



**IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION**  
PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE PROCEEDING  
PLEASE PRINT CLEARLY WITH BLACK INK USING ALL CAPITAL LETTERS

MINNESOTA DRIVER'S LICENSE, INSTRUCTIONS PERMIT OR IDENTIFICATION CARD NUMBER: 021619810  
 YOUR LEGAL NAME: Edward Alexander  
 SOCIAL SECURITY NUMBER: 021619810  
 DATE OF BIRTH: 02/16/1981  
 SEX: M  
 HEIGHT: 5 FT 07 IN  
 WEIGHT: 145 LBS  
 HAIR: BRN  
 EYES: BRN  
 COMPLEXION: F  
 BUILD: M  
 MARKS OR SCARS: NONE

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MN APPLICATION):  
 CURRENT ADDRESS (WHEN YOU LIVE):  
 FULL RESIDENCE ADDRESS (WHEN YOU LIVE) (NOTE: NAME SURE THIS IS A CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD):  
 1248 STIER E St Croix Falls, MN 56301  
 CITY: St Croix Falls, MN 56301  
 STATE: MN ZIP CODE: 56301  
 COUNTY: ST. CROIX

OPTIONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE COPY) (NOTE: THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD):  
 CALLER ID: (A U.S. LOCAL SERVICE # IS REQUIRED) (CALLER ID IS REQUIRED FOR ALL SERVICE CALLS):  
 NUMBER: STREET: CITY: STATE: ZIP CODE: MN COUNTY:

APPLICANT'S PHYSICAL DESCRIPTION:  
 HEIGHT: 5 FT 07 IN  
 WEIGHT: 145 LBS  
 HAIR: BRN  
 EYES: BRN  
 COMPLEXION: F  
 BUILD: M

Visit [www.dps.dps.mn.gov](http://www.dps.dps.mn.gov) to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: 651-297-3298  
 License Status, available 24/7: 651-284-2000  
 General DVS Information: 651-296-691  
 TDD/TTY: 651-282-6555



**Driver & Vehicle Services**

(DVS USE ONLY)

**PAID**  
**MAR 30 2015**  
**DEPUTY #124**

RESTRICTED/ENDORSE:  
 MC ORIGINAL  
 MC RENEWAL  
 ADD/REMOVE  
 MC  
 SR. PHYS  
 REIN FEE  
 OTHER  
 ORGAN DONATION

TESTS PASSED (STATE EXAM USE ONLY):  
 D  
 MC  
 MBOP  
 GK  
 AIR  
 COMB  
 DL/TRIPLE  
 PASSENGER  
 SCHOOL BUS  
 TANKER  
 HAZMAT  
 DWI  
 CDL IP  
 REG IP  
 SENIOR  
 LTD MOBILITY  
 SNOW/MOBILE  
 FIREARM  
 S OF TC  
 VETERAN

FEES PAID APPLICATION: \$ 2.00  
 OTHER FEES: \$  
 SR. PHYS: \$  
 REIN FEE: \$  
 OTHER: \$  
 ORGAN DONATION: \$

VISION:  
 PASS NR  
 PASS WITH CL  
 INCOMPLETE  
 ATTACHED

PROPER ID: [Signature]  
 EDL DOCS: [Signature]

INVALIDATED: DL / ID / IP  
 STATE: Exp:

Application Processed by: [Signature]

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the electronic service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in Minn. Stat. § 169.444 regarding the safety of children around school buses.

Signature: [Signature]  
 APPLICATION DATE: 03/30/15

**THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.**

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.



DOH		ROP	Work Site Loc.	WC Code
For ESSG Client Use				
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application
DOH	NHW	I-9	8860	W4
For ESSG Office Use Only				

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

Name (Print or type) Warren Alexander  
 Applicant's Signature *Warren Alexander*  
 Date 3/23/15

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

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.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. 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 understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. I authorize Employer Staffing Group (ESG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

**Applicant Certification and Authorization**

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

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

Staffing Agency/Recruitment Partner \_\_\_\_\_

Phone Number 678-814-4182 Email Address Warren.Alexander@gmail.com  
 City/State/zip Southern Pkwy GA 30304  
 Street Address 1248 E St Germain # Apt/Ste 105  
 Last Name Alexander First Name Warren Middle Initial E

Personal Data - PLEASE PRINT LEGIBLY IN INK

**New Hire Application**

7301 Ohms Lane Suite 405  
 Edina, MN 55439  
 Tel: 952.835.1288 • Fax: 952.835.1255  
 www.esgstaffingsolutions.com

empoyer solutions staffing group.  Leveraging Resources in a Changing Market

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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, and two-earner/multiple jobs situations.

Complete a worksheet 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 cost of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Itemized Deductions, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credit for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 509 for information on converting your other credits into withholding allowances.

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/wf.

Personal Allowances Worksheet (Keep for your records).

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

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.)
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.
E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
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 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
- If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.

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.)
- 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 \$50,000 (\$20,000 if married), see the Two-Earner/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

For accuracy, complete all worksheets that apply.
- 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.

Employee's Withholding Allowance Certificate

1 Your first name and middle initial: E
Last name: Alexander
2 Your social security number: 334-76-7053
3 Single [X] Married [ ]
Note: If married, but withheld at higher Single rate.
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.

5 \$ 2
6 Additional amount, if any, you want withheld from each paycheck
7 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)
8 \$ 2
9 Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
10 This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

11 If you meet both conditions, write "Exempt" here.
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: [Signature]
Date: 3/20/15
Employer's name and address (Employer Complete lines 8 and 10 only if sending to the IRS.)
Employer code (optional)
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** (Employers must complete and sign Section 1 of Form I-9 and the employee must sign Section 1 before accepting employment.)

Last Name (Family Name) <i>Alexander</i>		First Name (Given Name) <i>William</i>		Middle Initial <i>E</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>1218 E St Germaine</i>		Apt. Number <i>105</i>	City or Town <i>St Cloud</i>	State <i>FL</i>	Zip Code <i>32304</i>	
Date of Birth (mm/dd/yyyy) <i>2/16/1980</i>		U.S. Social Security Number <i>33A-76-7053</i>		E-mail Address <i>William.Alexander27@gmail.com</i>		Telephone Number <i>(787) 814-9182</i>

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: *William Alexander*

Date (mm/dd/yyyy): *3/30/15*

**Section 2: Employer Attestation** (Employers must complete and sign Section 2 of Form I-9 and the employee must sign Section 1 before accepting employment.)

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) <i>William Alexander</i>		First Name (Given Name) <i>William Alexander</i>
Address (Street Number and Name) <i>1218 E St Germaine</i>		Apt. Number <i>105</i>
City or Town <i>St Cloud</i>	State <i>FL</i>	Zip Code <i>32304</i>



**DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**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.orange-treescreening.com](http://www.orange-treescreening.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.

<p><b>New York and Maine applicants or employees only:</b> 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.</p>
<p><b>New York applicants or employees only:</b> 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.</p>
<p><b>Oregon applicants or employees only:</b> 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.</p>
<p><b>Washington State applicants or employees only:</b> 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.</p>

**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.orange-treescreening.com](http://www.orange-treescreening.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)

**BACKGROUND INFORMATION**

Signature: Mark Alex Date: 3/23/15  
 Last Name: Alexander First: Mark Middle: E  
 Other Names/Aliases: \_\_\_\_\_  
 Social Security #: 334-76-7053  
 Driver's License #: 056487408 State of Driver's License: GA  
 Present Address: 1248 E St Germain  
 Telephone # (Primary): 678-814-9182  
 City/State/Zip: Sault Ste Marie, MN 55783  
St Clair, MN 56364

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

**Direct Deposit/Payroll Debit Card Authorization**

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card. If you do not provide a written election, wages will be paid by Payroll Debit Card.

**SECTION 1 - BASIC INFORMATION**

Employee Name: Maria Alexander SSN# (last 4 digits): 7053 Effective Date: 3/23/15

**SECTION 2 - PAYROLL ELECTION**

Direct Deposit (Please complete Sections 3 and 5 below)  
 Payroll Debit Card (Please complete Sections 4 and 5 below)

**SECTION 3 - DIRECT DEPOSIT**

Update Bank Account

Bank Name: Boji Federal Bank Routing#: 122887675 Account#: 9000198371110286

Account Type:  Checking  Savings  Other

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial: M/A Date: 3/23/15

**SECTION 4 - PAYROLL DEBIT CARD (CASH CARD)**

- To help us avoid making an error, please attach a copy of a voided check (a deposit slip will not work).
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

**CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address (no box nor apartment): \_\_\_\_\_ Social Security#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone (mobile): \_\_\_\_\_

**GET TEXT ALERTS**, when your paycheck is deposited on your card:  
 Yes, sign me up, for text alerts  
 All we need to know your cell phone service provider and mobile number above; My mobile service provider is: \_\_\_\_\_

**RECEIPT FOR PAYROLL DEBIT CARD** (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #: 073972181  
 Payroll Debit Card Account #: \_\_\_\_\_

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5 - AUTHORIZATION**

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for my credit entries made in error to my account(s).

\* E-mail is required for pay stub information.  
 \* E-mail: Maria Alexander 87 @ gmail.com  
 this information will only be used to send your pay stubs electronically.

Employee's Signature: Maria Alexander Date: 3/23/15

**ENROLLMENT FORM**

ESC NAVSAD P2M V150

**REQUIRED EMPLOYEE INFORMATION**

PRINT USING BLACK OR BLUE INK (Must Be Filled Out)

Social Security Number 334-JS-7053  
 Date of Birth 02/16/1986 Sex  M  F

Name MARION ALEXANDER

Street Address 1248 E St Germain

City St Cloud State FL Zip 32804

Home Phone 628-8149182

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

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.

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 [Signature]  
 Date 03/15/2015

**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

**TERM LIFE** 

YES \$0.60 Employee Only  
 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 MEC WELLNESS/PREVENTIVE PLAN** Monthly Rates

\$58.87 Employee Only  
 \$87.73 Employee + 1  
 \$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan