

AMERICAN STAFFCORP
HealthCare Plan - Opt Out Program
Employee Acknowledgement

Employee name: _____

Date of Hire: _____

I hereby acknowledge and fully understand that American StaffCorp (ASC) offers medical insurance benefits to eligible employees. **I further agree and understand, as further discussed below, that I will automatically be included in the medical health benefits plan and the employee portion of the cost deducted from my pretax wages if I do not decline coverage within 60 days of my date of hire.**

I further acknowledge and understand that:

1. Actual coverage is determined by the express terms of the Plan documents. ASC encourages both me and my family to review the Plan documents, including the Enrollment Guide, Rate Page and Summary of Benefits and Description carefully, all of which are available at www.americanstaffcorp.com and both the Tulsa and OKC office. Additionally, ASC will be mailing me the Plan documents after approximately 30 days of employment so that I can have time to review the Plan and enroll or opt out.
2. I will be eligible for ASC's medical health benefits plan and will be automatically enrolled after I complete my first 60 days of employment. ASC provides 5 different medical plan options.¹ I will automatically be enrolled in ASC's MEC Plan unless I choose one of the other 4 offered Plans or I opt out.
3. The pre-tax payroll deduction amount will be \$8.30 per week for individual coverage. This amount will be automatically deducted from my paycheck each week. Failure by me to make payments may result in cancellation of coverage or, if ASC is required to pay my share of the payments, ASC will recover the cost of these payments from me as I remain financially responsible for the medical insurance premiums paid on my behalf.
4. **TO BE CLEAR, SINCE ASC'S PLAN IS AN OPT OUT PLAN, I WILL AUTOMATICALLY BE ENROLLED IN THE MEC PLAN IF: (a) I DO NOT TURN IN MY DECLINE/WAIVER FORM; OR (b) I DO NOT TURN IN MY ENROLLMENT FORM IF I PLANNED TO CHOOSE TO ENROLL IN ONE OF THE OTHER FOUR ASC PLANS.**
5. After being enrolled, I cannot opt out of the ASC Plan unless a Qualified Event occurs or until the following year's open enrollment period.

If you have questions, feel free to call Karol Sorensen at 918-362-WORK (9675).

I, by signing below, have fully read, comprehend, and acknowledge the above items.

Employee Signature: _____

Date: _____

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¹ All 5 medical plans meet the IRS individual mandate requirement which relieves a person from paying a penalty on their personal income taxes during their employment at American StaffCorp. Based on the plans being offered, it is unlikely you will be eligible to receive a tax subsidy under the government market place.