

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/12/2015
Page: 1 of 1

Case Verification Number: 2015012104943PW

Case Information:**Employee Information:**

Last Name:	Buckner	First Name:	Alan
Middle Initial:	F	Other Names Used:	
Social Security Number:	*** ** 0864	Date of Birth:	09/08/1964
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	09/08/2017
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	01/12/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	TBAR6407	Submitted On:	01/12/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: _____ **Referred On:** _____

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: _____ **Response Date:** _____

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result: _____

Request Name Review:

Comments: _____

Submitted By: _____ **Submitted On:** _____

Case Result from DHS (after DHS Verification in Process):

Case Result: _____ **Response Date:** _____

Employee Referred to DHS:

Referred By: _____ **Referred On:** _____

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: _____ **Response Date:** _____

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.

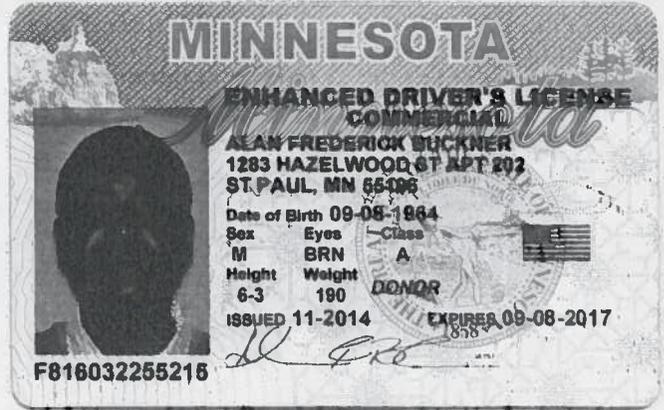
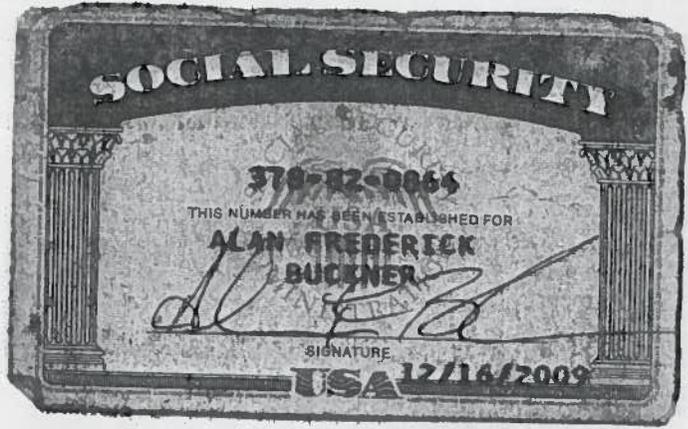
Closed By:

TBAR6407

Closed On:

01/12/2015

SENSITIVE BUT UNCLASSIFIED



MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined ALAN F. BUCKNER
in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of
the driving duties, I find this person is qualified; and, if applicable, only when:

wearing corrective lenses driving within an exempt intracity zone (49 CFR 391.62)

wearing hearing aid accompanied by a Child Performance Evaluation Certificate (CPE)

accompanied by a _____ qualified by operation of 49 CFR 391.54

The information I have provided regarding this physical examination is true and complete. A complete examination
form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>[Signature]</u>		TELEPHONE <u>635819250</u>
MEDICAL EXAMINER'S NAME (PRINT) <u>PHONG T. LE</u>		DATE <u>7-7-16</u>
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. <u>11521</u>	ISSUING STATE <u>MN</u>	<input type="checkbox"/> MD <input type="checkbox"/> Chiropractor <input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse <input checked="" type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner
NATIONAL REGISTRY NO. <u>2148775489</u>		
SIGNATURE OF DRIVER <u>[Signature]</u>	INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DRIVER'S LICENSE NO. <u>F816032255215</u>	STATE <u>MN</u>	
ADDRESS OF DRIVER <u>1283 HAZELWOOD ST APT 202 SAINT PAUL, MN</u>		
MEDICAL CERTIFICATION EXPIRATION DATE <u>7-7-16</u>		

ORIGINAL - DRIVER



New Hire Application

Personal Data— PLEASE PRINT LEGIBLY IN INK

Last Name ~~Alan~~ BUCKNER First Name ALAN Middle Initial F
 Street Address 1283 HARLEWOOD ST #202 C/O MAPUANASKEN Apt/Ste 202
 City/State/Zip SAINT PAUL MN 55106
 Phone Number 651 260 4201 Email Address BUCKSMOOTH @ gmail.com
 Company/Employer SUPERMOM'S

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? YES NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehiring.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

ALAN F BUCKNER Name (Print or type)
[Signature] Applicant's Signature
1/12/2015 Date

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence.

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____	ESC Application _____
For ESSG Client Use				
DOH _____	ROP _____	Work Site Loc. _____	WC Code _____	

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** 1

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit **F** _____

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
 • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child **G** _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ **H** 1

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2013	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial ALAN F		Last name BUCKNER		2 Your social security number 378 820864	
Home address (number and street or rural route) 1283 HAZELWOOD ST #202 COMPLAINA City or town, state, and ZIP code SAINT PAUL MN 55106				3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>					
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <u>1</u>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <u>5.00</u>	
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ <input type="checkbox"/>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)				Date ▶ <u>1/12/2015</u>	
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <u>BUCKNER</u>		First Name (Given Name) <u>ALAN</u>		Middle Initial <u>R</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>1283 HAZELWOOD ST</u>		Apt. Number <u>202</u>	City or Town <u>SAINT PAUL</u>		State <u>MINN</u>	Zip Code <u>55106</u>
Date of Birth (mm/dd/yyyy) <u>09/08/1964</u>	U.S. Social Security Number <u>878-82-0864</u>	E-mail Address <u>BucknerA@9mail.com</u>			Telephone Number <u>651 260 4201</u>	

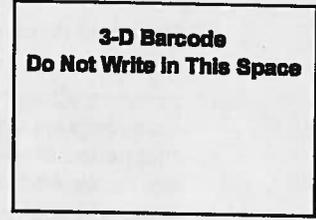
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number: _____
- OR**
- 2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____
Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>[Signature]</u>	Date (mm/dd/yyyy): <u>10/12/2015</u>
-------------------------------------------	--------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	Zip Code

STOP **Employer Completes Next Page** STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Buckner Alan

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Enhanced Driver's License</u>		Document Title: <u>SS Card</u>
Issuing Authority:		Issuing Authority: <u>State of MN.</u>		Issuing Authority: <u>SSA.</u>
Document Number:		Document Number: <u>F816632255215.</u>		Document Number: <u>378-82-0864</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>9-8-2017</u>		Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write In This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 1/12/15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>1/12/15</u>	Title of Employer or Authorized Representative <u>Acct Rep.</u>	
Last Name (Family Name) <u>AL. P.S.</u>		First Name (Given Name) <u>Alan</u>		Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA		State MN
				Zip Code 55439

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
-----------------------------------------------------	--------------------	------------------------------------------------------

MINNESOTA

**ENHANCED DRIVER'S LICENSE
COMMERCIAL**

ALAN FREDERICK BUCKNER
1283 HAZELWOOD ST APT 201
ST PAUL, MN 55108

Date of Birth 09-08-1964
Sex Eyes Class
M BRN A
Height Weight
6-3 190
ISSUED 11-2014 EXPIRES 08-08-2017

F816032255215



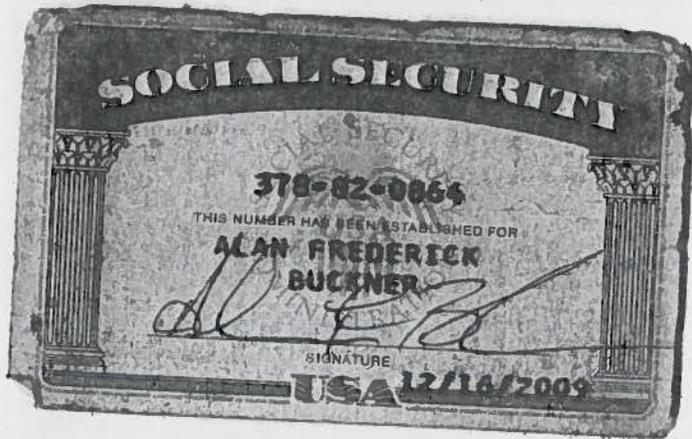
SOCIAL SECURITY

378-82-0066

THIS NUMBER HAS BEEN ESTABLISHED FOR
**ALAN FREDERICK
BUCKNER**

SIGNATURE

USA 12/14/2009



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.
New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

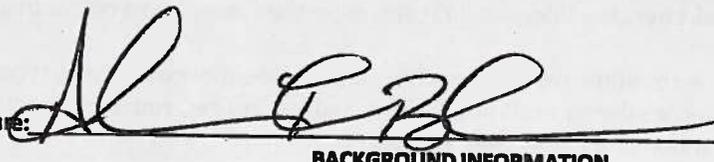
ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: _____)

Signature:  Date: 01/12/2015

BACKGROUND INFORMATION

Last Name: BUCKNER First: ALAN Middle: F

Other Names/Alias: _____

Social Security #: 378820864 Date of Birth (mm/dd/yyyy)*: 09/08/1964

Driver's License #: F816032255215 State of Driver's License: MN

Present Address: 1283 Hazelwood St #202 NARRAGANSETT GREEN Telephone # (Primary): 651 260 4201

City/State/Zip: SAINT PAUL, MN 55106

*This information will be used for background screening purposes only and will not be used as hiring criteria.

ENROLLMENT FORM

ESC NAV*SAD P2M v15.0

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)

Social Security Number 378-82-0864

Date of Birth 09/08/1964 Sex M F

Name ALAN F BUCKNER

Street Address 1283 HAZELWOOD ST #202

City C/O MAPUANU STEEN State MA Zip 55104

Home Phone _____

Do you or any dependents have Medicare?

Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date ____/____/____

Names of Covered Person(s)

1. _____
2. _____
3. _____

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number _____

Date of Birth ____/____/____ Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____

Date of Birth ____/____/____ Sex M F

Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

Accidental Death & Dismemberment is part of the Term Life Benefit.

OPTION 1

FIXED INDEMNITY PLAN

Weekly Rates

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

FIXED INDEMNITY MEDICAL

- \$20.91 Employee Only
- \$42.44 Employee + 1
- \$56.67 Employee + Family
- NO to all Indemnity benefits.**

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL

- \$5.99 Employee Only
- \$11.98 Employee + 1
- \$19.77 Employee + Family
- NO

TERM LIFE

- YES \$0.60 Employee Only
- YES \$0.90 Employee + 1
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

- YES \$4.20 Employee Only
- NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

OPTION 2

82193010-M-EMP

MEC WELLNESS/PREVENTIVE PLAN

Monthly Rates

- \$58.87 Employee Only
- \$87.73 Employee + 1
- \$186.99 Employee + Family
- NO to MEC Wellness/Preventive Plan**

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.

Signature _____

Date 01/12/2015