



## Benefit Summary Guide & Election Form | Contract Employees

Effective December 1, 2018 – November 30, 2019

**Contract Employee Eligibility:** A contract employee will be eligible to participate in the Medical Plan if he or she is a common law employee of BANKW Staffing, LLC (the “Company”), KBW Financial Staffing & Recruiting, Alexander Technology Group, The Nagler Group and /or Sales Search Partners (together with the Company, the Companies”) and is considered to be “full-time”. We consider a contract employee to be full-time if he or she is regularly scheduled to work at least 30 hours of service per week for one or more of the Companies, determined on a monthly basis. If a contract employee is “full-time,” he or she will be eligible to participate in the Medical Plan on the 90th day following the first day of his or her full-time employment, so long as he or she is still a full-time employee at that time and has accepted the offer of coverage by returning the benefit election form within 30 days of the initial start date within the plan year. If a contract employee is not full-time he or she will be ineligible to participate in the Medical Plan. Annual Open Enrollment period is November. Plan year is December 1st – November 30th. Please review procedures described in our eligibility policy for contract employees or contact [HR@bankwstaffing.com](mailto:HR@bankwstaffing.com) for more details.

**To elect coverage, please complete and return the benefit election form below with your intention to enroll within the first 30 days of your initial start date within the plan year. If you do not return the form, we will assume you have chosen to decline coverage for the current plan year. You will not have another opportunity to elect coverage again until the next plan year unless you have a qualifying special enrollment or status change event under applicable law.**

You will be eligible on the 90th day following your original date of hire as long as this form is received within 30 days of your initial start date within the plan year. Our plan year is December 1<sup>st</sup> to November 30<sup>th</sup>, with an annual Open Enrollment period in November. During our annual open enrollment period, those who are eligible and have satisfied the limited non-assessment period will be eligible to join the plan on December 1.

**Medical Plan information:**

Provider Name	Harvard Pilgrim Health Care of New England
Provider Phone Number	1-888-333-4742
Provider Web Address	<a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>

Plan Feature		Harvard Pilgrim Best Buy HSA HMO (3974/Rx1337)	
Are Referrals Required?		No	
Preventative Care		Covered in full	
Office Visit		Deductible, then no charge	
Specialist Visit		Deductible, then no charge	
Plan Year Deductible		\$6,000 individual / \$12,000 family	
Out-of-Pocket Maximum (includes all cost sharing)		\$6,500 individual / \$13,000 family	
Inpatient/Outpatient Facility Services		Deductible, then no charge	
Outpatient Speech/Physical/ Occupational Therapies		Deductible, then no charge – maximum of 60 visits combined	
Lab X-ray and Ultrasound		Deductible, then no charge	
High Cost Diagnostics (MRI,MRA,CTA,CT,PET,SPECT)		Deductible, then no charge	
Chiropractic Coverage		Deductible, then no charge - maximum of 12 visits	
Emergency Room / Urgent Care		Deductible, then no charge	
*ER copay waived if admitted		Deductible, then no charge	
Prescription Drug Coverage		Deductible, then \$5 / \$20 / 20% / 30%	

### MEDICAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES

Coverage Enrollment Options:	Employee	EE&Spouse	EE&Child(ren)	Family
Your Pay Rate \$13.99/hour or under	\$32.54	\$162.88	\$141.60	\$250.67
Your Pay Rate \$14.00/hour-17.99/hour	\$41.41	\$171.76	\$150.48	\$259.54
Your Pay Rate \$18.00/hour & above	\$53.24	\$183.59	\$162.31	\$271.37

**BENEFIT ELECTION FORM  
ENROLLING IN MEDICAL BENEFITS**

✓ **Yes! I would like to enroll in medical benefits\*.**

\*You will receive login access via email to our online benefit management system approximately one week prior to your eligibility date. Once you log into the portal, please follow the prompts to choose your coverage. This must be completed prior to your eligibility date. During the registration process you will be required to enter and confirm personal identifying data, and ensure your current benefit enrollment is accurate.

**Employee Acknowledgement:**

*I acknowledge that documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing, LLC Medical Plan – **Harvard Pilgrim Best Buy HSA HMO** (the "Medical Plan"), were provided to me electronically via email, prior to my eligibility to join the plan. I acknowledge that all relevant Medical Plan documents for contractor employees are posted on the Company's websites at [www.kbwfinancial.com](http://www.kbwfinancial.com), [www.alexandertg.com](http://www.alexandertg.com), [www.naglergroup.com](http://www.naglergroup.com), and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4500. I have had the opportunity to review these documents in advance of my election, and I understand that if I have any questions about the Medical Plan, I may contact Human Resources at 603-637-4500.*

*I understand that if I enroll in Medical Benefits, I am making a binding election concerning my benefits and authorizing payroll deductions on a pre-tax basis for the medical plans elected through my employer-sponsored Section 125 Cafeteria Plan.*

**ACKNOWLEDGEMENT – SIGNATURE REQUIRED**

<b>Employee Signature:</b>	
<b>Printed Name:</b>	
<b>Date:</b>	

**Please email your completed form(s) to [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax to 1-866-313-4798.  
Questions? Please call Human Resources at 603-637-4510.**