| Pandya | Network |
|--------|---------|
| e e    |         |

# **New Hire Checklist**

Employee: \_\_\_\_\_

Location Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Hire Date: \_\_\_\_\_

- \_\_\_\_\_Employment Application
- \_\_\_\_\_Photocopy of Social Security Card
- \_\_\_\_\_Photocopy of State I.D./Driver's License
- \_\_\_\_Completed I-9
- \_\_\_\_Completed W-4
- \_\_\_\_\_Review Employee Handbook
- \_\_\_\_Employee Handbook Signature Page
- \_\_\_\_\_New Hire Agreement (Give a copy to the signor)
- \_\_\_\_\_Complete the Basic Orientation Checklist & Walk Thru
- \_\_\_\_\_Create (or transfer) DB Online University User ID/Password
- \_\_\_\_\_Signature for Hazardous Communication Training Program (HAZCOM)
- \_\_\_\_\_Signature for Bodily Fluids Kit Training Program
- \_\_\_\_\_Enter Employee into Radiant Management System
- \_\_\_\_\_POS Pin # \_\_\_\_\_
- \_\_\_\_\_Health Care Waiver Acknowledgement
- \_\_\_\_\_FULL Timers after 90 days only: Health Care Enrollment Option
- \_\_\_\_\_E-Fax completed packet to (773) 326-3687

DUNKIN DONUTS / BASKIN ROBBINS

# Pandya Network Employee Handbook

Version 1.18



Welcome to the Pandya Network. We are glad you have decided to join our network of Dunkin Donuts Baskin Robbins. As a new member of our organization we will be working with you to develop your skills in teamwork, customer service, professionalism, basic accounting, and management.

This handbook was designed to answer any questions you may have entering you new position, as well as be a valuable resource to make sure you adhere to our policies. Please make sure you are comfortable starting your new career at the Pandya Network and if you have any questions never hesitate to ask a manager.

We are glad to have you a part of our restaurant team and once again welcome to the Pandya Network.

#### Ashok Pandya & the Management Team

America Runs on Dunkin and Dunkin Runs on You!

#### **Disclaimer:**

This revised January 19, 2018 Handbook was intended to provide general information and guidelines to this restaurant's procedures and policies. It is not intended and does not create a contractual agreement. The restaurant owner reserves the right to modify, create or revoke any benefit or policy and procedure listed within this handbook, in part or in whole, at anytime with or without notice. <u>\*This Handbook, including any attachments, is for the sole use of the addressee(s) to whom it has been sent, and may contain information that is confidential or legally protected. If you are not the intended recipient or have received this message in error, you are not authorized to copy, distribute, or otherwise use this message or its attachments. ALL INFORMATION IS CONFIDENTIAL! DO NOT SHARE ANY INFORMATION WITHOUT THE WRITTEN PERMISSION OF ASHOK PANDYA AND THE UPPER MANAGEMENT TEAM.</u>

Employment at this restaurant is at will and may be terminated at any time with or without notice and with or without cause.

#### **Store Information**

| Main Franchisee:             | Ashok Pandya                             |
|------------------------------|--|
| Franchisee:                  | Ravi Pandya                              |
| Franchisee:                  | Chetan Jani                              |
| <u>Multi - Unit Manager:</u> | Jamie Gomez                              |
| <u>Multi - Unit Manager:</u> | Sapan Shah                               |
| <u>Multi - Unit Manager:</u> | Guadalupe Calderon                       |
| <u>Multi - Unit Manager:</u> | Riya Amin                                |
| Office Team:                 | Kruti Pandya, Rajshree Pandya, Alex Bura |

#### **Restaurant Manager:**

**Restaurant Phone Number:** 

**Restaurant Address:** 

**Restaurant Store Number (PC #):** 

**Store Hours of Operation:** 

The Pandya Network strongly feels that is important to address any issues or concerns you may have about your current position. Please defer any questions / comments to your local store manager. If any issues arise where your store manager can no longer fulfill his/her duty of assisting you, please contact your designated Multi-Unit Manager.

#### **Structure of Dunkin Brands**

Dunkin Brands Inc. franchises Dunkin Donuts and Baskin Robins to independent owners (the franchisee). Operated through a franchise agreement, Dunkin Brands provides ongoing support and assistance to the development of the restaurants. You will have a chance to meet Dunkin Brands Representatives including the Operations Manager (OM). You manager will provide you with more information regarding Dunkin Representatives.

#### Training

There will be several resources available to you when you begin your position at the restaurant. Please do not hesitate (at any time) to ask your Manager or Shift Leader(s) questions you may have. Prior to start of employment, you will be assigned your own User ID and Password to access online courses provided by Dunkin Brands. Please be aware that it is <u>mandatory</u> that all employees finish online training within 30 days of employment, to ensure that you are capable of providing 100% customer satisfaction. In the State of Illinois it is <u>mandatory</u> that all employees complete Food Handler Training and obtain a <u>Food Handlers Certificate</u> within 30 days of hire. If a new hire already has a ServSafe certificate, they will not be required to obtain a Food Handlers Certificate also.

#### The DB Online University website is: https://dunkinbrands.csod.com

The Food Handlers Classes are available for \$7.00 at: https://illinois.foodhandlerclasses.com

\*Computers will be available at your restaurant, may vary by location

#### **Performance Standards**

In order to maintain a professional and courteous image, certain performance standards must be upheld.

#### **Job Performance**

- Give prompt, courteous, and friendly service to all guests.
- Never argue with a guest.
- Do not chew gum, eat, smoke, or drink in unapproved areas of the restaurant.
- Show up on time in a clean uniform prior to each shift.
- Make necessary arrangements for time off.
- Be considerate to all crew members by not leaving a mess and making sure that all tasks/assignments are completed by the end of your shift.
- Follow instructions and be adaptable to change.
- Work independently when unsupervised.
- You may not swear or make obscene gestures.
- Friends & Family are welcome at the restaurant as guests, but they may not interfere with your responsibilities or duties.
- Alcohol or illegal substances are not permitted on the restaurant premises. Do not report to work under the influence of alcohol or illegal substances.
- Handing out any free product will be considered theft and will constitute the same terms as theft

#### Salary

The current salary allotted per restaurant may vary. Your hourly pay will be determined at the time of hire. Job performance and prior experience will play a role in determining how your hourly rate will be calculated.

<u>Checks will be dispersed by the manager bi-weekly, with pay day being on Mondays.</u> By signing this Network Handbook, you are hereby acknowledging and agreeing to the terms of the Payroll and Pay Day system we have in place. If you are unable to pick up your check, please make arrangements with the manager to obtain it. With each check, on every pay period, the Pandya Network will provide you with a pay stub, which includes the gross pay with the deductions itemized and a net amount. If you are to lose a check, the issuing bank will charge for stop payment on the check, which the employee will incur as a deducted expense on their check.

#### Policies

Several policies have been outlined to provide a better understanding of what is expected from you. If you need clarification or would like more information on any certain policy, do not hesitate to ask your store manager.

#### **Dress Code Policy**

<u>Prior to punching in to your shift you are required to be in full uniform with all articles present.</u> You may wear shoes which are more comfortable to you, but it is required that they are to be close toed and may not be high heels. Note items #1-3 are provided by the restaurant and the approximate cost will be deducted from the first paycheck as a Uniform Deduction and the items are yours to keep.

The items that must be worn are:

- 1. Uniform Hat or Visor (provided by your restaurant).
- 2. Uniform Apron (provided by your restaurant).
- 3. Name Tag (provided by your restaurant).
- 4. White Collared or Turtleneck Shirt.
- 5. Appropriate Blue Jeans Slacks / Pants.
- 6. Closed-toed shoes.
- 7. Socks.

The only jewelry that is allowed is a plain ring, non-dangling earrings (in the earlobe only), or a plain necklace, which would be worn inside the uniform. No hand jewelry is permitted for guest safety.

#### **Smoking Policy**

To comply with governmental regulations, it is prohibited to smoke throughout your workplace. The restaurant has a smoke free environment; smoking is not permitted inside the restaurant. <u>Furthermore, as long as you are on restaurant property (inside or outside) you may not smoke within 30 feet of the location or any time that you are in the store's uniform.</u> Any violation of this policy may result in disciplinary action, up to and including termination of employment.

#### **Shift Schedules**

You will be notified in advance if there is a change in your schedule. The restaurant manager or authorized Shift Leader may at times make same-day shift changes as per business needs without prior notice. Please take time to review your schedule and make certain to know where your restaurant posts your schedule. You are expected to be on time and work all your scheduled shifts. You will be given a **trial period for 30 days** to see if you are a good fit for the location, and thereafter the manager will decide the schedule. If you are unable to come for an emergency, you will notify the manager 24 hours in advance. If you call-off work due to medical reasons, then please bring the doctor's note. If you need to request a day off, then you will notify the manager 1 week in advance.

<u>Prior to clocking in and out, you should be in full uniform</u>. Please remember you are a part of a team and if for any reason you are unable to work your scheduled shift you are required to contact your Manager/Shift Leader prior to the start of your shift. Only you may clock yourself in and out. If any other employee is found to be punching you in or out that is grounds for immediate termination for the person being clocked and for the person doing the action of clocking in or out. If you have any questions pertaining to your shifts please contact your manager immediately.

#### **Telephone Policy**

You may not use a cellular phone (to talk, text, email, or for social media of any kind) at anytime you are working, unless it is an emergency related to the restaurant or you have prior approval from a manager. Store phones are not to be used for personal calls. Please know the location of all emergency numbers. If there is excessive phone use, then please note your manager may write-up the concern.

#### **Register Policy**

During your shift, you are responsible for your register. <u>Please make sure to count your register prior to</u> ringing up sales and at the end of your shift on the register. No one may touch a register that was not assigned to him/her. At the end of your shift, money overages/shortages should not exceed +/- \$1.00.

#### **Personal Grooming**

Every employee must meet certain standards of personal grooming when working any foodservice <u>career</u>. These standards not only create an impression for our restaurant and customers, but also ensure the proper and safe handling of the products we sell and serve. Please be aware of the standards that we require.

- Skin, hands, and teeth must be clean.
- Hair must be clean, neatly combed, short (not touching the collar) and/or restrained.
- Mustaches and beard, if allowed by local health codes, must be short and neatly trimmed.
- Excessive make-up, any type of lotion, and heavy perfume are not permitted.
- Nail polish and acrylic nails are not allowed. Nails should be short and clean.

#### **Online And Social Media Policy**

Even though personal web pages on social media sites such as Snapchat, YouTube, Facebook, Twitter and others are great forums for self-expression and communicating with your friends, you still must follow proper guidelines and policies.

If you talk about the Dunkin Donuts or Baskin Robbins brand online (e.g., blogs, message boards, forums, videos, photos, etc.), please make sure you are respectful. Everything you post can be tracked, and anything that breaks the law and/or Pandya Network policies could result in disciplinary action. Remember, even if you delete a picture or a post, it still may end up available online forever.

Cameras of any type are not allowed in our restaurants without written approval from the store owner.

#### Cell phones are also not allowed in the food prep/food service area.

Here are rules/policies for online and social media:

- Always be respectful about Dunkin Donuts restaurants, their employees, your co-workers & customers. You can talk about your job, but keep comments positive and don't use names.
- Be respectful of the Dunkin brand even when you are off the clock. Don't let the things you do and say reflect poorly on you, your job or your community.
- Never post inappropriate videos or photos, especially of anything that happens in the restaurant.
- Don't post any Dunkin restaurant operational guidelines online, including reference guides, training materials or Job Aid materials. This information is confidential and proprietary.
- When you express your comments make it clear that what you're saying is your opinion.
- If you post an endorsement about the Dunkin brand you should make it clear that you are a restaurant employee. Think about the consequences of your actions. Dunkin Brands monitors online postings and notifies franchisees of postings concerning their restaurant(s). Be aware that all crimes including theft, vandalism and health code violations will be reported to the proper authorities.

Additionally, if someone is videotaping at the restaurant, either in the drive-thru or lobby, please contact the Restaurant Manager directly as well as any present Shift Leader.

I understand that it is my responsibility to comply with this policy. Failure to do so may lead to termination and/or other legal consequences. I have received and read a copy of the Online and Social Media Policy on the date listed below. I understand that this form will be retained in my personnel file.

#### SIGNATURE OF EMPLOYEE WILL BE ON LAST PAGE OF HANDBOOK

#### **Staff Food Policy**

Any meal brought into work must be stored in a designated area. You must eat all meals in a designated break area. You are to clean your area prior to returning to work and store all leftovers / containers in the designated area.

This restaurant has a vast variety of meals, treats, and goodies. Each store's policy varies for what staff food is included during scheduled work hours. You may purchase any products, which are sold at a % discount, but it may only be eaten during your designated break, in the designated break area away from customer view. The employee discount is complimentary for only you, as an appreciated employee, and does NOT apply to outside friends and family.

#### Breaks

You must remain in the store for non-clocked out breaks, but may leave if you are clocked out. Please make sure you return to your shift on time. <u>Illinois law requires employers to permit employees who are to work 7½ continuous hours or more to take a meal period of at least 20 minutes. The meal period may be unpaid and it must be given to an employee no later than 5 hours after beginning work.</u> You are not to disturb any on-the-clock employees while on break.

#### **Food Safety Certification Policy**

Depending on the location of your restaurant, either of the following will be required:

- CHICAGO FOODSERVICE MANAGER
- SERVSAFE CERTIFICATION
- AND FOOD HANDLERS CERTIFICATES

By signing this Handbook, I agree that I will be receiving a Sanitation Certification with my employer under the conditions set forth below:

For the ANSI Food Handler Course, that is <u>required for all food service employees in the State of IL</u>, I will complete the certification through the following website: <u>https://illinois.foodhandlerclasses.com</u>. I will be responsible for the full \$7.00 course fee since the certificate is valid for 3 years and will be my property even if I leave my employment. Email is required for this online course certification.

For the Servsafe or City of Chicago Certified Foodservice Manager Certificate, at the time of the course certification, my employer will be paying for the course fees that are <u>listed below</u>. However, <u>course fees</u> being paid by my employer are subjective to my employment continuation.

- If I **continue** employment with the same employer for a year after receiving the mailed copy of my certificate, then <u>my employer will pay</u> the full cost.
- If I **discontinue** employment with the same employer within a year after receiving the mailed copy of my certificate, then <u>I will be liable for paying</u> my employer the full costs before receiving my final check.
- Scan final copy to pandyanetwork@gmail.com or Fax to 1-773-326-3687.

#### Safety & Security

Your safety and security is important to us! Many areas of concern will be covered on the Online Training Course. <u>The Store Safety & Security Online course is mandatory for all employees.</u> Under no circumstances is a non-employee of your store allowed behind the dining area in the restaurant. Keep all back doors locked at all times. If you must open the back door (for deliveries or throwing trash) have one person posted at the back door.

Due to this employment being a food-oriented position, it is extremely important to notify a manager immediately if you have an illness or sickness. Work-related injuries need to be notified to a manager immediately. If you are concerned with any safety or security issues notify a manager immediately.

#### Healthcare

If you are working full-time on a weekly basis, then your employer will be offering you the healthcare option through the company's provider. The employee contribution will be no more than 9.5% of your earned wages. If you select to not purchase health insurance through your employer, then you must sign a waiver that states you are declining coverage. Contact your restaurant's store manager with any further questions.

#### We are an Equal Opportunity Employer

We will maintain a policy of nondiscrimination with all employees and applicants for employment. All aspects of employment with us will be governed on the basis of merit, competence, and qualifications and will not be influenced in any manner by race, color, religion, sex, age, marital status, national origin, handicap, or veteran status.

<u>All decisions made with respect to recruiting, hiring and promotions will be based solely on individual</u> <u>qualifications related to the requirements of the position</u>. Likewise, all other personal matters such as compensation, benefits, transfers, and social/recreation programs will be administered free from any discrimination.

If any employee encounters any abuses from any supervisor or fellow employee, it is the duty of that employee to report the act to a member of management within 48 hours. Management will thoroughly investigate all complaints in a confidential manner and any complain that is found to be valid will have immediate appropriate disciplinary action taken.

Given the nature of the type of discrimination, we recognize that false accusations of sexual harassment can have serious effects on innocent women or men. We trust that all employees will continue to act responsibly in order to establish a pleasant working environment free of discrimination.

#### Resignation

Prior to resignation, it is in the employees' best interest to talk to a manager to see if they can work an alternative out to the issue or concern at hand.

Every employee is "at-will" to leave the Pandya Network. There are no contractual rights, written or expressed, to remain an employee of the Network, unless the president of the company assigns it himself. An employee may leave at anytime, with or without written/verbal notice. An employee may also be terminated with or without written/verbal notice. It is strongly suggested that every employee leaving the Network give a minimum of a two-weeks written notice prior to his or her leave.

When leaving the network you are required to return:

- Office Keys/ Swipe Cards/ Name Tags
- Company Manuals/ Company-Issued Credit Cards
- Any additional Company-Owned Property including Training Certificates

#### **Termination without Notice**

There may be termination without written notice in some instances. This list includes, but is not limited to the following:

- Stealing restaurant or fellow employees' property.
- Verbal or physical abuse of a customer or staff member.
- Working under the influence or selling alcohol or any other illegal substance on the premises.
- Failure to adhere to your work schedule without the permission of the Manager.
- Failure to make a shift deposit at the end of your shift.
- 2 or more written write-ups.
- Giving unauthorized food/drink to any employee, customer, family or friend.
- Excessive phone use.
- Excessive misuse of company time.

[ SIGNATURE PAGE TO FOLLOW ]

#### Pandya Network Employee Handbook

By signing this form, I agree to abide by the policies set forth in this revised edition Version 1.18 of the Pandya Network employee handbook. I also understand that policies or procedures may be modified, created, or revoked at anytime. It is my responsibility to confirm that I am within the most current policies and procedures.

I have thoroughly read and understood this employee handbook in its entirety. If there were any questions within this handbook, I have already received an answer from my manager.

\_\_\_\_/\_\_\_/\_\_\_\_ Date

Employee (Print Name)

Manager (Signature)

\_\_\_/\_\_\_/\_\_\_\_ Date

Manager (Print Name)

#### **DUNKIN DONUTS NEW HIRE AGREEMENT (GIVE COPY TO SIGNOR)**

I agree to the following terms for my employment at the Dunkin Donuts: \_\_\_\_\_

- Show up on-time work as scheduled. The manager puts up the <u>schedule every week</u>, so it is my responsibility to call the # \_\_\_\_\_\_ for my schedule. I will be given a trial period for 30 days to see if I am a good fit for this location, and thereafter the manager will decide my schedule. If I am unable to come for an emergency, I will notify the manager 24 hours in advance. If I need to request a day off, then I will notify the manager 1 week in advance.
- 2. <u>**Training-**</u> I understand I will need to fully complete my online training according to Dunkin Donuts. <u>Please be</u> aware that it is mandatory that all employees finish online training, to ensure that you are capable of providing 100% customer satisfaction.

The training website is: https://dunkinbrands.csod.com. My online user ID will be: \_\_\_\_\_ My password will be: **Pc**\_\_\_\_\_

- 3. <u>Work honestly</u>- I understand that I will receive a <u>discount</u> on any food I purchase during non-scheduled work hours. During working hours only, <u>coffee/donuts</u> are complimentary for myself ONLY, as an appreciated employee. My employee discount does <u>NOT</u> apply to my friends and/or family.
- 4. Fast, Clean, & Guest-Oriented (FCG) Behavior I understand the importance that customers always come first. I promise that each customer will be greeted with a friendly smile and welcomed in a clean restaurant within 3 seconds of entering Dunkin. I will ensure travel paths are conducted every 30 minutes. I will clean as I go to ensure I successfully fulfill my work duties.
- 5. <u>Work in proper uniform-</u> I understand the importance of showing up on time for my scheduled hours in a proper uniform including a *white collared/turtleneck shirt, blue jeans, a brown apron, my nametag, & visor/hat*. It is my responsibility to order these with the owners & the purchase will be taken out from my first paycheck. The total amount due is \_\_\_\_\_. These items will be mine to keep, shall I choose to after employment has ended.

If I am found in default of any of the above-mentioned, but not limited to, terms, then I will be terminated from my employment *immediately*. Also, if I chose to voluntarily leave, then I will give a *2 week written notice* to receive full payment of my final paycheck.

| <br>(Employee Name)            |
|--------------------------------|
| <br>(Employee Signature)       |
| <br>(Primary Number)           |
| <br>(Emergency Contact Name)   |
| <br>(Emergency Contact Number) |
| <br>(Manager Name)             |
| <br>(Manager Signature)        |
| <br>(Date)                     |

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| <b>Basic Orientation Checklist</b> |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| Employee Name: _                   |  |  |  |  |  |
| Trainer Name:                      |  |  |  |  |  |
| <b>Completion Date</b> :           |  |  |  |  |  |

#### Store Walk Thru Checklist

| Emalaria Daulina                   |
|------------------------------------|
| Employee Parking                   |
| Work Schedule                      |
| Wage Policies                      |
| Uniform Requirements               |
| Restaurant Policies                |
| Termination Polices                |
| Emergency Number                   |
| Introduction to Staff              |
| Restaurant Tour                    |
| Menu Explanation                   |
| Product Identification             |
| Travel Path (every 30 minutes)     |
| Huddle board (GSS, goal setting)   |
| Redbook (Temps, Master Sanitation, |
| Dates, Monthly ROR & action plan)  |

### Equipment / Dunkin Donuts

|   | Donut / Muffin / Fancies / Bagel Display |
|---|--|
|   | Coffee Grinder + Calibration             |
|   | Brewer + Calibration                     |
|   | Flavor Shot + Calibration                |
|   | Sugar Dispenser + Calibration            |
|   | Dairy Dispenser + Calibration            |
|   | Coolatta/Island Oasis Machine            |
| - | Hot Chocolate Machine                    |
|   | Espresso Machine                         |
|   | Bagel / Croissant Slicer                 |
| - | Bagel Toaster                            |
|   | Microwave                                |

| T-1. A:1-                               |
|---|
| Job Aids                                |
| Turbochef                               |
| Sandwich Station                        |
| Back Room / Donut Production            |
| Bagel Oven                              |
| Muffin / Croissant / Cookie Oven        |
| Dry Storage Area / Walk-in Cooler /     |
| Walk-in Freezer                         |
| Training Station                        |
| Cash Registers                          |
| Designated Break Area                   |
| Cash Registers                          |
| Drive-Thru System                       |
| Dining Area                             |
| Washroom                                |
| Coolers                                 |
| Back Door / Dumpster Area               |
| Parking Lot / Sidewalks (if cleaning is |
| required)                               |
| 3 - Compartment sink                    |
| Ice Machine                             |
| Employee Hand Sink                      |
| Utility Closet                          |

#### **Baskin Robbins**

## **2 WEEKS WRITTEN NOTICE OF LEAVING**

Date: \_\_\_\_\_

| Store Name:       |  |
|-------------------|--|
| Store Address:    |  |
| Phone:            |  |
| Fax: 773-326-3687 |  |

Dear \_\_\_\_\_,

•

I would like to inform you that I am voluntarily resigning from my position as

\_\_\_\_\_ for the \_\_\_\_\_, effective

Thank you for the opportunities for professional and personal development that you have provided me. I have enjoyed working for the restaurant and appreciate the support provided me during my tenure with the company.

If I can be of any help during this transition, please let me know.

Sincerely,

| Sign: |  |
|-------|--|
| Name: |  |

# FINAL PAYCHECK AGREEMENT

\*This document, including any attachments, is for the sole use of the addressee(s) to whom it has been reviewed with, and may contain information that is confidential or legally protected. If you are not the intended recipient or have received this message in error, you are not authorized to copy, distribute, or otherwise use this message or its attachments. ALL INFORMATION IS CONFIDENTIAL! DO NOT SHARE ANY INFORMATION WITHOUT THE WRITTEN PERMISSION OF THE PANDYA NETWORK.





# ENROLLMENT / CHANGE FORM

□ Addition □ Change □ Termination *Reason*: \_

Effective Date 01/01/2018

# If change or termination, complete only Employee's Name, Social Security Number, and the Change details. Termination date includes last day of coverage.

| EMPLOY   | EMPLOYEE INFORMATION                  |  |                                      |   |                    |            |  |   |  |  |
|--|---------------------------------------|--|--------------------------------------|---|--------------------|------------|--|---|--|--|
| Employee N   | lame_                                 |  |                                      |   | Sex                | Date of Bi | rth  | Social Security Number  |  |  |
| Last   |                                       | First  |                                      | MI  | □ M □ F            | 1          | 1  |   |  |  |
|  | lome Address                          |  |                                      |   |                    |            |  | Home Telephone  |  |  |
| Street/Apt.  |                                       | City   | Sta                                  | ate Zip   | + Four             | County     |  | ( ) -   |  |  |
| Mailing A  | ddress ( if Differe                   | nt From Hom  | e Addres                             | s)  |                    |            |  | Business Telephone  |  |  |
|  |                                       |  |                                      |   |                    |            |  | ( ) -   |  |  |
| Status   | Marital Status                        | Coverage   |                                      | Coverage: Check                                 |                    |            |  |   |  |  |
|  | Single                                | Employee Employee  | •                                    | Medical:OPremium OQuality OValue HSA OMEC ONONE |                    |            |  |   |  |  |
| COBRA<br>Retired   | Married                               | Family   | + One                                | Dental: OPremium OQuality ONONE                 |                    |            |  |   |  |  |
| List Full Na   | ime of Your Eligible<br>ependents     | Relation To<br>Employee<br>1-Spouse<br>2-Child <26<br>years of age<br>3-Stepchild<br>4-Other | Gender<br>(M or F)                   | Date<br>of<br>Birth                             | Soc<br>Secu<br>Num | irity      | If he / s<br><u>H</u> andica<br><u>D</u> isal<br>indicate<br>with eff<br>dat | opped or Carrier & Type of Coverage   oled ( <u>M</u> edical, <u>D</u> ental) for each   H or D dependent with effective   ective dates |  |  |
| 1  |                                       |  |                                      | 1 1   | -                  | -          |  |   |  |  |
| 2.   |                                       |  |                                      | / /   |                    | _          |  |   |  |  |
| 3.   |                                       |  |                                      | 1 1   |                    | -          |  |   |  |  |
| 4.   |                                       |  |                                      | 1 1   |                    | -          |  |   |  |  |
| 5.   |                                       |  |                                      | 1 1   |                    | -          |  |   |  |  |
| 6.   |                                       |  |                                      | / /   |                    | -          |  |   |  |  |
|  | olan replace exi<br>e Coverage (HIF   |  |                                      |   |                    |            |  | ate of Prior Health   |  |  |
|  |                                       |  |                                      |   |                    |            |  | s employee eligible for Medicare?   |  |  |
| deduct fro   | m my pay any re                       | equired contr  | ibutions                             | and understand                                  | that my enro       | llment wi  | II .   | □Y □N Effective Date  |  |  |
|  | Intil the Plan ren                    |  | erience                              | a qualifying ever                               | nt. Please se      | e Human    |  | s spouse/dependent eligible for   |  |  |
| Resource   | s for additional ir                   | nformation.  |                                      |   |                    |            |  | ledicare?   |  |  |
|  | □ Y □ N Effective Date                |  |                                      |   |                    |            | Y D N Effective Date   |   |  |  |
| Employee Signature Date  |                                       |  |                                      |   |                    |            |  |   |  |  |
| THIS SECTION TO BE COMPLETED BY EMPLOYER:   EMPLOYER (OR PLAN SPONSOR) STATEMENT:     Employer Name:   Hire Date     Employer Name:   Effective Date |                                       |  |                                      |   |                    |            |  |   |  |  |
| Employer Na  |                                       |  |                                      | Hire Date                                       | 1                  | Effecti    |  | 01 / 01 / 2018  |  |  |
| National DCP, LLC.<br>PC# (Required)   |                                       |  | / / 01 / 01 / 2018<br>Employee Title |   |                    |            | 01 / 01 / 2010   |   |  |  |
| · ·  | Employer Authorized Signature:        |  |                                      |   |                    |            |  |   |  |  |
| Print Name:  | Print Name: Telephone Date: Telephone |  |                                      |   |                    |            |  |   |  |  |
|  | Ravi Pandya                           |  | 5                                    | 12  | 2 / 12 / 201       | (          |  | (773)745 _ 9767   |  |  |

Mail to: CBA Blue, P.O. Box2365 South Burlington, VT 05407-2365 Fax to: CBA Blue Eligibility Department CBA Blue FAX NUMBER 802-862-7661





| EMPLOYEE NAME (Please Print):   |   |  |
|---|---|--|
|   |   |  |
| WAIVER OF G   | ROUP MEDICAL COVERAGE (Please Check One):   |  |
|   |   |  |
|   | I waive my employer's group health insurance coverage for myself and dependents (if any).                             |  |
|   | I am enrolling in my employer's group health insurance coverage but I am waiving coverage for my dependents (if any). |  |
| WAIVER OF G   | ROUP DENTAL COVERAGE (Please Check One):  |  |
|   | I waive my employer's group dental insurance coverage for myself and dependents (if any).                             |  |
|   | I am enrolling in my employer's group dental insurance coverage but I am waiving coverage for my dependents (if any). |  |
|   |   |  |
| REASON FOR WAIVER OF GROUP COVERAGE (Please Check One):   |   |  |
|   | Coverage through spouse's employer:   |  |
|   | Employer Name:  |  |
|   | Insurance Company:  |  |
|   | Other reason (please explain)   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| EMPLOYEE S  |   |  |
| As a result, I waive my, and/or my dependents' (if any) eligibility to enroll in my employer's group health plan(s) at this time.<br>I understand that I and/or my dependents may enroll under these plans in the future only within 30 days from loss of other<br>group coverage or at the time of my employer's annual open enrollment. |   |  |
|   |   |  |
| EMPLOYEE  | EMPLOYEE SIGNATURE DATE   |  |