

TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS ON PAGES 2-4 OF THIS NOTICE AS APPLICABLE BASED ON YOUR COVERAGE NEEDS within 30 DAYS OF YOUR ORIGINAL DATE OF HIRE. PLEASE SEND COMPLETED FORMS TO HR@BANKWSTAFFING.COM.

SIGNING PAGE ONE OF THIS DOCUMENT DOES NOT ENROLL YOU IN COVERAGE

Offer of Coverage

We are pleased to provide you with information about the BANKW Staffing Medical Plan. This notice describes eligibility requirements for the Medical Plan and explains our procedures for electing coverage. Please review this information carefully. The Affordable Care Act and IRS require us to make an offer of coverage to all employees who may be eligible for medical benefits. A contract employee will be eligible to participate in the Medical Plan if the employee is a common law employee of BANKW Staffing, LLC (the “Company”), and its affiliated companies, KBW Financial Staffing & Recruiting, Alexander Technology Group, The Nagler Group, Sales Search Partners and /or KNF&T (together with the Company, the Companies”) and is considered to be “full-time”. We determine whether a contract employee is full-time using the rules set forth in [Eligibility Policy for Contract Employees](#). **All other plan documents can be found [here](#).**

At the time of hire, we will provide each contract employee, electronically, with a notice describing the coverage available under our Medical & Dental Plan, as well as enrollment instructions.

Contract employees must notify the Company within 30 calendar days of the original date-of-hire (whether or not the employee is employed with the Company for the entire 30-day period) **as to whether or not the contract employee will choose to enroll in or waive coverage under our Medical Plan for the Initial Measurement Period.** If the contract employee does not respond within that period, the Company will assume the contract employee has chosen to waive coverage for the Initial Measurement Period. Otherwise, your next opportunity to elect coverage will be during the Standard Stability Period, under the look-back measurement method for Ongoing Employees as outlined in the [Eligibility Policy for Contract Employees](#), unless you have a qualifying special enrollment or status change event under applicable law.

To elect coverage, please print, complete and return the medical plan election form(s) on pages 2-4 of this notice with your intention to enroll, within 30 calendar days of your original date-of-hire. Please send the form(s) via email hr@bankwstaffing.com or fax 1-866-313- 4798.

If the contract employee elects coverage under our Medical Plan within the 30-calendar day period, the coverage will begin on the 90th day following the commencement of employment, so long as the employee is determined to be a **full-time** employee as of the 90th day and will continue for the duration of the Initial Measurement Period, provided the employee remains employed at the Companies. A contract employee who is not determined to be “full time” as of the 90th day following commencement of employment will not be eligible for coverage during the employee’s Initial Measurement Period. Please carefully review the below policies and information carefully. In the event of any conflict between the content of this notice and the policy, the policy controls.

Once election forms are received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current medical enrollment is correct. Your online enrollment in medical plan must be completed by your eligibility date.

Additionally, the Affordable Care Act created an online marketplace to find, compare and purchasing health insurance coverage, referred to as a Health Insurance Marketplace, or Exchange. Please view [The Healthcare Exchange Notice](#) to review details. If you purchase coverage through the Marketplace, you may be eligible for a federal subsidy that lowers your monthly premiums or reduces your cost sharing. However, to receive these federal savings, you cannot be eligible for health plan coverage through the Company that is affordable and provides "minimum value." More information on the health care reform law and the Marketplaces is available at www.healthcare.gov .

Employee Acknowledgement: I acknowledge I have received the BANKW Staffing Offer of Coverage, policies and information about eligibility and election process described above.

Employee Signature:	
Printed Name:	
Date:	

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APPLICABLE BASED ON YOUR COVERAGE NEEDS. PLEASE AND SEND COMPLETED FORMS TO HR@BANKWSTAFFING.COM TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS ON PAGES 2-4 OF THIS NOTICE AS APPLICABLE BASED ON YOUR COVERAGE NEEDS. PLEASE AND SEND COMPLETED FORMS TO HR@BANKWSTAFFING.COM

BANKW Staffing Harvard Pilgrim Health Care HMO HSA | Summary & Election Form
Effective December 1, 2021 – November 30, 2022

The HMO HSA plan is only available to employees who reside inside the Harvard Pilgrim Health Care New England Service Area

Provider Name Harvard Pilgrim Health Care of New England
 Provider Phone Number 1-888-333-4742
 Provider Web Address www.harvardpilgrim.org

Plan Feature	Harvard Pilgrim Best Buy HMO HSA (3974/Rx1337)
Are Referrals Required?	Yes
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 \$14.99/hour or under	\$35.31	\$195.26	\$169.15	\$302.99
Your Pay Rate \$15.00/hour-18.49/hour	\$44.08	\$204.03	\$177.92	\$311.76
Your Pay Rate \$18.50/hour & above	\$54.46	\$214.41	\$188.31	\$322.14

HPHC HMO HSA MEDICAL PLAN ELECTION FORM

To elect coverage, please complete and return this medical plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email hr@bankwstaffing.com or fax 1-866-313-4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

Employee Acknowledgement:

I acknowledge that the 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 website www.bankwstaffing.com and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. 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 603-637-4510. 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.

Employee Signature:	
Printed Name:	
Date:	

Human Resources Department hr@bankwstaffing.com | 603-637-4510

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**BANKW Staffing Harvard Pilgrim Health Care PPO HSA | Summary & Election Form
Effective December 1, 2021 – November 30, 2022**

The PPO HSA plan is only available to employees who reside outside of the Harvard Pilgrim Health Care New England Service Area. The New England Service area includes Maine, New Hampshire, Massachusetts, Vermont, Rhode Island and Connecticut.

Provider Name Harvard Pilgrim Health Care of New England
 Provider Phone Number 1-888-333-4742
 Provider Web Address www.harvardpilgrim.org

Plan Feature (In-Network)	Harvard Pilgrim Best Buy PPO HSA (3981/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 \$14.99/hour or under	\$35.31	\$208.28	\$180.04	\$324.77
Your Pay Rate \$15.00/hour-18.49/hour	\$44.08	\$217.05	\$188.81	\$333.54
Your Pay Rate \$18.50/hour & above	\$54.46	\$227.43	\$199.20	\$343.93

HPHC PPO HSA MEDICAL PLAN ELECTION FORM

To elect coverage, please complete and return this medical plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email hr@bankwstaffing.com or fax 1-866-313- 4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

Human Resources Department hr@bankwstaffing.com | 603-637-4510

Employee Acknowledgement:

I acknowledge that the 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 PPO (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 website www.bankwstaffing.com and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. 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 603-637-4510. 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.

Employee Signature:	
Printed Name:	
Date:	

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PLEASE AND SEND COMPLETED FORMS TO HR@BANKWSTAFFING.COM

BANKW Staffing Northeast Delta Dental | Summary & Election Form

Effective December 1, 2021 – November 30, 2022

Dental Summary Guide & Election Form

Provider Name Northeast Delta Dental
 Provider Phone Number 800-832-5700
 Provider Web Address www.nedelta.com/Home

DENTAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES					
Coverage Enrollment Options:	Employee	EE&Spouse	EE+ Child	EE&Child(ren)	Family
Rates	\$12.61	\$23.09	\$23.09	\$40.19	\$40.19

Dental Type of Service	PPO plus Premier
Plans Pay	In & Out of Network
Diagnostic & Preventive Services	100% (no waiting period)
Basic Services	80% (no waiting period)
Major Services	50% (6 month waiting period)
Orthodontics (Child & Adult) \$1,500 per member lifetime maximum	50% (6 month waiting period)
One-time Deductible	\$100 per person / \$300 per family
Calendar Year Maximum	\$2,000 per person
Carryover	Yes
Carryover Threshold	\$500
Carryover Amount	\$250
Double-Up Max Limit	\$2000

If this Northeast Delta Dental plan is replacing an existing group dental plan that covers the services to which the waiting periods apply, the waiting periods will be waived for enrollees whose effective date of coverage coincides with the *original* effective date of this plan.

DENTAL PLAN ELECTION FORM

To elect coverage, please complete and return this dental plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email hr@bankwstaffing.com or fax 1-866-313-4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

Employee Acknowledgement:

I acknowledge that the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing, LLC Dental Plan, were provided to me electronically via email, prior to my eligibility to join the plan. I acknowledge that all relevant Dental Plan documents for contractor employees are posted on the Company's website www.bankwstaffing.com and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. 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 603-637-4510. 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.

Employee Signature:	
Printed Name:	
Date:	

Human Resources Department hr@bankwstaffing.com | 603-637-4510