Dental Plan ?? —None— Employer Sponsored, Voluntary, Decline, Pending, Other

Dental Plan (other) ?? ????

Dental 1st Plan Title ?? ????

Dental 2nd Plan Title ?? ????

Dental Plan Contribution Format ?? —None— Percentage, Flat Dollar Amount — Employer format of contribution towards Dental Plan

Dental Plan % Contribution Employee Only ?? — Employer % contribution towards **Employee Only**

Dental Plan % Contribution Dependents ?? — Employer % contribution towards **Dependents**

Dental Plan FLAT $ Contribution Employee ?? — Employer FLAT Dollar Amount contribution towards **Employee**

Dental Plan FLAT $ Contribution Employee Spouse ?? — Employer FLAT Dollar Amount contribution towards **Employee Spouse**

Dental Plan FLAT $ Contribution Employee Children ?? — Employer FLAT Dollar Amount contribution towards **Employee Children**

Dental Plan FLAT $ Contribution Employee Family ?? — Employer FLAT Dollar Amount contribution towards **Employee Family**

Vision Plan ?? —None— Class 1, Class 2, Class 3, Decline, Pending, Other — Class 1 (Employer Pays 100% of Employee and Dependent Coverage) - Class 2 (Employer Pays 100% of Employee Coverage) - Class 3 (No Employer Contribution Required)

Vision Plan Carrier ?? ---None--- Vision Service Plan (VSP) — Medical (Requires 75% Participation among Eligible Employees)

Vision Plan (other) ?? ????

Vision Plan Employer Contribution Employee Only Class % ?? — Class 1 (Employer Pays 100% of Employee and Dependent Coverage) - Class 2 (Employer Pays 100% of Employee Coverage) - Class 3 (No Employer Contribution Required)

Vision Plan Employer Contribution Dependents Class % ?? — Class 1 (Employer Pays 100% of Employee and Dependent Coverage) - Class 2 (Employer Pays 100% of Employee Coverage) - Class 3 (No Employer Contribution Required)

Short-Term Disability Plan ?? —None— Accept, Decline, Pending

Short-Term Disability Carrier ??

Short-Term Disability Contribution ?? —None— Non-Contributory, Contributory — Non-Contributory (100% Client Paid) - Contributory (Employee Paid)

Short-Term Disability ?? ?? —None— 15/13, 15/26, Other — 15/13 (start day 15, 13 week duration, 60% of Salary, $1000 max/wk) - 15/26 (start day 15, 26 week duration, 60% of Salary, $1000 max/wk)

Short-Term Disability ?? (other) ?? — 15/13 (start day 15, 13 week duration, 60% of Salary, $1000 max/wk) - 15/26 (start day 15, 26 week duration, 60% of Salary, $1000 max/wk)

Long-Term Disability Plan ?? —None— Accept, Decline, Pending

Long-Term Disability Carrier ??

Long-Term Disability Contribution ?? —None— Non-Contributory, Contributory — Non-Contributory (100% Client Paid) - Contributory (Employee Paid)

Long-Term Disability ?? ?? —None— 90 day $10,000 max, 180 day $10,000 max , Other — 90 day $10,000 max (90 day elimination, 60% of salary to a max of $10,000/mo) - 180 day $10,000 max (180 day elimination, 60% of salary to a max of $10,000/mo)

Long-Term Disability ?? (other) ?? — 90 day $10,000 max (90 day elimination, 60% of salary to a max of $10,000/mo) - 180 day $10,000 max (180 day elimination, 60% of salary to a max of $10,000/mo)

Appoint OSBS as Broker of Record ?? —None— Yes, No — I wish to appoint One Source Benefit Solutions, Inc. as Broker of Record (Additional documents may follow)

Appoint OSBS as Co-Broker of Record ?? —None— Yes, No — I wish to appoint One Source Benefit Solutions, Inc. as Co-Broker of Record for administrative purposes only (Additional documents may follow)

Don't Appoint OSBS as Broker of Record ?? —None— Yes, No — I do not wish to appoint One Source Benefit Solutions, Inc. as Broker of Record

Benefit Eligibility Waiting Period ?? —None— 1 Day of Employment, 30 Days of Employment, 60 Days of Employment, 90 Days of Employment — Waiting Period--Any requested benefits will become effective on the 1st day of the month coincident with or following:

COBRA Eligible ?? —None— Yes, No — COBRA Eligible (20 or more employees)

State Continuation ?? —None— Yes, No — State Continuation (Less than 20 employees)