

Employer Use Only

Re-hire

ReHire Date: / /

EMPLOYEE INFORMATION (MUST BE FILLED OUT)

*219301-EMP

USE BLACK or BLUE INK ONLY

Social Security Number 502-90-2878 Date of Birth 05/08/1981 Sex M F

Name Jennifer Gilbertson Home Phone 310-625-2579

Street Address 5913 Abbott Ave S City Edina State MN Zip 55410

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. 4.

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 medical selection is a declination of coverage.

Signature [Signature] Date 03/19/2010

MEDICAL BENEFIT SELECTION - 10k

Weekly Rates

- Selected: \$18.82 Employee Only
\$38.19 Employee +1
\$51.00 Employee + Family
No to Medical.

For Term Life and Accidental Death & Dismemberment please write in your Beneficiary information. TERM LIFE / AD&D INSURANCE BENEFICIARY Peter Cynkar RELATIONSHIP Fran ce AD&D is part of the Medical Benefits

- You MUST enroll in the Medical Insurance Plan before adding any additional benefits, except for Dental.
Your coverage level for the additional benefits will be identical to your medical plan selection.
For questions regarding benefits, please call Essential StaffCARE Customer Service at 1-866-798-0803.

SUPPLEMENTARY BENEFITS

Weekly Rates

Table with 4 columns: Benefit Name, Yes/No selection, Employee Only rate, Employee +1 rate, Employee + Family rate. Rows include DENTAL, TERM LIFE, and SHORT-TERM DISABILITY.

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

Required Dependent Information

Form for dependent information with 4 rows, each containing Name, Relationship, Social Security Number, Date of Birth, and Sex.