

Two great plans to choose from!

SIGN UP IS AVAILABLE DURING YOUR
FIRST 30 DAYS OF EMPLOYMENT

Enhanced MEC Wellness_Plan 1

- MEC Wellness/Preventive Plans starting at \$24.00/week
- Covers 63 mandated benefits AND \$20 Office Visit Co-Pay, \$10 Generic Prescription Drug Co-pay, \$10 CVS Minute Clinic co-pay and more!
- Eliminates employee Individual mandate tax for those enrolled
- Options for family coverage
- Weekly payroll deduction – month by month coverage
- Visit www.essghealth.com for info and tools
- PHCS Network

Fixed Indemnity Plan_Plan 2

- ESC Fixed Indemnity plans starting at \$20.25 per weekly payroll deduction
- Medical, Rx, Vision, and Dental Benefits
- Doctor Office Visit Benefit of \$100 per day
- Wellness Benefit of \$100
- No pre-existing condition limitations
- No waiting period or deductibles on medical
- First Health Network
- Unbundled choices-you do not need to have Medical to choose the Vision, Dental, Term Life, or Short Term Disability

ESSG offers a **Enhanced Minimum Essential Coverage (Plan 1)** which is administrated by Benefit Plan Administrators (BPA). The Minimum Essential Coverage (MEC) plan is ACA qualifying. There are co-pays for services like doctor's visits, x-rays, and generic prescription drugs. Please note - hospitalization is **not** a covered benefit.

ESSG offers a **Fixed Indemnity Plan (Plan 2)** which is administrated by Planned Administrators Inc. (PAI). The Fixed Indemnity Plan offers limited benefits at an affordable price, specifically for the Staffing Industry. Premiums will be automatically deducted from your weekly paycheck. This means you are buying it with pre-tax dollars. What does pre-tax dollars mean? It simply means the premium comes out before taxes are taken out, which means you're taxed on less income. Affordable medical, dental, disability, and life insurance benefits are available.

You have **30 days** from the start of your employment to change your benefit elections.

The 3rd plan is offered to only qualifying employees*. It's a **Major Medical Plan** by Blue Cross Blue Shield. Once you qualify, you will be notified by ESSG that you are eligible, and will be given the opportunity to enroll. You should receive this after you have been on assignment for approximately 35 - 45 days. These are sent out by email from health@employersolutionsgroup.com, or by mail if no email address is available. It is your responsibility to keep an updated email address with your employer. This plan is also ACA qualifying.

If you have any questions, please contact the Health Benefits Team at Employer Solutions Staffing Group.

An employee will be deemed qualifying any time after 30 days on assignment (s) , and their status is working 30+ hours per week or more than 1560 total hours in a calendar year. They must be ESSG employees.

Health Benefits Team
Employer Solutions Staffing Group
7301 Ohms Lane Suite 405 Edina, MN 55439
Phone: 952-767-9519 | Fax: 952-767-9515
health@employersolutionsgroup.com
<http://ESSGHealth.com>



Enhanced MEC Plan_Plan 1

Summary of Benefits

Benefits	Enhanced MEC Plan
Note that this list will be updated from time to time and a current list of covered preventative services is available at all times by visiting www.HealthCare.gov/center/regulations/prevention.html.	
PPO Network	PHCS In Network Only
Deductible	N/A
Coinsurance	N/A
Out of Pocket	N/A
15 Preventive Services for Adults	100% Coverage for Preventative Care Services
22 Preventive Services for Women	
26 Covered Preventive Services for Children	
Telephonic Primary Care Services	100%
Office Visit Primary Care Physician	\$20 Copay
Office Visit Specialist	\$50 Copay
Diagnostic X-ray and Lab (in office)	\$60 Copay
Cat-Scan/MRI or outpatient testing	\$200 Copay
Emergency Room	not covered
Urgent Care	\$50 Copay
Durable Medical Equipment	\$50 Copay
Psychiatric/Substance Abuse Office Visit	not covered
CVS Minute Clinic	\$10 Copay for all Services
Prescription Generic	\$10 Copay Generic Only 100% Copay on Brand Name Drugs Mail Order Not Covered
Prescription Preferred Brand Drugs	
Prescription Non-Preferred Brand Drugs	
Mail Order Copays	
WEEKLY PREMIUM	
Single Premium	\$ 24.00
Employee Spouse	\$ 38.00
Employee Child/Children	\$ 36.00
Family Premium	\$ 63.00

What is Not Covered: *This is only a Summary of Benefits and Exclusions*****

- Hospital inpatient services are not covered by the plan.
- Mental Health unless covered by the MEC
- Rehabilitative Speech Therapy, Occupational and Physical Therapy
- Skilled Nursing
- Specialty Drugs
- Transplants

Administered by Benefit Plan Administrators, Inc., PO Box 11746, Roanoke, VA 24022-11746
Phone: 1-800-277-8973 www.bpatpa.com

Fixed Indemnity Medical Benefits_Plan 2

LIMITED BENEFITS SUMMARY

Policy Number **219301-ESG-1**

FIXED INDEMNITY MEDICAL BENEFIT

The Fixed Indemnity Medical Plan pays a flat amount for a covered event caused by an accident or illness. If the covered event costs more, you pay the difference. But if the covered event costs less, you keep the difference.

Outpatient Benefits ¹		Inpatient Benefits	
 Physician Office Visit	\$100 per day	Standard Care	\$300 per day
Diagnostic (Lab)	\$75 per day	Intensive Care Unit Maximum ²	\$500 per day
Diagnostic (X-Ray)	\$200 per day	Inpatient Surgery	\$3,500 per day
Ambulance Services	\$300 per day	Anesthesiology	\$700 per day
Physical, Speech, or Occupational Therapy	\$50 per day	Skilled Nursing ³	\$100 per day
Emergency Room Benefit - Sickness	\$200 per day	First Hospital Admission (1 per year)	\$250
Emergency Room Benefit - Accident	\$750 per day	Annual Inpatient Maximum ⁴	No Limit
Outpatient Surgery	\$750 per day	Wellness Care	
Anesthesiology	\$300 per day	Wellness Care (one per year)	\$100
Annual Outpatient Maximum	\$2,250	Prescription Drugs (via reimbursement) ^{5,6}	
		Annual Maximum	\$600
		Per Day	\$30

¹ all outpatient benefits are subject to the outpatient maximum ² pays in addition to standard care benefit ³ for stays in a skilled nursing facility after a hospital stay

⁴ Subject to internal limits of plan ⁵ not subject to outpatient maximum ⁶ To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc.

DENTAL BENEFIT	Waiting Period/Coinsurance	Annual Maximum Benefit	\$750	Deductible	\$50
 Coverage A	None / 100%	Exams, Cleanings, Intraoral Films and Bitewings			
Coverage B	3 Months / 60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures			
Coverage C	12 Months / 50%	Periodontics, Crowns, Bridges, Endodontics and Dentures			

VISION BENEFIT	In-Network		Out-of-Network	
	You Pay	Plan Pays	You Pay	Plan Pays
 Eye Examination ¹ (including dilation)	\$10 Copay	100%	100%	\$35
Exam Options (Standard or Premium Contact Lens Fit)	Up to \$55 or 10% off Retail Price	\$0	100%	\$0
Frames ²	80%, after \$110 allowance	\$110, plus 20% of remaining	100%	\$55
Standard Plastic Lenses (single, bifocal, trifocal) ¹	\$10 Copay	100%	100%	\$25-\$55
Lens Options	\$15-\$45 or 20% discount	100% or 20% off retail	100%	\$0
Contact Lenses (Conventional) ¹	\$0 Copay, 85% of remaining	\$110, plus 15% of remaining	100%	\$64
Disposable Contact Lenses ¹	\$0 Copay	\$110, plus balance	100%	\$0
Medically Necessary Contact Lenses ¹	\$0 Copay	100%	\$0	\$200

¹ Once every 12 months ² Once every 24 months

TERM LIFE BENEFIT			
 Employee Amount	\$10,000 (reduces to \$7,500 at 65; \$5,000 at 70)	Child Amount (6 mos to 26 yrs old)	\$5,000
Spouse Amount	\$5,000 (terminates at age 70)	Infant Amount (15 days to 6 mos)	\$1,000

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D is part of the Term Life Benefit.)

Employee Amount	\$20,000	Child Amount (6 mos to 26 yrs old)	\$5,000
Spouse Amount	\$20,000	Infant Amount (15 days to 6 mos)	\$2,500

SHORT-TERM DISABILITY BENEFIT	
 Benefit Amount	60% of Salary up to \$150 per week
Waiting Period/Maximum Benefit Period	7 days, up to 26 weeks

WEEKLY LIMITED BENEFITS PREMIUM	Medical	Dental	Vision	Term Life	STD
Employee Only	\$20.25	\$6.17	\$2.42	\$0.60	\$4.20
Employee + 1	\$41.10	\$12.34	\$4.92	\$0.90	-
Employee + Family	\$54.88	\$20.36	\$6.56	\$1.80	-

LIMITED BENEFIT EXCLUSIONS AND LIMITATIONS

These are the standard limitations and exclusions. As they may vary by state, please see your summary plan description (SPD) for a more detailed listing.

FIXED INDEMNITY MEDICAL

No benefits will be paid for loss caused by or resulting from:

- Intentionally self-inflicted injuries, suicide or any attempt while sane or insane
- Declared or undeclared war
- Serving on full-time active duty in the armed forces
- The covered person's commission of a felony
- Work-related injury or sickness, whether or not benefits are payable under workers' compensation or similar law

No benefits will be paid for:

- Eye examinations for glasses, any kind of eye glasses, or vision prescriptions
- Hearing examinations or hearing aids
- Dental care or treatment other than care of sound, natural teeth and gums required on account of injury to the covered person resulting from an accident that happens while such person is covered under the policy, and rendered within 6 months of the accident
- Services rendered in connection with cosmetic surgery, except cosmetic surgery that the covered person needs for breast reconstruction following a mastectomy or as a result of an accident that happens while such person is covered under the policy. Cosmetic surgery for an accidental injury must be performed within 90 days of the accident causing the injury and while such person's coverage is in force
- Services provided by a member of the covered person's immediate family.

The fixed indemnity medical plan is not available to residents of Hawaii, New Hampshire or Puerto Rico.

DENTAL

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the group policy. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. For more detailed information on covered procedures or limitations, please see your summary plan description.

VISION

No benefits are payable for services or materials connected with, or charges arising from:

- Orthoptic or vision training, sub-normal vision aids, and any associated supplemental testing;
- Aniseikonic lenses;
- Medical and/or surgical treatment of the eye, eyes, or supporting structure;
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan;
- Services provided as a result of any Worker's Compensation law;
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount);

- Services or materials provided by any other group benefit providing for vision care;
- Two pair of glasses in lieu of bifocals.

PRESCRIPTION DRUGS

No benefits will be paid for over-the-counter products or medications or for drugs and medications dispensed while you are in a hospital.

SHORT-TERM DISABILITY

No benefits are payable under this coverage in the following instances:

- Attempted suicide or intentionally self-inflicted injury
- Voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you or your spouse, you or your spouse's child, sibling or parent, or a person who resides in your home
- Declared or undeclared war or act of war
- Your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony
- Your participation in a riot
- If you engage in an illegal occupation
- Release of nuclear energy
- Operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; or
- Work-related injury or sickness.

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

TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

No Life Insurance benefits will be payable under the policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the policy became effective.

For Accidental Death and Dismemberment benefits will not be payable for any loss caused in whole or in part by, or resulting in whole or in part from, the following:

Attempted suicide or intentionally self-inflicted injury; bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of poisonous food substance; voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you, your spouse or domestic partner; you, your spouse's or domestic partner's child; sibling or parent; or a person who resides in your home; declared or undeclared war or act of war; your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony; your participation in a riot; if you engage in an illegal occupation; release of nuclear energy; operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; work-related injury or sickness.

Member Services:

For frequently asked questions and network information for the the Fixed Indemnity Medical Plan, please go to www.essentialstaffcare.com/FAQVSI.

PLEASE NOTE: To make changes or cancel coverage by telephone call (800) 269-7783. Your pin code for enrolling/making changes is **140** + ____ (last four digits of your SSN). Your Company has chosen to take some/all of your payroll deductions on a **Pre-Tax** basis. Please contact Customer Service at 1-866-798-0803 and a Representative will assist you in identifying the deductions that are taken Pre-Tax.

Essential StaffCARE Customer Service: 1-866-798-0803

- Once enrolled, members can call this number for questions regarding plan coverage, ID card, claim status, and policy booklets and to add, change, or cancel coverage.
- Customer Service Call Center hours are M - F, 8:30 a.m. to 8 p.m. Eastern Standard Time. Bilingual representatives are available.
- Members can also visit www.paisc.com and click on "Your Plan" and enter your group number.



Frequently Asked Questions

When can I enroll in a plan?

As a part-time or full-time employee, you are able to enroll within 30 days of your hire date, or during the annual open enrollment for the plan. If you do not enroll in one of those periods, you can only enroll if you have a qualifying life event. You have 30 days from the date of the qualifying life event to enroll.

What is a qualifying life event?

A qualifying life event is defined as a change in your status due to one of the following:

- Marriage or divorce
- Birth or adoption of a child(ren)
- Termination
- Death of an immediate family member
- Loss of dependent status
- Loss of prior coverage

When can I cancel off of the plan?

As our plans are pre-tax, you are only allowed to make changes/enroll/cancel during certain times of the year. The above listed times (your first 30 days of employment, during open enrollment, or within 30 days of a qualifying life event) are the only times you are able to change/enroll/cancel.

If I fill out a form, and do not get placed on assignment right away, do I need to fill out a new form?

Your form will stay valid for 6 months. If you are placed on assignment after 6 months of the signature date, you will need to fill out a new form to enroll in the plans. If you worked for a period of time and had deductions, and then stopped working for 6 consecutive weeks, you are considered a re-hire, and would need to fill out a new form to re-enroll. If you miss less than 6 consecutive weeks, the insurance will continue without penalty or the need to re-enroll.

When will my deductions start and coverage begin?

Fixed Indemnity Plan – Deductions will begin about 2 weeks after we at ESSG receive the form, coverage will begin the Monday following the first deduction

Enhanced MEC Plan – Deductions will begin the first of the month after we at ESSG receive the form, coverage will begin on the first of the month following one month of deductions

When will I receive my insurance card?

Fixed Indemnity Plan – It should come about a week after your first deduction.

Enhanced MEC Plan – It should come about 10 days prior to your effective date.

Additional Fixed Indemnity Plan Information:

This plan does not qualify as minimum essential coverage as defined under the Affordable Care Act (ACA). This plan is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF INSURANCE FRAUD AND WILL BE PROSECUTED.

The Essential StaffCARE Fixed Indemnity Medical, Prescription Drug, and Dental Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.1204, 26.1801, 26.212, and 26.213. The Term Life, Accidental Death and Dismemberment and Short-Term Disability Plans are underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200. The Vision Plan is underwritten by Companion Life Insurance Company.

For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.



Essential StaffCARE

ESG ESC CU(UNAC-MN) P1 v18.2

Enhanced MEC Plan_Plan 1

Benefits Enrollment Form
 New Employee
 Rehire
 Rehire Date _____

Employee Information			
Name (First and Last)		Social Security Number	
Address		City	State
			Zip Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Date of Birth	Date of Hire
Phone Number:		Email Address:	

Please Select Desired Coverage:

Employee Only - \$24.00/Week
 Employee+Spouse - \$38.00/Week
 Employee+Child(ren) - \$36.00/Week
 Family - \$63.00/Week

Dependent							
First Name		M.I.	Last Name	Social Security #	Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

Dependent							
First Name		M.I.	Last Name	Social Security #	Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

Dependent							
First Name		M.I.	Last Name	Social Security #	Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

Other coverage information including Medicare/Medicaid

NAME OF PERSON COVERED (FIRST, LAST):

EFF. DATE

EFF. DATE

EFF. DATE

Employee Acknowledgement and Authorization - I hereby apply for the group benefit(s) as indicated. I acknowledge that all entries are true and complete and that any misstatements or failure to report information may be used as the basis for cancellation of coverage for me and my dependent(s), if any, from the original effective date. Further, I authorize my employer to make the necessary payroll deduction of premiums for coverages I have elected.

IF ENROLLING - YOU MUST SIGN HERE

Employee Signature _____ Date **May 9, 2017**

EMPLOYEES DECLINING **I am DECLINING coverage**

I understand that I and/or my dependents, if any, waive any coverage and desire to participate in the plan at a later date. I/we may be considered a late enrollee and must meet the requirements defined in the Certificate of Coverage for the company's medical or dental plans. If I decline enrollment for myself or my dependents (including my spouse) because of other coverage, I may, in future be able to enroll myself or my dependents in this plan, provided I request enrollment within 31 days after the other coverage ends. In addition, if a new dependent relationship forms as a result of marriage, birth, adoption, placement for adoption of parting suit of adoption, I may be able to enroll myself or my dependent, provided I request enrollment within 31 days of the event.

IF DECLINING- YOU MUST SIGN HERE

Employee Signature _____ Date **May 9, 2017**

Fixed Indemnity Medical Benefits_Plan 2

VSI **219301-ESG-1** OFFICE USE ONLY LOCATION _____ Rehire Date ___/___/____

ENROLLMENT FORM

ESC CU(UNAC-MN) P1 v18.2

A. REQUIRED EMPLOYEE INFORMATION		PRINT USING BLACK or BLUE INK (Must Be Filled Out)				
Name	Nathan John McCormick	Social Security #	340786283	Home Phone	812-629-5593	
Address	328 E 2ND St				Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
City	Mount Vernon	State	IN	Zip	47620	
					Apt. # 1	
					Date of Birth 09/29/1979	

B. DO YOU OR ANY OF YOUR DEPENDENTS RECEIVE MEDICARE BENEFITS?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, please continue.	
Medicare Health Insurance Claim Number (HICN)	Medicare Effective Date
Name of Covered Person (s):	
1.	2.
	3.

C. LIMITED BENEFITS PLAN SELECTION		Payroll Deducted Weekly Rates			
You MUST select a coverage level before any benefits in Section C. Your coverage level for the all benefits in Section C will be identical. The Fixed Indemnity Medical Plan, Dental Plan, Term Life Plan, and Short-Term Disability plans are underwritten by BCS Insurance Company. The Vision plan is underwritten by Companion Life Insurance Company.					
SELECT COVERAGE LEVEL	FIXED INDEMNITY MEDICAL ¹	DENTAL	VISION	TERM LIFE	SHORT-TERM DISABILITY ²
Employee Only <input checked="" type="checkbox"/>	\$20.25	\$6.17	\$2.42	\$0.60	\$4.20
Employee + 1 <input type="checkbox"/>	\$41.10	\$12.34	\$4.92	\$0.90	
Employee + Family <input type="checkbox"/>	\$54.88	\$20.36	\$6.56	\$1.80	
NO to ALL Benefits <input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹This coverage is not available to residents of NH, HI, or PR. ²STD is not available to persons who work in CA, HI, NJ, NY, or RI.

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information. Accidental Death & Dismemberment is part of the Term Life Benefit.

Name **Rhonda Jane Oscarson** Relationship **Fiance**

D. REQUIRED DEPENDENT INFORMATION				
Name	Social Security #	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
		/ /		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
Name	Social Security #	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
		/ /		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
Name	Social Security #	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
		/ /		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
Name	Social Security #	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
		/ /		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

E. REQUIRED SIGNATURE		YOU MUST SIGN AND DATE, EVEN IF YOU DECLINE COVERAGE
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 declination of coverage.		
DATE	<u>05/08/2017</u>	SIGNATURE <u>Nathan John McCormick</u> <small>Nathan John McCormick (May 9, 2017)</small>

Signature: Nathan John McCormick
Nathan John McCormick (May 9, 2017)

Email: nathan247@hotmail.com



ESG Insurance Enrollment

Adobe Sign Document History

05/09/2017

Created:	05/09/2017
By:	Caitlin Scholl (Caitlin@corpmanagement.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA6gH7MMInUzbz2bChr4TuMY9b_MOk5HZOr

"ESG Insurance Enrollment" History

-  Document created by Caitlin Scholl (Caitlin@corpmanagement.com)
05/09/2017 - 11:25:37 AM MDT- IP address: 96.93.208.65
-  Document emailed to Nathan John McCormick (nathan247@hotmail.com) for signature
05/09/2017 - 11:25:42 AM MDT
-  Document viewed by Nathan John McCormick (nathan247@hotmail.com)
05/09/2017 - 5:14:36 PM MDT- IP address: 165.139.178.252
-  Document e-signed by Nathan John McCormick (nathan247@hotmail.com)
Signature Date: 05/09/2017 - 5:31:05 PM MDT - Time Source: server- IP address: 165.139.178.252
-  Signed document emailed to Caitlin Scholl (Caitlin@corpmanagement.com) and Nathan John McCormick (nathan247@hotmail.com)
05/09/2017 - 5:31:05 PM MDT