

MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT



APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

MINNESOTA DRIVER'S LICENSE/INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **9586110987219**

BIRTH DATE (MM/YY/ZZAAA): **04/20/1979**

EXAM NAME: **ANDRINO LANNINO** COMPLETE FIRST NAME: **ANDRINO** COMPLETE LAST NAME: **LANNINO**

COMPACT FOLIO NAME: **ANDRINO LANNINO** COMPLETE MIDDLE NAME: **[REDACTED]**

PREVIOUS LEGAL NAME: **ANDRINO LANNINO** COMPLETE LAST NAME: **LANNINO**

FULL RESIDENCE ADDRESS: **1203 Street 3rd St SE** CITY: **SAUK RAPIDS** STATE: **MN** ZIP CODE: **56579**

NUMBER: **1203** STREET: **3rd St SE** CITY: **SAUK RAPIDS** STATE: **MN** ZIP CODE: **56579**

OTDURAL MEDICAL ADDRESS: **[REDACTED]** CITY: **[REDACTED]** STATE: **[REDACTED]** ZIP CODE: **[REDACTED]**

2015804093000

TYPE <input checked="" type="checkbox"/> REG <input type="checkbox"/> EDL <input type="checkbox"/> A <input type="checkbox"/> DUP <input type="checkbox"/> EDL <input type="checkbox"/> B <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> C <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> D <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> PROV <input type="checkbox"/> DUP <input checked="" type="checkbox"/> REAL <input type="checkbox"/> DUP <input type="checkbox"/> MBOP <input type="checkbox"/> DUP <input type="checkbox"/> CDL IP <input type="checkbox"/> REG IP INDICATORS <input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> LTD MOBILE <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN	TESTS PASSED <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MIC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived	RESTRICTIONS/ENDORSE <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE FEES PAID APPLICATION \$ 15.75 OTHER FEES MC \$ SB PHYS REIN. FEE \$ OTHER ORGAN DONATION \$	VISION <input type="checkbox"/> PASS NR <input type="checkbox"/> PASS WITH CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED PROPER ID IRW EDL DOCS []
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I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system. It 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 M.S. §. 169.444 regarding the safety of children around school buses.

SIGNATURE: *[Signature]* APPLICATION DATE: **040315**

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.

(DVS USE ONLY)

MN Dept. Public Safety - Driver License

Visit dvs.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: **651-296-6911**
 TDD/TTY: **651-282-6555**



DVS Driver & Vehicle Services



ORIGINAL CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER: 1991021551
LEGACY STATE FILE NUMBER: 148-0000204649

FILE DATE: APRIL 23, 1991

Child's Name: First
ANTONIO

Middle
LAVON

Last
HARRELL

Sex: MALE
Date of Birth: APRIL 20, 1991

Birth Occurred Inside City, Village, Township:
MILWAUKEE

County of Birth:
MILWAUKEE

Mother's Birth Name: First
MINNIE

Middle
LEE

Last
SMITH

Mother's Place of Birth:
ALABAMA

Mother's Date of Birth:
DECEMBER 26, 1968

Father's Birth Name: First
JERRY

Middle

Last
HARRELL

Father's Place of Birth:
INDIANA

Father's Date of Birth:
JANUARY 17, 1963



Oskar Anderson
OSKAR ANDERSON
STATE REGISTRAR

Warning: This document contains a title and correct reproduction
of the original file with the Wisconsin Vital Records Office

13450564

DATE ISSUED:
FEBRUARY 04, 2014

Date Issued:

DOH		ROP	Work Site Loc.	WC Code
For ESSG Client Use				
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESSG Application
DOH	NHW	I-9	8850	WA
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) John Hurrell
 Applicant's Signature [Signature]
 Date 5/17/2015

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 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 rehire.

Applicant Certification and Authorization

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

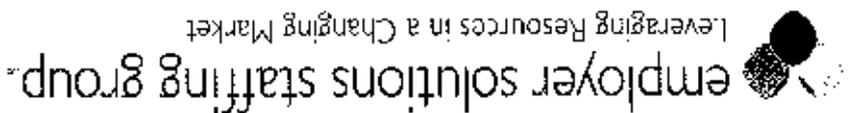
All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Staffing Agency/Recruitment Partner Kenny Mitchell
 Phone Number 320-428-4152
 Email Address Roger Davis @ gmail.com
 City/State/zip Wauk Rapids, MN 56583
 Street Address 225 3rd Street South
 Apt/Suite _____
 Last Name Hurrell First Name Antonio Middle Initial L

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.essgstaffingsolutions.com



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

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 2015 expires February 15, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent from withholding, your earned child exemption on his or her tax return, your earned child exemption from withholding even if the employee is a dependent, if the employee:

- is blind, or
• is age 65 or older,
• will claim deductions for income tax credits, or itemized deductions, on his or her tax return.

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 individual. See Pub. 601, Exemptions, Standard Deduction, and Filing Information, for information.

Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. (Note. Do not include child support payments. See Pub. 505, Child and Dependent Care Expenses, for details.)

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.

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.)

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

Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.
Enter "1" 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 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.

1 Your first name and middle initial

2 Your social security number

3 Home address (number and street or rural route), city or town, state, and ZIP code

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 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 If you meet both conditions, write "Exempt" here.
• This year I expect a refund or all federal income tax withheld because I expect to have no tax liability.
• Last year I had a refund or all federal income tax withheld because I had no tax liability, and I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.

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.)

9 Employer's name and address (Employer: Complete lines 8 and 9 only if sending to the IRS.)

10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

OMB No. 1545-0047
2015

Employee's Withholding Allowance Certificate

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

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.

Form W-4

Department of the Treasury Internal Revenue Service

STOP Application - Employment Eligibility Requirements

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

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.

Section 1 - Employee Information and Attestation (To be completed by the employer)

Signature of Employee	Date (m/dd/yyyy): 8/17/2015
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: _____
 Foreign Passport Number: _____
 If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:
 2. Form I-94 Admission Number: _____
 OR
 1. Alien Registration Number/USCIS Number: _____

3-D Barcode
Do Not Write in This Space

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number (See instructions)

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

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

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.

Date of Birth (m/dd/yyyy): 4/20/1991		U.S. Social Security Number: 5911-08-3174		E-mail Address: _____		Telephone Number: 820-240-2974	
Address (Street Number and Name): 223 3rd St North		Apt. Number: _____		City or Town: Jacksonville		State: MN	
Zip Code: 55387		Middle Initial: _____		Other Names Used (if any): _____		Last Name (Family Name): Hartzell	
First Name (Given Name): Brandon		Middle Initial: _____		Other Names Used (if any): _____		Last Name (Family Name): Hartzell	

Section 1 - Employee Information and Attestation (To be completed by the employer)
 ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which expiration date may also constitute illegal discrimination.



Signature of Employer or Authorized Representative:	Date (m/d/yyyy):	Print Name of Employer or Authorized Representative:
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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.

Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):
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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.

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) (m/d/yyyy):

Signature of Employer or Authorized Representative	Date (m/d/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name) City or Town State Zip Code		

The employee's first day of employment (m/d/yyyy) 04-03-15 (See instructions for exemptions.)

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.

Certification

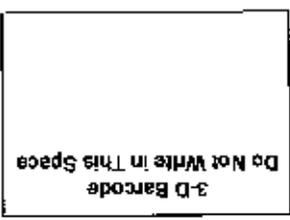
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):
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Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):

Employee Last Name, First Name and Middle Initial from Section 1: **Harrell, Antonio, L**

Identity and Employment Authorization **OR** List A **OR** List B **AND** List C Employment Authorization

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.)



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 obtained with regard to applicants for employment is an investigation 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.orangereescreening.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>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.</p>
<p>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 reports were 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>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.</p>
<p>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.</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, 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.orangereescreening.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: [Signature] Date: 5/17/05

Last Name: Flornell First: Antonio Middle: Loren

Other Names/Aliases: _____

Social Security #: 591-08-3174

Date of Birth (mm/dd/yyyy): 4/20/1991

State of Driver's License: _____

Present Address: 223 5th St. South

Telephone # (Primary): 320-428-4152

City/State/Trip: South Lakota MN, 56387

*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: Antonette Hovest SSN# (last 4 digits): 8174 Effective Date: 3/17/15

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: _____

Routing#: _____

Account#: _____

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: _____ Date: _____

SECTION 4 - PAYROLL DEBIT CARD (GLOBAL CAST CARD)

- 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.
- To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)

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, HSSC 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, HSSC 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: Antonette Last Name: Hovest M.I.: L

Street Address (do not use PO Box): 223 5th St SE City: Salt Lake City State: UT Zip: 84103

Cell Phone (mobile): 801-428-4152 My mobile service provider is: Verizon

Yes, sign me up for text alerts

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

Payroll Debit Card Routing #: 073972181 Payroll Debit Card Account #: 4853-4001-3744-8572

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.

SECTION 5 - AUTHORIZATION

I authorize HSSC 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 any credit entries made in error to my account(s).

* E-mail is required for pay stub information.

* E-mail: Kayla Davis @ gmail.com

Employee's Signature: [Signature] Date: 3/17/2015

This information will only be used to send your pay stubs electronically.

ENROLLMENT FORM

ESC NAW*SAD P2M v15.0

OPTION 1
FIXED INDEMNITY PLAN
 Monthly Rates

Your **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.

\$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

\$0.60 Employee Only
 \$0.90 Employee + 1
 \$1.80 Employee + Family
 YES
 NO \$4.20 Employee Only

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

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK OR BLUE INK
 (Must Be Filled Out)
 Social Security Number 091-03174
 Date of Birth 04/20/1991 Sex M F

Name Patricia Howell

Street Address 223 5th St. South

City Dark Ridge State MD Zip 21087

Home Phone 301-240-2974

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.

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 03/17/2015