

The Benefit Alliance Plan

ENROLLMENT INSTRUCTIONS

Complete the top section of Benefit Alliance Enrollment Form with your personal information. Include information on spouse and/or dependent children if you choose to enroll them in any of the benefits offered.

- 1) **Group Term Life Plan** – If it is not a designated open enrollment period, you must have started employment with Kelly within the prior 60 days to be eligible to enroll in the Group Term Life plan. Check the appropriate box to indicate whom you wish to insure. You must purchase coverage for yourself in order to insure your spouse or dependent children.
- 2) For **employee coverage**, check the box to indicate whether you are a smoker or non-smoker. Check the box for the amount of coverage you choose. Find the corresponding monthly premium amount on the “Group Term Life Plan Schedule” and fill in this amount on the monthly premium line. Fill in the name and relationship of the beneficiary for your policy where indicated.
- 3) For **spouse coverage**, check the box to indicate whether your spouse is a smoker or non-smoker. Check the box for the amount of coverage for your spouse. *The amount of spouse coverage may not exceed 50% of the amount of employee coverage.* Find the corresponding monthly premium amount on the “Group Term Life Plan Schedule” and fill in this amount on the monthly premium line. Fill in the name and relationship of the beneficiary for the policy on your spouse where indicated.
- 4) For **dependent children (over 14 days of age & under 19 years of age) coverage**, check the box for the amount of coverage you choose and fill in the monthly premium amount accordingly. *One premium provides life insurance for all eligible dependent children covered by the rider.*
- 5) **Group Term Short Term Disability Plan** – Determine the maximum benefit you are eligible for by multiplying your weekly salary by 50%. If the amount falls between benefit choices, round down to the nearest \$50. (Example: Weekly salary = \$575 times 50% = \$287.50, which needs to be rounded down to \$250 as the maximum benefit amount). Check the box for the weekly benefit amount you choose and find the corresponding premium amount for your age on the “Short-Term Disability Rate Schedule”. Fill in this amount on the monthly premium line on your enrollment form.
- 6) **Group Dental Plan** – Choose one of the plans listed by checking the appropriate box and fill in the corresponding premium shown on the monthly premium line of the enrollment form.
- 7) **Group Prescription Drug Co-op Plan** – Choose one of the plans listed by checking the appropriate box and fill in the corresponding premium shown on the monthly premium line of the enrollment form.
- 8) **Group EyeMed Vision Care Plan** – Choose one of the plans listed by checking the appropriate box and fill in the premium shown on the monthly premium line of the enrollment form.
- 9) **Group Accident Plan** - Choose one of the plans listed by checking the appropriate box and fill in the premium shown on the monthly premium line of the enrollment form.
- 10) **Group Supplemental Hospital Indemnity Plan – BASIC or PREMIER PLANS** – Choose one of the plans listed by checking the appropriate box and fill in the corresponding premium shown on the monthly premium line of the enrollment form. **Read the “Pre-Existing” clause and check the “yes” box to indicate you understand and agree that group hospital and medical indemnity plan benefits will be subject to this clause.**
- 11) **Group MID MED Limited Benefit Medical Insurance – Level 1 or Level 2** – If it is not a designated open enrollment period, you must have started employment with Kelly within the prior 60 days to be eligible to enroll in the MID MED plans. Choose one of the plans listed (they include the CatalystRx prescription drug plan) by checking the appropriate box and fill in the corresponding monthly premium line of the enrollment form. **Read the Pre-Existing and Plan Limitation clause. You must sign and date where indicated acknowledging you understand and agree that the Mid Med Plan benefits will be subject to this clause before coverage can be issued.**

See Reverse Side

- 12) **Short Term Major Medical Plan** – You must call Leslie & Associates Customer Service (1-800-644-6854) for a personalized quote. *(this product is not available in NY, NJ, MA, VT)*
- 13) **Individual Major Medical Plans** – You must call Leslie & Associates Customer Service (1-800-644-6854) for a personalized quote. *(products not available in HI, ID, MA, ME, MN, MT, ND, NH, NJ, NY, OR, RI, VT)*
- 14) **Critical Illness Plan** – You must complete the enclosed separate Continental American Insurance Co. Application Form #CAIC01-SI-KS including medical questions 1-3. Spouse coverage amount may not exceed employee coverage amount. For employee coverage amounts above \$30,000 or spouse coverage amounts above \$15,000, medical questions 4-8 must be answered. You may use additional paper if needed for explanation of any “YES” answers. The reverse side of the CAIG Application Form must be signed and dated to be complete. Fill in the insurance amount(s) you chose and the corresponding monthly premium on your Benefit Alliance Enrollment Form. Return the completed application form with your Enrollment Form in the envelope provided.
- 15) **Billing Preference** – Check the appropriate box to indicate your preference for paying **future** premiums. You may choose to be billed monthly (\$3.00 administrative fee per month) or use the bank draft authorization method (\$2.00 administrative fee per month). Fill in the corresponding amount on the “add administrative fee” line on the enrollment form.
- 16) **Premium Payments** - Calculate your total monthly amount by **adding the monthly premiums for all chosen benefits, the \$20.00 initial enrollment fee and the appropriate administrative fee.** Fill in this amount on the “**total payment enclosed**” on the enrollment form. Please make sure your check or money order for your first premium payment is made **payable to Special Insurance Services, Inc.**
- 17) **Sign & Date** – Sign and date your enrollment form, and add your Kelly branch number, where indicated.
- 18) **Bank Draft Authorization Form** – If you choose the bank draft authorization method of your **future** premium payments, be sure to complete the enclosed authorization form. Attach a voided check or copy of a voided check; sign and date where indicated.
- 19) **Initial Premium Payment** – Make your check or money order **payable to Special Insurance Services, Inc.** in the amount that corresponds to the “Total Payment Enclosed” line on your enrollment form. This payment represents your initial premium payment(s) for the coverage(s) you have selected.
- 20) **Mail**– Mail your completed enrollment form, separate Application Form for Critical Illness (if chosen), initial premium payment (and bank draft authorization form if selected) in the return envelope enclosed. ***When we receive your complete, correct enrollment form with the accompanying initial premium payments on or before the 20th day of a given month, the coverage you have selected will be effective the first day of the following month.***

If you should have any questions or need enrollment assistance, you may speak with a Leslie & Associates customer service representative by calling 1-800-644-6854 Monday through Friday 8:30 a.m. to 5:00 p.m. Central Standard Time.

Please note: Make sure your check or money for the initial premium payment due is included with your completed enrollment form. The payment option you choose will coincide with the second premium due. We cannot process your enrollment form without the correct initial premium payment.

**Mail enrollment forms to:
Leslie & Associates, Inc. – Benefit Alliance Plan
17304 Preston Rd., Suite 1320
Dallas, TX 75252-6018.**

<p>*** IMPORTANT NOTE *** Your Benefit Alliance Plan does not automatically terminate if you should terminate employment with Kelly Services. You must notify Leslie & Associates in writing if you wish to change or cancel any benefit and/or automatic bank draft authorization.</p>
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