

ASSET STAFFING BENEFITS ELIGIBILITY LETTER

DATE: January 2018

TO: All new benefit eligible employees

FROM: Asset Staffing Payroll Department

RE: Employee Benefits Eligibility Letter for the Affordable Care Act

Dear Employee:

This letter summarizes the eligibility guidelines and health plan options for eligible employees and describes the steps you must take to either enroll in or decline the company's benefit offerings. **You are automatically enrolled for MEC & Accident coverage effective the first of the month and 60 days after your hire date unless you waive coverage by emailing: Shari Ward - shari@assetstaffing.com. You must indicate the effective date in which you either cancel or waive participation in the Plan.**

Employee Eligibility

Asset Staffing and Northpointe Personnel (Asset) offers two choices of health insurance plans to all new employees. All employees are eligible to enroll on the first of the month, 60 days after their effective start date.

Healthcare Plan Overview

Please note that this overview is simply provided as an unofficial summary of the plan rates. Any discrepancies between the summary and the official plan documents shall be determined by referencing the applicable insuring contracts. The official Summary Plan Description (SPD) is controlling. Detailed descriptions of each plan offering including coverage and deductibles are provided from the Asset Staffing benefit guide

1) Minimum Essential Coverage Plan (MEC)– Preventive Only with Accident

The MEC plan is an employer sponsored healthcare plan. Employees enrolling in this plan will not need to pay the individual mandate tax of whichever is greater, 2.5% of the adjusted household income for 2018 or \$695 per adult and \$347.50 per child to a family maximum of \$2,085. All employees are eligible to participate in our MEC plan on the first day of the month following 60 days after of your respective start date. The MEC plan provides minimum essential coverage (MEC) – which is Preventive Only and an Accident plan which provides cash reimbursement for injuries due to accidents. The MEC plan is preventive coverage only and includes 65 mandated tests. **The MEC plan does not cover hospital costs, out-patient facilities, or the ER visits.**

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2) MEC with Accident & Fixed Indemnity Plan

Includes the accident and preventive coverage of the MEC plan. The fixed indemnity plan also provides cash payments for in-patient and out-patient services. The payments do not need to be used to pay for the cost of claims, but can be used for groceries, car payments, mortgages etc. Enrolled employees will not need to pay the individual mandate tax for 2018.

Health Plan Payroll Deduction Overview:

Please find below an overview of the company's current weekly plan payroll deductions.

*MEC & Fixed Indemnity Plan	Weekly Deduction	MEC & Accident Low Cost Plan	Weekly Deduction
Employee Only	\$34.21	Employee Only	\$16.00
Employee & Spouse	\$67.06	Employee & Spouse	\$23.00
Employee & Child	\$61.28	Employee & Child	\$20.00
EE + Family	\$76.24	EE + Family	\$27.00

Upon termination of employment, employees are responsible for the payment of the total current month's premium. Please note a termination of employment occurs once an assignment ends unless you're on a new assignment within two (2) weeks of the completion of your previous assignment. Upon termination you may continue coverage in accordance with the Consolidated Omnibus Budget Reconciliation Act (COBRA) whereby 100% of the cost plus administration fees are paid by the employee. *If you owe any unpaid medical premiums these will be deducted from your final paycheck.*

Enrollment

- Upon receiving this notice you must either elect to participate in one of the Asset group health plans or opt out.
- Complete the **Salary Reduction Agreement** and **Authorization** sections attached and fax a signed copy to **212-430-1065 ACA Enrollment**. Keep a receipt of your fax with your records.
- Enrollment begins the first of the month, 60 days after the hire date.
 - The plans are effective dates as of January 1, 2018 through December 31, 2018.

You must be on a current assignment to participate in either of these plans.

Individual Questions

If you have questions regarding benefits that are not addressed in this letter, please feel free to contact **Shari Ward** at email address shari@assetstaffing.com or call 212-430-1060.

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Salary Reduction Agreement

I hereby authorize and direct my employer (Asset Staffing) to reduce my salary in the amount necessary to pay for the coverage shown below. Such reductions are considered as elective contributions under the Plan. My contributions will be withheld one month in advance of the premium due date. Contributions are withheld during the first pay cycle of the month or the first pay period immediately after enrollment. I further authorize future adjustments in the amount of my salary reduction if the carrier changes the cost of coverage in any program selected below during the plan year. I also understand that the purpose of this program is to allow employees to select their qualified benefits within the guidelines of the Internal Revenue Code. I understand that the selection of a benefit and the indication that a premium is to be paid does not necessarily include me in the insurance portions of this plan. In most instances an application for insurance must also be completed.

Listed below are the benefits that may be available under the plan. Please indicate which benefits you wish to select by checking the appropriate box. Total per month costs will be deducted from my pay until monthly premiums due are collected. In accordance with the Plan, selections will remain in effect until a subsequent election form is filed.

MEC & Accident Plan Employee Only Employee & Spouse Employee & Child Family

MEC & Fixed Indemnity Employee Only Employee & Spouse Employee & Child Family

Employee’s Name (Please Print): _____

Employee’s Signature: _____

Date: _____

Authorization

To Authorize Participation: I hereby certify the above information to be correct and true and I authorize my employer, **Asset Staffing**, to withhold the total deductions identified from each paycheck for the purpose of participating in the appropriate plan selected above.

Employee’s Name (Please Print): _____

Employee’s Signature: _____

Date: _____

To Decline Participation: The benefits have been explained thoroughly to me and I choose not to participate. I understand that I will not be eligible to enroll into the company’s benefit plans unless I have a status change that provides me special enrollment rights as defined by the IRS. I further understand that this declination also eliminates spouse and/or dependent(s) eligibility through this plan.

Employee’s Name (Please Print): _____

Employee’s Signature: _____

Date: _____