

Simple Benefits - Client Election Form

Use this form if you elect to **ADD OR DROP** benefits for 2010

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 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 for 2010
- NO, I'm not interested in offering participation in the FSA for 2010

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. SHORT TERM AND LONG TERM GROUP DISABILITY

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

7. SIMPLE HR EMPLOYEE ASSISTANCE PROGRAM

- 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

8. SIMPLE HR WEB PAYROLL, PTO ACCRUAL PROGRAM, SIMPLEPAY PAY CARD

- 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)
- 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: _____