



CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5		DATE <u>Sep 22, 2015</u>
Name <u>Susan M Geiger</u> <small>Last First Middle Maiden</small>		
Present address <u>5770 Waverley Ave</u>		
<small>Number Street</small>	<small>CO</small>	<u>80504</u>
<small>Firestone</small>	<small>State</small>	<small>Zip</small>
<small>City</small>		
Social Security No. <u>164</u> - <u>54</u> - <u>7625</u>		
Telephone <u>303-946-0237</u>	E-Mail <u>susangeiger2@gmail.com</u>	
If under 18, please list age _____	Referred by <u>Marcia Soderberg</u>	
Position applied for (1) <u>Temp Customer Service Lead</u>	Shift available to work	
and salary desired (2) <u>13.00/hr</u>	1 st <input type="checkbox"/>	
(Be specific)	2 nd <input checked="" type="checkbox"/>	
	3 rd <input type="checkbox"/>	
How many hours can you work weekly? <u>20</u>	Can you work nights? <u>yes</u>	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input checked="" type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>After October 4th</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Lampeter-Strasburg	1600 Book Rd, Lampeter, PA 17537	2	High School Diploma
College	Manatee Community College	5840 26th St W, Bradenton, FL 34207	1	
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? personal vehicle

Driver's license number 03-210-0349 State of issue CO

Operator Commercial (CDL) Chauffeur

Expiration date 11/28/2018

Have you had any accidents during the past three years? Yes No

If so, how many? _____

Have you had any moving violations during the past three years? Yes No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name Marcia Soderberg Name Cliff Montoya

Position Customer Service Manager Position Tech Support

Company Leanin Tree Company Comcast

Address 6055 Longbow Dr Address 11171 Hudson PI

Boulder, CO 80301 Thornton, CO 80233

Telephone (303-729-3451) Telephone (303-909-9914)

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? Yes No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

<p>Name <u>Susan M Geiger</u></p> <p>Position <u>Customer Service</u></p> <p>Company <u>nSpire Health</u></p> <p>Address <u>1830 Lefthand Cir</u> <u>Longmont, CO 80501</u></p> <p>Telephone (<u>720-666-5555</u>) _____</p>	<p>Supervisor name <u>Teri Shjandamaar</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>05/2014</u></td> <td>Start <u>18.00</u></td> </tr> <tr> <td>To <u>Present</u></td> <td>Final <u>18.00</u></td> </tr> </table> <p>Your last job title <u>Account Manager</u></p>	Employment dates	Pay or salary	From <u>05/2014</u>	Start <u>18.00</u>	To <u>Present</u>	Final <u>18.00</u>
Employment dates	Pay or salary						
From <u>05/2014</u>	Start <u>18.00</u>						
To <u>Present</u>	Final <u>18.00</u>						
Reason for leaving (be specific) <u>I am not leaving. This is my full time permanent position, dayshift, Mon-Fri.</u>							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Manage sales and customer service duties for my territory.</u> <u>Work with Regional Sales Manager, Dealers, and Field Service Personnel to maintain customer satisfaction and build sales.</u>							

<p>Name <u>Susan M Geiger</u></p> <p>Position <u>Customer Service Representative</u></p> <p>Company <u>Leanin Tree/Core Staff</u></p> <p>Address <u>6055 Longbow Dr</u> <u>Boulder, CO 80301</u></p> <p>Telephone (<u>303-729-3451</u>) _____</p>	<p>Supervisor name <u>Marcia Soderberg</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>11/2013</u></td> <td>Start <u>12.00</u></td> </tr> <tr> <td>To <u>04/2015</u></td> <td>Final <u>12.00</u></td> </tr> </table> <p>Your last job title <u>Lead Generator</u></p>	Employment dates	Pay or salary	From <u>11/2013</u>	Start <u>12.00</u>	To <u>04/2015</u>	Final <u>12.00</u>
Employment dates	Pay or salary						
From <u>11/2013</u>	Start <u>12.00</u>						
To <u>04/2015</u>	Final <u>12.00</u>						
Reason for leaving (be specific) <u>I left for a better job opportunity for a permanent fulltime position with benefits.</u>							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Performed outgoing calls to businesses to qualify them to receive a catalog</u> <u>Temp customer service for incoming phone calls and mail to process sales orders.</u> <u>Data entry</u>							

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>Susan M Geiger</u> Position <u>Data Analyst</u> Company <u>Intrado</u> Address <u>1601 Dry Creek Dr</u> <u>Longmont, CO 80503</u> Telephone (<u>720-494-5800</u>) _____	Supervisor name <u>Heather Taylor</u> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Employment dates</th> <th style="width:50%;">Pay or salary</th> </tr> <tr> <td>From <u>03/2006</u></td> <td>Start <u>14.00</u></td> </tr> <tr> <td>To <u>09/2013</u></td> <td>Final <u>25.00</u></td> </tr> </table> Your last job title <u>Telecommunicator</u>	Employment dates	Pay or salary	From <u>03/2006</u>	Start <u>14.00</u>	To <u>09/2013</u>	Final <u>25.00</u>
Employment dates	Pay or salary						
From <u>03/2006</u>	Start <u>14.00</u>						
To <u>09/2013</u>	Final <u>25.00</u>						
Reason for leaving (be specific) <u>Retired from 9-1-1</u>							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <p align="center">Emergency Information Data entry, account management</p> <p align="center">Processed 9-1-1 calls from all over the United States.</p>							

Name _____ Position _____ Company _____ Address _____ Telephone (_____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Employment dates</th> <th style="width:50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____
Employment dates	Pay or salary						
From _____	Start _____						
To _____	Final _____						
Reason for leaving (be specific) _____							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. 							

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. 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 CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant *Susan M Geiger*
Susan M Geiger (Sep 22 2015)

Date: Sep 22, 2015

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____, or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, Co 80234, (800)-827-9550 will be conducting the ICR or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing the Company 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.

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 those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, CO 80234 (800)-827-9550, 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.

Notice to California Applicants: Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency, NationSearch and request a copy of the report(s) compiled.

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 the Company.

Last Name: Geiger		First: Susan	SS# 164-54-7625
Other Names used: Lawrence / Lefever		Date of Birth: For employment Purposes Only 11/28/1959	
Motor Vehicle Number and State of Issue: (Driver's License #, NOT License Plate #) 03-210-0349 CO			
Address: 5770 Waverley Ave, Firestone, CO 80504			

Signature: Susan H Geiger
Susan M Geiger (Sep 22 2015)

Date: Sep 22, 2015

Please initial this box in affirmation that you have been advised of your rights as it pertains to this consumer investigative report, and are aware of the agency conducting the investigation:

SMG

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Susan M Geiger

Address: 5770 Waverley Ave, Firestone, CO 80504

Home Phone: 720-684-6846

Person(s) to contact in case of an emergency on the job (in order of preference):

1. **Name:** Steve Till

Phone (work): 303-946-5738

Phone (home): 720-684-6846

2. **Name:** Casey Till

Phone (work): 303-725-6192

Phone (home): 720-684-6846

Additional information you want CMG and our clients to know in the event of an emergency:

The two contacts listed are my son-in-law and daughter.



Authorization of Direct Deposit

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests PAYCOM to make deposits from time to time in the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the Rules of the National Automated Clearing House Association. It is agreed that PAYCOM is only responsible for direct deposit of funds that have previously been received from Susan M Geiger hereafter referred to as the "employer".

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or saving account. (No deposit slips)

1. Call your bank and confirm the **ACH Routing Number(s)** and Account numbers for **Checking and/or Savings**
2. Complete and Sign the form

Main Account (Net Pay) - Checking or Savings Account (circle one)

Acct # 686631388

ACH Routing # 1 / 0 / 2 / 0 / 0 / 1 / 0 / 1 / 7 /

Bank Name JPMorgan Chase Bank, N.A.

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / /

Bank Name _____

Employee Name Susan M Geiger SS# 164 / 54 / 7625

Address 5770 Waverley Ave City Firestone State CO Zip 80504

Employee Signature *Susan M Geiger*
Susan M Geiger (Sep 20, 2015)

23-101/1020

3052



SUSAN M. GEIGER
720-684-6846
5770 WAVERLEY AVE.
FIRESTONE CO. 80504

20

PAY
TO THE ORDER OF

VOID

DOLLARS

JPMORGAN CHASE BANK, NA
DENVER, COLORADO 80202
WWW.CHASE.COM

WITH GOD, ALL THINGS ARE POSSIBLE.

FOR

⑆ 102001017⑆

686631388 3052



To: All Employees

Quien: Todos Empleados

From: Corporate Management Group & Employer Solutions Group

De: Corporate Management Group y Employer Solutions Group

Re: Stop Payment Check Fee

Re: Tarifa de cheque parado

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo denuevo.*

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!

Gracias por su dedicacion continua!

By signing below you are confirming that you understand the above policy.
Con su firma abajo usted esta confirmando que entiende la poliza descrita.

Signature/Firma: Susan M Geiger
Susan M Geiger (Sep 22, 2015)

Date/Fecha: Sep 22, 2015

February 2011



Notification of Colorado Law Requirement
Unemployment Acknowledgement

According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

It is your responsibility to contact or notify CMG once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify CMG once an assignment ends. I also acknowledge that I have received a separate copy of this form.

SHG
SMG

_____ (Initial)

Susan M Geiger
Susan M Geiger (Sep 22/2015)

Employee Signature:

Susan M Geiger

Employee (please print your name here)

Sep 22, 2015

Date:



"your workforce management & staffing experts"

ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (**by telephoning 866.920.1425 or 303.920.1425**). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: Susan M Geiger
Susan M Geiger (Sep 21, 2015)

Date: Sep 22, 2015



Employees:

Implementation of the Affordable Care Act (ACA) of 2010 (the health care reform law) requires that we send you this notice. The notice describes the new online Health Insurance Marketplace (also called an Exchange), which is available at www.healthcare.gov beginning October 1, 2013. The Marketplace describes options you may have available for health insurance (other than employer-based plans) and is designed so you can make easy cost and coverage comparisons. The enclosed notice also includes information about coverage you may be eligible for through Corporate Management Group (CMG).

If you have coverage through Essential StaffCare, please be advised that the Essential StaffCare plan does not meet the criteria to avoid a penalty under the ACA plan requirements for 2014 and beyond.

Starting in 2014, if you do not have medical coverage, you will have to pay a penalty (in the form of a tax). If you do not qualify for coverage through CMG or you do not enroll yourself or a dependent, it is your responsibility to obtain coverage or pay the penalty. This penalty is known as the "individual mandate penalty."

The individual mandate penalty increases each year. In 2014 the penalty is 1% of your household yearly income or \$95 per adult and \$47.50 per child (up to \$285 for a family), whichever is higher. In 2015 the penalty is 2% of your household yearly income or \$325 per adult and \$162.50 per child (up to \$975 for a family), whichever is higher. The penalty for 2016 is 2.5% of your household yearly income or \$695 per adult and \$347.50 per child (up to \$2,085 for a family), whichever is higher. **If you chose to pay the penalty you will not get any health insurance coverage and will be 100% responsible for the cost of your medical care.**

If you are considered to be low income, Medicaid could be a viable option. Some states will also be expanding the eligibility rule and income requirements to qualify for Medicaid. To determine if the state where you live is expanding Medicaid coverage and to learn about Medicaid, please visit <https://www.healthcare.gov/do-i-qualify-for-medicaid>.

Please remember that open enrollment in the Marketplace begins on **October 1, 2013** and ends on March 31, 2014. After open enrollment ends you will not be able to get health coverage through Marketplace until the **next annual enrollment period**, unless you have a qualifying life event.

Thank you,

Corporate Management Group

303-920-1425

Pay@corpmgmtgroup.com



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.