



5180 Golden Foothill Parkway, Suite 110
 El Dorado Hills, CA 95762
 PH: (800) 889-5385
 FAX: (800) 894-8581

Employee Personal Information

(Must be returned to Assanté)

Client Name			
Strategic Retail Solutions			
Please Print or Type			
First Name	M.I.	Last Name	
Mailing Address (Include Apt/Unit #)		City	State
County of Residence (Required: AL, IN, KY, MD)		School District of Residence (Required: KY, OH, PA)	
Home Phone Number	Cell Phone Number	E-mail Address	
Social Security Number	Date of Birth	Gender	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact Name	Emergency Contact Number	Relationship	

WILL BE DRIVING DURING COMPANY TIME? YES NO

If yes complete the following:

Drivers License #	State	DL Expiration Date	Auto Insurance Expiration Date

If you check no, you are acknowledging that you will not drive during company time without prior approval from your worksite employers and Assanté.

The U.S. Government requires us to report ethnic information annually; however, it is optional for you to provide this information.
ETHNICITY: (CHECK ONE OF THE FOLLOWING)
<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Two or More Races

FOR OFFICE USE ONLY
AIDENT:
START DATE:
HOURLY RATE:
DIVISION:
DIVISION MANAGER:
DIRECT SUPERVISOR:
HIRED BY:

Employee Signature

Date



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Acknowledgment of Receipt

(Must be returned to Assanté)

Please place an 'x' in the box next to each document that you did NOT receive.

- Employee Personal Information Sheet
- Form I-9 (Employee Eligibility Verification) - Please attach copies of appropriate documents
- W-4 - deductions will be taken at Single 0 until paperwork received
- How to Understand Your Check and Stub
- Anti-Harassment and Non-Discrimination Information Sheet
- Essential StaffCare Health Insurance Enrollment Form
- Direct Deposit Enrollment
- Global Cash Card
- Injury and Illness Prevention Program Acknowledgement and Code of Safety Practices

- Workers' Compensation Pamphlet (CA Only)
- Unemployment/Disability Pamphlet (CA Only)
- California Family Rights Act Leave Pamphlet (CA Only)
- Paid Family Leave Pamphlet (CA Only)
- Medical Provider Network Employee Notification Packet (CA Only)

I acknowledge, unless otherwise indicated, that I have received all of the appropriate employee documentation.

Employee Signature

Date

Employee Name

Social Security Number

Employee Handbook Acknowledgment

I, the undersigned, have received a copy of the Assanté Employee Handbook from the company. I understand that it is my responsibility to read and understand the policies contained in the handbook, and to raise any question I might have about these policies.

I understand that except for employment at-will status, the company reserves the right, in its sole discretion, to change, rescind, or add to any of the policies, benefits, or practices described in this handbook. The company also reserves the right to change my hours, wages and working conditions at any time. I understand the basic employee handbook will apply to any client to whom I am assigned to as a temporary employee working through Assanté, a temporary staffing agency.

I understand and agree that my employment relationship with Assanté is voluntarily entered into by both Assanté and me, and is subject to termination by me or by Assanté at will, or without cause, at any time by either party, in its sole discretion.

No supervisor or other person with or acting on behalf of the company has the authority to change the terminable at-will nature of the employment relationship as just described; it can be changed only if it is obtained in a separate individual written agreement that is signed by Assanté's President and by me.

My signature below certifies that I understand and agree to the above. It is the sole and entire agreement between the company and me, and supersedes all prior agreements, understandings and representations concerning my employment with the company.

Employee Signature

Date

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself if no one else can claim you as a dependent A _____</p> <p>B Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. B _____</p> <p>C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____</p> <p>D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____</p> <p>E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____</p> <p>F Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit F _____ (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</p> <p>G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children G _____ </p> <p>H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____</p> <p>For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </p>	<p>A _____</p> <p>B _____</p> <p>C _____</p> <p>D _____</p> <p>E _____</p> <p>F _____</p> <p>G _____</p> <p>H _____</p>
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	<p>OMB No. 1545-2159</p> <h1 style="margin: 0;">2011</h1>
<p>1 Type or print your first name and middle initial. Last name</p>		<p>2 Your social security number</p>
<p>Home address (number and street or rural route)</p>		<p>3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p>
<p>City or town, state, and ZIP code</p>		<p>4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</p>		<p>5 _____</p>
<p>6 Additional amount, if any, you want withheld from each paycheck</p>		<p>6 \$ _____</p>
<p>7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____</p>		
<p>Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.</p>		
<p>Employee's signature (This form is not valid unless you sign it.) ▶</p>		<p>Date ▶</p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)</p>		<p>9 Office code (optional) 10 Employer identification number (EIN)</p>

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: { \$11,600 if married filing jointly or qualifying widow(er) \$8,500 if head of household \$5,800 if single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.
Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	5. Native American tribal document
	10. School record or report card	6. U.S. Citizen ID Card (Form I-197)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
		8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



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Injury and Illness Prevention Program

It is the policy of Assanté that illness and injury prevention shall be considered of primary importance in all phases of operations and administration.

It is the intention of the company's top management to provide safe and healthy work conditions and to establish and insist upon safe practice at all times by all employees.

The prevention of injury and illness is an objective affecting all levels of the organization and its activities. It is therefore, a basic requirement that each supervisor make the safety of employees an integral part of his or her regular management function. It is equally the duty of each employee to accept and follow established safety regulations and procedures.

Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt how to do a job safely, it is their duty to ask a qualified person for assistance.

Employees are expected to assist management in injury and illness prevention activities. Unsafe conditions must be reported. Fellow employees who need help should be assisted. Everyone is responsible for the housekeeping duties that pertain to their jobs.

An injury that occurs on the job, even a slight cut or strain, must be reported to management as soon as possible. In no circumstances, except in an emergency, should an employee leave a shift without reporting an injury that occurred.

When you have an injury and illness, everyone loses; you, your family, your fellow workers, and the company. Please work safely. It's good for everyone.

Acknowledgement of Receipt and Review of Code of Safety Practices

To Employees:

Enclosed is a copy of the "Code of Safety Practices." These guidelines are provided for your safety. It is the employee's responsibility to read and comply with this code. The enclosed copy of the code of safety practices is for you to keep. Please sign and date below and return this form to Assanté, Human Resources Department in the enclosed self-addressed envelope.

I have read, understand and agree to follow the Code of Safe Practices. I understand that any injury or illness must be reported immediately to my supervisor and the Assanté Human Resources Department. I further understand that failure to do so may result in disciplinary action, up to and including termination of my employment.

Employee Signature

Date

Employee Name

Social Security Number



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Anti-Harassment and Non-Discrimination

Assanté is an equal opportunity employer. It is the policy of Assanté to maintain a work place free of unlawful harassment or discrimination of any kind, including, but not limited to, harassment, sexual harassment or discrimination based upon race, color, religion, sex, sexual orientation, national origin, ancestry, age, marital status, citizenship, veteran status or disability. It is further the policy of Assanté not to tolerate any of its employees, leased employees, contract employees, free-lancers, vendors, clients, or any of its guests, engaging in harassment or discriminatory conduct toward any other employee.

The term "harassment" for all purposes includes, but is not limited to, offensive language, jokes, or other verbal, graphic, or physical conduct relating to an employee's race, sex, sexual orientation, religion, color, national origin, age or disability which would make the reasonable person experiencing such harassment uncomfortable in the work environment, or which could interfere with the person's job performance.

It is the policy of Assanté to prohibit sexual harassment of our employees. This prohibition applies to executives, management, employees, free-lancers, independent contractors, and clients. Sexual harassment has no place at Assanté and will not be permitted.

Assanté defines sexual harassment as follows:

Any unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature either verbal or physical whereby:

- Submission to the conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to or rejection of the conduct affects decisions about an individual's employment; or
- The conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

All employees must exercise sound judgment to avoid engaging in conduct that may be perceived by others as sexual harassment. The following are illustrations of actions Assanté deems inappropriate:

- A manager tells or implies to a subordinate employee that he or she can earn a promotion or salary increase by providing any form of sexual favor to or dating a manager;
- A manager downgrades a subordinate employee's performance rating because he or she turned down a request for a sexual favor or date;
- An employee makes implicit or explicit demands for sexual acts;
- An employee repeatedly asks another employee for a date after being turned down in a manner that does not invite a future invitation;
- An employee jokes or tells sexually offensive or degrading stories;
- An employee uses sexually-oriented profanity;
- An employee engages in an unwelcome discussion of sexual conduct, including, but not limited to, asking questions about or commenting on another employee's sex life;
- An employee spreads sexual statements or rumors about another employee;
- An employee makes unwelcome comments about the appearance or anatomy of another employee;
- The workplace contains pornographic materials, such as sexually explicit pictures, texts, or computer screen savers;
- An employee makes offensive gestures of a sexual nature or repeatedly stares at another employee;
- An employee gives unwelcome hugs, kisses, massages or makes other unwelcome physical conduct with another employee;

- An employee interferes with another employee's movement by blocking or standing in uncomfortably close proximity;
- An employee is retaliated against for complaining of harassment or cooperating in an investigation of harassment.

Ways to Avoid Harassing Conduct

All employees are responsible for following this policy and maintaining a work environment that is free from harassment. Often the best way to stop offensive conduct is to simply tell the person of your objection to the conduct. Assanté, therefore, encourages employees to do so.

Even if no one has told an employee that the employee's conduct is offensive, the employee is still subject to discipline, up to and including termination, for engaging in harassing conduct. To help avoid the risk of violating the Company's policy against harassment, employees should remember and follow these guidelines:

- A fellow employee may consider touching to be unwelcome or offensive.
- Racial, religious, ethnic and sexual jokes and epithets have no place in the work environment.
- Compliments to other employees should be kept general. More specific compliments may be perceived as sexually suggestive.
- Drinking impairs good judgment. When at a company social function, whether on or off company work premises, avoid having one drink too many.
- Do not behave in a way that you would not want your spouse, significant other, parent or children to see.

Violations of this policy will not be permitted and will result in disciplinary action up to and including discharge.

Any employee who feels that he or she has been a victim of sexual harassment or unlawful harassment of any kind should report the harassment to Assanté's Human Resources Director as soon as possible after the incident, so that complaints can be quickly and fairly resolved. The Human Resources Director will conduct a prompt and thorough investigation of the complaint and take appropriate disciplinary measures against the offending party. Assanté and the employee will do everything within their power to ensure the confidentiality of the investigation.

Assanté prohibits any form of retaliation against any employee for making a good faith complaint under this policy or for assisting in a complaint investigation. However, if Assanté determines after investigating the complaint of harassment or unlawful discrimination that the complaint was brought in bad faith, or that an employee has provided false information regarding the complaint, disciplinary action may be taken against the individual who filed the complaint or who gave the false information.

The federal Equal Employment Opportunity Commission ("EEOC") investigates and prosecutes complaints of prohibited harassment in employment. Employees, who think they have been harassed or retaliated against for resisting or complaining, may file a complaint with the EEOC or appropriate state agency. The nearest EEOC office is listed in the public telephone directory.

I acknowledge that I have received a copy of this Anti-Harassment Policy. I further commit to reading and adhering to the policy. If I have questions, or require additional clarification, I will direct those questions to Assanté's Director of Human Resources at 1-800-889-5385.

Employee Signature

Date

Employee Name

Social Security Number

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

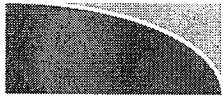
• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



Essential StaffCARE®

Health Insurance Enrollment Form

Complete the Enrollment Form to Elect or Decline Coverage

- You **MUST** Complete the Enrollment Form for the New Hire Process
- You **MUST** Elect or Decline Coverage on the Enrollment Form
- Return the Enrollment Form to your Branch Manager
- Keep the Benefit Page for Your Records and Plan Information

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF INSURANCE FRAUD AND WILL BE PROSECUTED.

The Assanté logo features the word "assanté" in a lowercase, sans-serif font. The letter "é" has a small accent mark above it. The logo is centered and flanked by two faint, curved lines that mirror the shape of the logo graphic at the top of the page.

assanté

For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.

The Essential StaffCare Medical/Rx, Accidental Loss of Life, Limb & Sight, Dental and Vision Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.204, 26.212, and 26.213. The Term Life and Short-Term Disability Plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.

Form: ESC S*SADY P2 v9.2a

Frequently Asked Questions

When does coverage go into effect?

Coverage will begin the Monday following a payroll deduction and continues as long as you have a deduction from your paycheck. Please review your pay check stub for deductions. If you miss a paycheck, to avoid a break in coverage, you may make direct payments to PAI. After six consecutive weeks without a payroll deduction or direct premium payment, coverage will be terminated and COBRA information will be sent at that time. After six months if there has not been a deduction from your paycheck, please fill out a new enrollment form. Missing information will delay the process.

When can I make changes?

If your premiums are deducted pre-tax, you will only have 30 days from your hire date or first paycheck date to enroll or make changes. After this time frame you will only be allowed to make changes during your annual open enrollment or within 30 days of a qualifying life event. A qualifying life event is defined as a change in your status due to one of the following: Marriage or divorce, Birth or adoption of a child(ren); Termination; Loss of insurance coverage by your spouse; Death of an immediate family member; Medicare entitlement; Employer bankruptcy; Loss of dependent status or Loss of prior coverage. In addition, you may request a special enrollment (for yourself, your spouse and/or eligible dependents) within 60 days (1) of termination of coverage under Medicaid or a State Children's Health Insurance Program (SCHIP), or (2) upon becoming eligible for SCHIP premium assistance under this medical benefit.

To make changes or cancel coverage by telephone call (800) 269-7783. Enter your PIN CODE plus the last four digits of your Social Security number (SSN).

PIN CODE: 142 + ____ (last four digits of your SSN)

Remember, it may take up to two or three weeks for the changes or cancellation to be reflected on your paycheck. Coverage will continue as long as you have a paycheck deduction.

Who is eligible to enroll?

Dependents are eligible to enroll for all products, except for the short-term disability plan. Eligible dependents include an employee's spouse and unmarried/married children (natural, adopted or step-children up to age 26).

Networks

Medical

Beechstreet 1-866-907-3619

www.beechstreet.com

(available except where other networks are used)

PHCS Network 1-866-671-7427

www.phcs.com

(available for residents of Arkansas and Utah)

Multiplan Network 1-888-342-7427

www.multiplan.com

(available for residents of West Virginia)

Prescription

Caremark 1-888-963-7290

www.caremark.com

Dental

DenteMax 1-800-752-1547

www.dentemax.com

Vision

EyeMed Vision Care 1-866-723-0513

www.eyemedvisioncare.com

Important Information

This is a limited benefit medical insurance plan. This is not major medical insurance. Please read this benefit packet in its entirety. This plan is only available as an employer-sponsored benefit. It cannot be purchased as an individual policy. All members may receive additional deductions and additional weeks of coverage from their date of cancellation. If you are age 65 or older or if you or your dependents are eligible for Medicare and you are enrolled in the Essential StaffCARE employee benefits program, you need to obtain an important notice regarding Medicare-part D Prescription Drug Coverage. For the Medicare-part D notice, contact your Human Resource Department.

Essential StaffCARE Customer Service: 1-866-798-0803

