



Employee Medical Benefit Election Form Effective December 1, 2016

To elect coverage, please complete and return this benefit election form with your intention to enroll. 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. During our annual open enrollment period, those who have already satisfied the limited non-assessment period will be eligible on December 1, 2016.

You will receive login access to our online benefit management system upon receipt of your election form. During the registration process you will be required to enter and confirm personal identifying data, and ensure your current benefit enrollment is accurate.

ENROLLING IN MEDICAL BENEFITS

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

I acknowledge that documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANK W Holdings, 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, www.alexandertg.com, 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

Table with 2 columns: Label (Employee Signature, Printed Name, Date) and empty input field.

Please fax your completed form(s) to 1-866-313-4798, or email mlamarca@bankwstaffing.com Questions? Please call Human Resources at 603-637-4500.