



7301 Ohms Lane / Suite 405
Edina, MN 55439
T:952.835.1288 / F:952.835.4881

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Smith First Name Jffrey Middle Initial D
Street Address 101 Rockingham Rd
City/State/Zip Rockingham NC 28379
Home Phone _____ Cell / Message Phone 704-575-2663
Company/Employer Colorado Lightings

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

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

Applicant Certification and Authorization

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.
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. 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 release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.
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.

If hired, I agree to abide by the policies and procedures of ESSG.
Jeffrey D. Smith Jeffrey D. Smith 7-15-2014
Name (Print or type) Applicant's Signature Date

A copy or facsimile will be considered the same as an original signature.

For ESSG Office Use Only			
DOH _____	NHW _____	1-9 _____	8850 _____ W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (If applicable) _____ ESC Application _____

8850Form
(Rev. August 2009)
Department of the Treasury
Internal Revenue Service**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Jeffrey D Smith Social security number ▶ 546 963691

Street address where you live 101 Rockingham Rd

City or town, state, and ZIP code Rockingham NC 28379

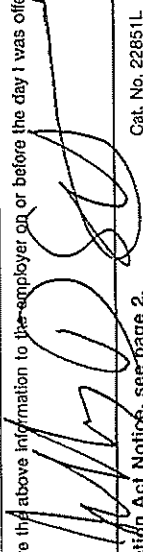
County Richmond Telephone number (704) 575-2663

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if any of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but not age 25 or older, and:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶

Date7.15.14

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

Cat. No. 22651L

Form 8850 (Rev. 8-2009)

WORK OPPORTUNITY TAX CREDIT

PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name Jeffrey D. Smith
Address 101 Devonishan Rd
City Rockingham State NC Zip 28374 Social Security # 546 963691
Date of Birth 11-10-56 Age 57

PLEASE CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes No X
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes No X
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes No X
4. Are you part of the Ticket to Work program? Yes No X

5. Name of person who received benefits City & State where benefits received

6. Are you a veteran? Yes X No and Disabled due to service? Yes No X
Service Dates: From: 12-82 To: Mar 97 Branch: US Army

7. Have you been unemployed at any time during the last 12 months? Yes No X
If yes, dates of unemployment: From: To:
Did you receive unemployment compensation at any point during your unemployment? Yes No X
If yes, dates received compensation: From: To: Yes No X

8. Have you been convicted of a felony or released from prison in the last 12 months? Yes No X
Date of Conviction: Date of Release:
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes No X
Name of Agency Phone #
Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes No X

11. Did you receive a high school diploma or GED? If yes, date received: Jun 74 Yes X No
Have you been employed or been admitted to technical school or college since then? Yes No

12. How much in gross wages have you earned TOTAL in the past six months? \$ 2,300.00

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.
NEW HIRE SIGNATURE [Signature] DATE 7-15-14

Questions below to be completed by manager
Starting Wage Position
Has employee worked for this company before? If yes, date and location



U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: November 30, 2011

YOUTH SELF-ATTESTATION FORM
Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Jeffrey D. Smith
Social Security Number: 546963691 Date of Birth: 11-10-56
Employer Name: Employer Solutions Staffing Group
Employer Federal ID (EIN) Number: ~~546963691~~

Please check all the statements that apply to you. Sign and date this form where indicated below.

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: [Signature] Date 7-15-14

Privacy Act Notice:
The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary, however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.



Employment Eligibility Verification

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Department of Homeland Security
U.S. Citizenship and Immigration Services

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Smith		First Name (Given Name) Jeffrey		Middle Initial D	Other Names Used (if any)	
Address (Street Number and Name) 101 Rockingham Rd		Apt. Number Rockingham	City or Town Rockingham	State NC	Zip Code 28379	
Date of Birth (mm/dd/yyyy) 11-10-1956		U.S. Social Security Number 846-98-3691		E-mail Address JeffSmith@JDSmithLighting.com 704 575 2663		

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.

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

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

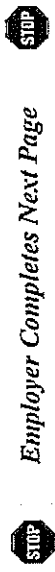
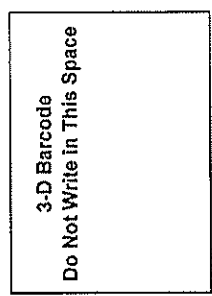
Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: 	Date (mm/dd/yyyy): 7-15-2014
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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.

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



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.)

Employee Last Name, First Name and Middle Initial from Section 1:	List A	OR	List B	AND	List C
Identity and Employment Authorization	Identity	AND	Employment Authorization	Identity	Employment Authorization
Document Title: <i>Pass Port</i>	Document Title:		Document Title:		Document Title:
Issuing Authority: <i>USA</i>	Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number: <i>429038127</i>	Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <i>8-14-17</i>	Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:					
Issuing Authority:					
Document Number:					
Expiration Date (if any)(mm/dd/yyyy):					
Document Title:					
Issuing Authority:					
Document Number:					
Expiration Date (if any)(mm/dd/yyyy):					

3-D Barcode
Do Not Write in This Space

Certification

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.

The employee's first day of employment (mm/dd/yyyy): 7-14-14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Tina Kool</i>	Date (mm/dd/yyyy) <i>7-22-14</i>	Title of Employer or Authorized Representative <i>Acct Mgr.</i>
Last Name (Family Name) <i>Kool</i>	First Name (Given Name) <i>Tina</i>	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name) <i>hool</i>		City or Town
	State	Zip Code

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) (mm/dd/yyyy):
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.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

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.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4

Name Smith Jeffrey D. DATE 7-15-14
Last First Middle Maiden

Social Security No. 546-96-3691

Telephone 703 575 2663

If under 18, please list age _____ Referred by _____

Position applied for (1) Project Manager
 and salary desired (2) \$60,000/year
 (Be specific) plus bonus

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? 168 Can you work nights? yes

Employment desired FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL-OR PART-TIME

When available for work? now

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No _____ Yes _____ If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No _____ Yes _____ If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Evans HS</u>	<u>Ollandale FL</u>	<u>4</u>	<u>Hs Diploma</u>
College	<u>COTech</u>	<u>60 SPRING RD</u>	<u>2</u>	<u>MBA</u>
Bus. or Trade School	<u>Excelsior College</u>	<u>Albany NY</u>	<u>4</u>	<u>B.A.</u>
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No _____ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No ___
 What is your means of transportation to work? car
 Driver's license number 23904413 State of issue NC
 Operator Commercial (CDL) ___ Chauffeur ___
 Expiration date 11-10-2019
 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? 1 - Speeding ticket

OFFICE USE ONLY

Typing ___ Yes ___ No ___ Personal Computer ___ Yes ___ No ___ 10-key ___ Yes ___ No ___
 ___ WPM ___ PC ___ Mac ___
 Word Processing ___ Yes ___ No ___ Other ___
 ___ WPM ___ Skills ___

Please list two references other than relatives or previous employers.

Name ~~Steven~~ Sergey Tsushko Name Dawn Rodriguez
 Position Employee Position Employee
 Company ___ Company ___
 Address ___ Address ___
 Telephone (916) 225-8571 Telephone (972) 339-2698

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes ___ No ___
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes No ___
 Specialty ___ Date Entered NOV 80 Discharge Date Mar 97

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>JD Smith Lighting</u>		Supervisor name _____	
Position <u>owner</u>		Employment dates	
Company _____		From <u>Oct 94</u>	Pay or salary
Address <u>101 Rockingham Rd</u>		To <u>Jul 2014</u>	Start
Telephone <u>703 575 2603</u>		Final	
Your last job title _____			

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. owner of the company

Name _____		Supervisor name _____	
Position _____		Employment dates	
Company _____		From _____	Pay or salary
Address _____		To _____	Start
Telephone () _____		Final	
Your last job title _____			

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.

Name _____		Supervisor name _____	
Position _____		Employment dates	
Company _____		From _____	Pay or salary
Address _____		To _____	Start
Telephone () _____		Final	
Your last job title _____			

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.

Who were you referred by? Colorado Lighting

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 Employer Solutions Staffing Group LLC, (hereinafter called "the Company"),

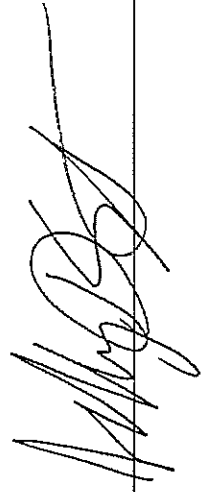
I agree that:

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 the Company, 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 the Owner/Managing Member of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company 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 called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company 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, the Company, 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 the Company 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 the Company is terminable at will for any reason by either party.

Signature of applicant  Date: 7-15-14

Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck. The time that the money goes into your account on pay day varies by bank. Please allow until at least 10 am on your payday for the deposit to show.

Please print

Check one of the following	Effective Date
<input checked="" type="checkbox"/> Start	<input type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Social Security Number
546 96 3691

Name (Last, First, Middle Initial)
Smith Jeffrey D

Home Address
101 Rockingham Rd Rockingham Nc 28379

Date (Mo/Day/Yr)
7-21-2014

Employee Signature
Jeffrey D Smith

Street
City
State
Zipcode
Daytime Phone Number

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE

PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Type of Account

Checking

Savings

Money Market Checking

Money Market Investment Requires Submission of ACH form from your broker

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.

Bank: 1st Bank, 512 Briggs St., Erie, CO 80516

Bank routing number: 107005047

Acct #: 2031208173

✓ Attach a voided check HERE or photocopy of a check for checking account.
DO NOT ATTACH A DEPOSIT SLIP.

(New account, I don't have any checks yet.)
JDS

EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Jeffrey D. Smith
Address: 101 Rockingham Rd Rockingham NC 28379
Home Phone: 704-575-2663

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

1. Name: Shawna Grover
Phone (work): cell 720 329-8129
Phone (home): _____

2. Name: Jaine Kgeberin
Phone (work): _____
Phone (home): cell 910 331-5372

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

VSI-IND 219301-EMP OFFICE USE ONLY

Refire Date ____/____/____

EMPLOYED INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK OR BLUE INK ONLY
ESC-CU(NAY/SAD) P2-V30

Social Security Number _____
Date of Birth ____/____/____ Sex M F
Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____

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. _____

BENEFIT SELECTION Weekly Rates

MEDICAL



- \$20.91 Employee Only
- \$42.44 Employee + One
- \$56.67 Employee + Family
- NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL



- \$ 5.99 Employee Only
- \$11.98 Employee + One
- \$19.77 Employee + Family
- NO

TERM LIFE



- YES \$0.60 Employee Only
- \$0.90 Employee + One
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY



- YES \$4.20 Employee Only
- NO

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

You MUST enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

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

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 _____

Date 7-15-11