE NAME

CLIENT NAME

You must be a full-time (25+hours) employee to be eligible for benefits. Seasonal, part-time, contract and temp employees are not eligible. Please check the section for the benefit and type of coverage you plan to enroll in. The attached applications for each benefit MUST BE COMPLETED. Additional Applications may be required. If you do not complete the appropriate application, you are not enrolled. Return this form and all applications either by mail to Simple HR or Fax: (850) 650-9934, or contact Benefits if you have any questions at 1-850-650-9935, ext. 37. Remember that not all benefits are available at each worksite location. Please log on to www.simplehrbenefits.com for more detailed information for each benefit plan description.

ENROLLMENT OPTIONS OR CHANGES (Please complete the appropriate applications)

Employee Only
with spouse
with children
with family
N/A

Please select the type of coverage for each benefit (if applicable). You must still complete a separate application for each benefit option you select. Complete the applications and review more benefits information at www.simplehrbenefits.com

GUARDIAN DENTAL and VISION (VSP) INSURANCE BENEFIT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- YES, I would like to enroll in Guardian Dental or make changes
- NO, I'm not interested in Guardian Dental
- YES, I would like to enroll in Guardian Vision (VSP) or make changes
- NO, I'm not interested in Guardian Vision (VSP)

SYMETRA DEFINED BENEFIT PLAN

- YES, I would like to enroll in Symetra Benefits or make changes
- NO, I'm not interested in Symetra Benefits

ALLSTATE SUPPLEMENTAL INSURANCE PRODUCTS

Disability Hospital Indemnity Cancer and Specified Disease Heart and Stroke Life Insurance

- YES, I would like to enroll in AllState Supplemental Insurance or make changes
- NO, I'm not interested in AllState Supplemental Insurance

IDENTITY THEFT SHIELD AND PREPAID LEGAL

- YES, I would like to enroll in Identity Theft or PrePaid Legal or make changes
- NO, I'm not interested in Identity Theft Shield and/or PrePaid Legal

SIMPLEPAY PAY CARD (check with your employer for availability)

- YES, I would like to enroll in the SimplePay Pay Card
- NO, I'm not interested in the SimplePay Pay Card

ELECTION / DECLINATION 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 change in family status, employment, or other reasons as outlined by the IRS rules for the Section 125 Plan. I understand I must complete an enrollment application for each benefit that I elect coverage. I understand and agree that I am fully 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: _____



Benefits Deduction Authorization

Client Name: _____ Client Number: _____

Employee: _____ Social Security: _____

I hereby authorize Simple HR to deduct the following amounts from my gross earnings each payroll period. I understand I may not cancel this authorization if the pre-taxed benefit is covered under the Simple HR Section 125 Cafeteria Plan until the next Enrollment Period or for circumstances covered by the IRS. I further authorize Simple HR to deduct any outstanding balances due for benefits which I have authorized to be deducted from my final check, if due at time of termination.

The deductions should start the first day of the pay period beginning _____.

In payment for:	Amount:	Post Tax	Pre Tax
<input type="checkbox"/> Medical	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vision	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 401 K Plan/Simple IRA	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify below)	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Other: _____	\$ _____	\$ _____
<input type="checkbox"/> Other: _____	\$ _____	\$ _____

Is this a one-time deduction? Yes No

Is this an existing deduction change? Yes – Increase ___ / Decrease ___ No

DEDUCTION CANCELLATION(S):

I HEREBY AUTHORIZE Simple HR (or their affiliates) to cancel the deductions listed above from my paycheck. I certify that this cancellation does not violate the provisions of the Simple HR Cafeteria Plan.

(Please be sure to check off the type of deductions and fill in the amount(s) above that you wish to cancel.)

FINAL DEDUCTION DATE: _____

The information below must be completed for both authorizations and cancellations.

Employee Signature: _____ Date: _____

Print Name: _____

Please forward the original to Simple HR Payroll and Benefits.

