

12/06/2013

To: Corporate Management Group
Human Resources Dept
12000 N. Washington Street, Suite 290
Thornton, CO 80241

Please complete the form, sign and return in the enclosed envelope. I will complete a separate form and return the completed forms to the social security administration in Santa Ana, CA.

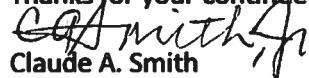
I worked for Corporate Management Group in Austin as a contractor to Benchmark Electronics manufacturing operations in Austin, Texas. The Benchmark facility in Austin, TX was closed in December'2010. Enclosed find a copy of one my insurance cards, that may help in locating my records for filling out the form. I had insurance with each of the staffing companies during my assignment with Benchmark (back to 2005/2006 limited annual insurance with Starbridge). The staffing agencies changed insurance carriers from time to time but I always signed up.

Corporate Management Group was the staffing company for Benchmark in Austin, TX. I started my contract with them in 2005 and continued under your company and another staffing company without a break until 04/2009. I returned in October'2009 under a different staffing agency.

My telephone number was 512-426-1147. My current telephone number is 714-244-0762.

My old address was 12001 Dessau Rd, Apartment # 1722, Austin, Texas 78754. My current address is 1201 Walnut Ave, Apartment # 60, Tustin, CA 92780.

Thanks for your continued support.


Claude A. Smith

714-244-0762



MEMO

TO: All CMG Employees

FROM: Kristi Hynes, Human Resource Director

DATE: September 23, 2008

RE: Change of Payroll Process

CMG has partnered with Employer Solutions Group (ESG), a company that will be processing our payroll and handling our back office administration. ESG will replace Payroll 1. This change has allowed us to enhance our medical benefits. Starbridge Accident and Sickness plan will no longer be offered as a medical insurance option. The new plan that is being offered is StaffCARE with benefits provided by Blue Cross/Blue Shield. We will have an open enrollment period at which time you can make the change to StaffCARE or choose not to elect health coverage altogether. Personally, I think you will find the StaffCARE coverage to be better than Starbridge and as a bonus, in most cases, it is less expensive. Your coverage with Starbridge will be effective through October, and StaffCARE, if you elect coverage, will begin on November 1.

Open enrollment for StaffCARE will begin Oct. 1; you will have 30 days to elect or decline coverage. After the 30 days you will have to wait until the next open enrollment or have a qualifying life changing event to enroll for coverage. Please see me if you need additional information or an explanation of what qualifies as a life changing event.

Aflac will not be offered through our partner company. If you currently have Aflac you will have the option to keep the coverage, but it will be your responsibility to pay Aflac directly. Aflac will contact you with your options.

Please keep your last Payroll 1 check stub until you get your first check through ESG to make sure the following information is correct:

- Vacation totals transferred
- Address
- Exemptions
- Name is spelled right

If you have direct deposit and want to keep it you will be required to fill out a new direct deposit form. A cancelled check or a direct deposit print out from your financial institution is required when you turn in your new direct deposit form. Those forms will be available next week. If you turn your completed form in early there is a better chance you will have direct deposit with your first check through ESG.

Please let me know if you have any questions about this transition.



LIMITED-BENEFIT MEDICAL PLAN
CIGNA BRIDGESM NETWORK
 www.starbridgeselect.com

Insured's Name: CLAUDE SMITH
 ID: Use Primary Insured's Social Security Number
 Policy #: ST-0100-2582
 Doctor Office Visit Copay: \$10
 Coverage Effective Date: 12/01/07

Group Number: 2582
 Group Name: Corporate Management Group

Underwritten by Connecticut General Life Insurance Company
 For Benefits, Claim Status, Eligibility or Customer Service, Call 800-308-5948

For benefits, claim status, or eligibility go to www.cignavoluntary.com
 or call number on the front of the card

Send claims to:
 Connecticut General Life Insurance Company, PO Box 55270, Phoenix, AZ 85078-6270
 Batch Payor ID# 59225



To identify participating providers, log on to www.cignavoluntary.com, or call 1-800-432-1776.
 Provider: Insured is enrolled in a limited-benefit plan. For hospital services, collect patient responsibility when service is rendered or make financial arrangements with the patient in accordance with your policies.

This following notice applies to residents of Louisiana:
 Notice: Your share of the payment for health care services may be based on the agreement between your health plan and your provider. Under Certain CIRCUMSTANCES, this agreement may allow your provider to bill you for amounts up to the provider's regular billed charges.



Prescription Card

RxBIN: 003585
 RxPCN: 30300
 RxGRP: SHG2582
 Issuer (80840)
 ID Number: R47873187
 Name: CLAUDE SMITH
 Group Name: Corporate Management Group
 Copay: \$15 / \$30 / 100%
 Coverage Effective Date: 12/01/07
 DOI



www.starbridgeselect.com

Customer Care - 1-800-788-2949

Process online as MedImpact - NDC Bin#003585

Send claims to: MedImpact
 10860 Treena Street
 Attention Claims Department 4th Floor
 San Diego, CA 92131

This following notice applies to residents of Louisiana:
 Notice: Your share of the payment for health care services may be based on the agreement between your health plan and your provider. Under Certain CIRCUMSTANCES, this agreement may allow your provider to bill you for amounts up to the provider's regular billed charges.

Corporate Management Group
 12000 N. Washington Street #290
 Thornton, CO 80241



000698 000602
 CLAUDE SMITH AND COVERED FAMILY
 MEMBER
 12001 DESSAU RD #1722
 AUSTIN, TX 78754

CONFIRMATION OF ENROLLMENT FOR:

**CLAUDE SMITH AND COVERED FAMILY
 MEMBER**

Effective Date: 12/01/07

You Have Chosen Coverage for Employee Plus
 Spouse

Medical Level 2

Pharmacy

**Thank you for enrolling, here are your
 new insurance cards**

Claude Smith	Pay Date	12/16/2005	This Pay	Year-To-Date
2801 Wells Branch Pky	Period Begin	12/05/2005	1425.00	48035.40
Austin, TX 78728	Period End	12/11/2005	Earnings	9858.90
XXX-XX-9464	Voucher No.	350018	Taxes	270.07
Employee No. 100	Dept No.	101002	Net Pay	1154.93
				38176.50

Your Pay:

Earnings	Earnings This Pay	Earnings YTD	Rate	Hours This Pay	Hours YTD
Regular	1200.00	35685.00	30.0000	40.00	1189.50
Overtime	225.00	11390.40	45.0000	5.00	253.12
Holiday		960.00			32.00
Total	1425.00	48035.40		45.00	1474.62

Taxes	This Pay	YTD
Social Security	88.35	2978.19
Medicare	20.66	696.55
Federal Income Tax	161.06	6184.16
Total	270.07	9858.90

Net Pay	This Pay	YTD	Account Number
This Check	1154.93	38176.50	XXXXXX2898

Other Information:

Compensated Absences	Banked This Pay	Total Banked	Total Taken	Available
Vacation	0.7680	22.8304		22.8304

Tax Status	Taxable Earnings This Pay	Taxable Earnings YTD	Status/ Exmpts
Social Security	1425.00	48035.40	
Medicare	1425.00	48035.40	
Federal Income Tax	1425.00	48035.40	M / 2
Texas	1425.00	48035.40	M / 2

Corporate Management Group Inc
13495 Clayton Ct
Thornton, CO 80241
CODE D161

BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

CODE D161
Corporate Management Group Inc
13495 Clayton Ct
Thornton, CO 80241

Pay Date 12/16/2005
Voucher Number 350018
WELLS FARGO BANK
NORTHGLENN, CO 80234
23-7 1020

*** NON - NEGOTIABLE, DIRECT DEPOSIT NOTICE ***

27/46
101002 100

Claude Smith
2801 Wells Branch Pky
Austin, TX 78728

Net Direct Deposit to Checking \$1154.93

NON - NEGOTIABLE

REQUEST FOR EMPLOYMENT INFORMATION

From: Social Security Administration

Telephone No. 888-452-7964 Ex24314

Employer's Name and Address

CORPORATE MANAGEMENT GROUP
HUMAN RESOURCES DEPT
12000 N. WASHINGTON ST, SUITE 290
THORNTON, CO 80241

Date: 2005 ASSIGNMENT START

Employee's Name: CLAUDE A. SMITH, JR

Employee's Social Security Number: 438 60 9464

Claimant's Name: CLAUDE A. SMITH, JR

Claim Number: 438 60 9464

Dear Sir/Madam:

We need the following information regarding the above claimant. Please answer the questions below, sign and date this letter and return it in the enclosed envelope.

You may call MR. HARMS at the above telephone number if you have any questions.

Sincerely,

Office Manager

1. Is (or was) the claimant covered under an Employer Group Health Plan? Yes No

2. If Yes, give the original date the coverage began. 12/1/07
mm/yyyy

3. Has the coverage ended? Yes No

4. If Yes, give the date the coverage ended. 4/18/09
mm/yyyy

5. When did the employee work for your company?

From 5/16/2005
mm/dd/yyyy

To 4/18/2009
mm/dd/yyyy

Still employed NO

[Signature]
Signature and Title of Company Official

12/16/13
Date

303-920-1425
Telephone Number

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-28, Baltimore, Maryland 21244-1850.