



Benefit Offer Acknowledgement Form

A Selection of Benefits to Fit Your Needs

We value the contribution you make to our company. Offering benefits to promote and support the health and welfare of our employees is a top priority. Be sure to review your Benefits Guide and the information listed below. The Benefit Guide contains the benefit and cost for all products.

What You Need to Know About Your Benefits

1. You are eligible to enroll in benefits effective the 1st of the month following 59 days from the date you first go on assignment.
2. You have the option to enroll into benefits as a new hire, during Open Enrollment or if you experience a qualifying life event.
3. You have *30 days from today* to make your benefit elections if you do not make them today. Please note that if you take no action, you are indicating that you are waiving all coverage.
4. You can choose from a variety of benefits including medical, medical indemnity coverage, dental, vision, life, short-term disability, and critical illness insurance.
5. Unless requested otherwise, deductions for medical, medical indemnity, dental and vision will be taken from your paycheck on a pre-tax basis.
6. You may enroll by calling the **ACA Hotline at 888-412-8073** or by filling out the enrollment form at www.swipejobs.com/benefits.
7. You may make changes to your *existing* coverage by calling the **SISCO Call Center at 844-631-6104** or by going online to <https://www2.benefitelect.com/be/swipejobs>
8. Detailed plan information such as Summaries of Benefits and Coverage (SBCs), certificate booklets and annual notices can be found at <https://www2.benefitelect.com/be/swipejobs> or www.swipejobs.com/benefits

Do you want Health Insurance?

- ☐ Yes, I want Health Insurance. You **MUST** still complete the enrollment process (As per point 6. You may enroll by calling the ACA Hotline at 888-878-243)
- ☐ No, I do not want Health Insurance. You are waiving coverage until the next open enrollment or you experience a qualifying event.

By signing this Benefit Offer Acknowledgement Form you are agreeing to receive benefit offers electronically and access all relevant plan documents online at www.swipejobs.com/benefits. In the event you need a paper copy of important benefit information you can contact your local staffing office or call 888-412-8073 to request and a paper copy and it will be provided.

By signing this Benefit Offer Acknowledgement Form you are acknowledging that if you do not make your elections within **30 days** all coverage will be waived and you are aware of the plan's enrollment rules.

Action Needed!

I have read and been informed about the requirements of the benefits policy at swipejobs.

Employee Signature: _____

Employee Printed Name: _____ Date: _____