



<p align="center">Provide copy of signed document to employee:</p> <p>Forms Due: _____</p> <p>Enrollment Eligibility Date: _____</p>

**Acknowledgment Receipt:
Benefit Premium Worksheet
Waiver/Election Forms
Terms of Cafeteria Election Agreement**

This document acknowledges receipt of the above listed documents relative to the insurance for the health benefit plans offered by TriStaff Group.

Please understand that it is your responsibility to:

- Review the information.
- Complete the worksheet.
- Sign the Election/Waiver Form.
- Sign the Terms of the Cafeteria Election Agreement.
- Return:
 - the worksheet
 - the Election/Waiver Form
 - the Terms of the Cafeteria Election Agreement form
 - any and all enrollment forms

All forms are to be returned to:

TriStaff Group
Attn: Melissa Lockwood
6336 Greenwich Drive, Suite 100
San Diego, CA 92122

Your coverage eligibility date is the first day of the month following thirty (30) days of employment.

- Example:
- a. Employment starts on the 1st day of May, coverage commences June 1st;
 - b. Employment starts on the 2nd day of May or any other date through May 31st coverage commences July 1st).

All documents listed above must be completed, signed and **returned to TriStaff no later than the 15th day of the month prior to your coverage eligibility date.**

Please be aware that if you chose to decline coverage at this time, the next opportunity to enroll in the above-mentioned plans will be during TriStaff's open enrollment period, which will be conducted in June 2012, with an effective coverage date of July 2012.

Further, by signing this acknowledgement, it is agreed by you that failure to return the signed documents will be considered a waiver of your right to participate in any insurance program offered by **TriStaff** during the current plan year.

Employee's Signature _____ Date _____

Employee's Name (Please Print) _____

E-Mail address: _____



NAME: _____
 DIVISION: _____

FOR OFFICE USE ONLY:	
DOH:	_____
DOE:	_____
TO ACCTG:	_____
EM:	_____
DL:	_____

HEALTH INSURANCE OPTIONS & PREMIUMS FOR CONSULTANTS
 Rates and plans effective 7/1/11 through 6/30/12

Welcome to **TriStaff Group**! In order to accommodate the needs of a diverse work force, **TriStaff** offers a flexible benefit plan referred to as a “cafeteria” plan. Under Section 125 of the Internal Revenue Code, this cafeteria-style package allows employees to select the types of pre-tax benefits most suited to their specific needs. **TriStaff** contributes \$67.00 per month toward each full-time employee’s selected benefits package. Please read this entire document, and then use the attached worksheet to figure your pre-tax contribution. You may choose from any of the options listed here according to your needs. Full plan descriptions and rate information are located at www.tristaff.com. Go to Forms, Health Insurance Benefit Information, Consultants/ Contractors. **Return all forms directly to Melissa Lockwood for processing.**

HEALTH PLAN OPTIONS: Choose one – choices are Kaiser HMO or HSA and United Healthcare HMO, PPO, or HSA

Kaiser - HMO

For facility locations please go to www.kaiserpermanente.org

Employees select a Kaiser facility from the directory. Kaiser assists you in selecting a primary care physician practicing at the facility you choose. Office visits are \$25.00. Approved hospitalization is \$500 per admittance. 30-day supply prescriptions are \$15/\$35 (generic/brand name).. 100-day supply prescriptions are \$30/\$70 (generic/brand name). Outpatient surgery has a \$100 co-pay per procedure. For more information on this plan, please visit www.tristaff.com

	Cost	
Employee Only	\$374.12	_____
Employee and Spouse	\$823.07	_____
Employee and Child(ren)	\$748.24	_____
Employee and Family	\$1122.37	_____

No enrollment application is required.

Kaiser – HSA

For facility locations please go to www.kaiserpermanente.org

For detailed information on this plan, please visit www.tristaff.com

	Cost	
Employee Only	\$269.03	_____
Employee and Spouse	\$591.87	_____
Employee and Child(ren)	\$538.06	_____
Employee and Family	\$807.10	_____

United Healthcare HMO – Signature Value Advantage 20-40/70%/1500ded

For facility information and participating providers visit www.pacificare.com – Click on “Find a Doctor”, Select your state of residence then select a state to search for providers (these should both be California) – enter your address info in section #1 – then in section #2 “Select a plan or service type” pull down the menu and select “Pacificare SignatureValue Advantage (HMO Value Network) – then in section #3 “Select Provider Type” pull down the menu and make your selection, then click on Find Providers Now.

For detailed information on this plan, please visit www.tristaff.com

	Cost	
Employee Only	\$ See UHC price sheet at www.tristaff.com	_____
Employee and Spouse	\$ See UHC price sheet at www.tristaff.com	_____
Employee and Child(ren)	\$ See UHC price sheet at www.tristaff.com	_____
Employee and Family	\$ See UHC price sheet at www.tristaff.com	_____

If enrolling in one of the three UHC plans, you must complete the UHC Enrollment Application located at www.tristaff.com