



Benefits - Client Election Form A

Client Name:

Only Full Time employees (25+hours per week) are eligible for benefits. Please note that this Election Form ONLY applies to benefits offered by SimpleHR.

Please return all completed forms to SimpleHR:

Phone: 850.650.9935 ext. 37

Fax: 850.650.9936

Email: acurtin@simplehr.com

ANNUAL RECERTIFICATION: NO CHANGES FOR 2017 BENEFITS

I DO NOT WISH TO CHANGE EXISTING BENEFITS IN PLACE OR OPT TO ADD ADDITIONAL BENEFITS

ANNUAL CERTIFICATION: ADD OR DROP BENEFIT OPTIONS FOR 2017

I WOULD LIKE TO ADD OR DROP BENEFIT OPTIONS FOR 2017

If checked, please also complete Client Election Form B

ANNUAL CERTIFICATION: DECLINE PARTICIPATION IN BENEFITS FOR 2017

I DO NOT WISH TO PARTICIPATE IN BENEFITS FOR 2017

Client Signature

Signature: _____ Date: _____



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Benefits - Client Election Form B

Use this form if you elect to **ADD OR DROP** benefits for 2017

Client Name:

Only Full Time employees (25+hours per week) are eligible for benefits. Please note this form is for the Client's Election to accept or decline Benefits.

Please return all completed forms to SimpleHR:
Phone: 850.650.9935 ext. 37 Fax: 850.650.9936
Email: acurtin@simplehr.com

1. MAJOR MEDICAL

- YES, I'm interested in offering Major Medical Insurance for my Worksite Location
- NO, I'm not interested in Major Medical Insurance Coverage (You still must sign at the bottom of the form)

2. SIMPLEHR DRUG TESTING AND/OR BACKGROUND CHECKS

- YES, I'm interested in Drug Testing and would like to sign-up my location
- YES, I'm interested in Background Checks and would like to sign-up my location
- NO, I'm not interested in Drug Testing and/or Background Checks

3. SIMPLEHR 401(k)

- YES, I'm interested in having my worksite employees participate in the Simple HR 401(k)
- NO, I'm not interested in offering participation in the Simple HR 401(k)

4. SIMPLEHR FLEXIBLE SPENDING ACCOUNT - FSA AND DEPENDENT CARE

- YES, I'm interested in offering participation in the FSA
- NO, I'm not interested in offering participation in the FSA

5. SIMPLEHR GROUP TERM LIFE INSURANCE (\$15,000 OF TERM LIFE + AD&D)

- YES, I would like to offer the Group Term Life to my eligible Employees
- NO, I'm not interested in offering Group Term Life Insurance to my eligible Employees

6. EMPLOYEE ASSISTANCE PROGRAM (EAP)

- YES, I would like to offer the EAP to my eligible Employees
- NO, I'm not interested in offering the EAP to my eligible Employees

7. SIMPLEHR ADDITIONAL SERVICES AND PRODUCTS

- YES, I would like to participate in **SimpleENROLL** without any cost to me!
- YES, I would like to participate in the **PTO Accrual Program** without any cost to me!
- YES, I would like my employees to participate in the **SimplePAY Pay Card**!
- NO, I'm not interested in participating in any of the above listed programs or processes.

Client Signature

Signature: _____ Date: _____

