



BENEFIT ENROLLMENT AND CHANGE FORM

Plan information available at <https://flimp.live/WWBenefitReview>

Employee Name	
Date of Birth	
Social Security	
Mailing Address	
Phone Number	
Email	
Hire Date	
Coverage Effective	
Pay Rate	

Group Health Insurance

Tier	Cost Per Pay Period	Elect (initial)	Decline (initial)
Employee Only	\$100.00		
Employee + Spouse	\$420.00		
Employee + Child	\$505.00		
Family	\$825.00		

Group Dental Insurance

Tier	Cost Per Pay Period	Elect (initial)	Decline (initial)
Employee Only	Winning Wheels Pays		
Employee + Spouse	\$15.33		
Employee + Child	\$28.13		
Family	\$49.76		

Group Vision Insurance

Tier	Cost Per Pay Period	Elect (initial)	Decline (initial)
Employee Only	Winning Wheels Pays		
Employee + Spouse	\$2.69		
Employee + Child	\$2.99		
Family	\$5.79		

Life with ADD Insurance

Employee	Winning Wheels	Elect (initial)	Decline (initial)
\$50,000.00	Pays		

Short Term Disability Insurance

Employee	Winning Wheels	Elect (initial)	Decline (initial)
	Pays		

Designated Beneficiary

Name	Relation	Percentage

Dependents

Name	Relation	Gender	Date of Birth	Social Security Number
		M F		
		M F		
		M F		
		M F		

I understand:

- Benefit coverage is effective the first of the month following my hire date or qualifying event effective date.
- I must maintain my minimum employment status to remain eligible to receive employment benefits.
- If I am off of work or am unable to pay my premiums through payroll deduction I will need to reimburse Winning Wheels, Inc. for my portion of the premiums.
- Changes to selected elections can only be made with a qualifying event or during an annual enrollment period.

Signature**Name Printed****Date**



Benefit Acknowledgment

I acknowledge receipt of the benefit plan summaries and have reviewed the employment benefit options and eligibility offered with employment at Winning Wheels, Inc.

I understand to enroll in, cancel or change benefit elections I must complete the enrollment forms within fourteen days of the qualifying event. Benefits are effective the first of the month following hire date. Cases of qualifying events, enrollments, terminations and changes in benefits are effective the first of the month following the effective date of change. Changes to elections can only be made in the event of qualifying events and during the annual enrollment period.

I understand I have access to all current benefit plan information, summaries, eligibility requirements and disclosures at www.wwihub.com or by contacting the Plan Administrator at 815-778-3683.

Team Member Name Printed

Signature

Date

Winning Wheels Voluntary Benefit Election Form **Semi-Monthly Rates Page 1 of 1.**

This form must be completed in full. The below is for your accident and critical illness plans with Assurity and your life insurance with American Public Life (APL). If you have any questions regarding these plans please contact your representative, Matt Rednour, at 563-265-0122 or Matt@waregroupga.com

(Employee) Print Name (First, MI, Last) : _____ **Phone:** _____

If you have elected any coverage on a spouse or child please complete the below in full. If you need additional space please add an additional form

Name (First, MI, Last)	Relationship to you (spouse or dependent child)	Gender	Date of Birth
1			
2			
3			
4			
5			

Please select only one of the accident plans boxes below or if you intend to decline both please check the decline both accident plans box.

Election Type

Accident Expense Plan 1

Election Type

Accident Expense Plan 2

Employee Only	<input type="checkbox"/>	\$5.38
Employee + Spouse	<input type="checkbox"/>	\$9.31
Employee + Children	<input type="checkbox"/>	\$10.20
Family	<input type="checkbox"/>	\$15.30

Employee Only	<input type="checkbox"/>	\$9.51
Employee + Spouse	<input type="checkbox"/>	\$16.39
Employee + Children	<input type="checkbox"/>	\$17.59
Family	<input type="checkbox"/>	\$26.40
I Decline Both Accident Plans	<input type="checkbox"/>	

Critical Illness

Children are no additional cost to be added. If children are insured they will be covered at 25% of the listed benefit, if spouse are insured they will be covered at 50% of the listed benefit. Choose one of the below boxes or check the decline box.

Employee Only and Employee with Children Rates

Employee with Spouse and Employee with Family Rates

Employee Attained Age	\$10,000	\$20,000	\$30,000	Employee Attained Age	\$10,000	\$20,000	\$30,000
18-24	\$2.18	\$4.36	\$6.53	18-24	\$2.80	\$5.60	\$8.37
25-29	\$2.56	\$5.10	\$7.62	25-29	\$3.32	\$6.60	\$9.90
30-34	\$3.11	\$6.21	\$9.29	30-34	\$4.17	\$8.29	\$12.40
35-39	\$3.91	\$7.80	\$11.67	35-39	\$5.38	\$10.68	\$15.97
40-44	\$4.96	\$9.89	\$14.80	40-44	\$6.97	\$13.83	\$20.69
45-49	\$6.81	\$13.54	\$20.24	45-49	\$9.77	\$19.34	\$28.93
50-54	\$10.09	\$20.05	\$30.00	50-54	\$14.72	\$29.16	\$43.60
55-59	\$15.72	\$31.24	\$46.76	55-59	\$23.22	\$46.03	\$68.84
60-64	\$19.93	\$39.62	\$59.31	60-64	\$29.53	\$58.60	\$87.69
65-69	\$27.15	\$54.05	\$80.95	65-69	\$40.35	\$80.23	\$120.09
70+	\$77.34	\$154.13	\$230.91	70+	\$115.73	\$230.34	\$344.95

I Decline Critical Illness ☐

20 Year Term Life Insurance

Choose how much life insurance you want for yourself in the employee volume on the left then on the right choose who is all to be covered in the coverage type. If you cover your spouse they will be 50% of the amount you select for yourself and if you cover your children they will be at \$10,000. If you are declining life insurance please check the decline box. The rates for this plan can be located in the life insurance brochure.

Employee Volume

Coverage Type

\$50,000	<input type="checkbox"/>	Employee Only	<input type="checkbox"/>
\$100,000	<input type="checkbox"/>	Employee + Spouse	<input type="checkbox"/>
\$150,000	<input type="checkbox"/>	Employee + Children	<input type="checkbox"/>
I Decline Life Insurance	<input type="checkbox"/>	Family	<input type="checkbox"/>

If you have elected life insurance above please be sure to complete the beneficiary section below. If this section is left blank your beneficiary will be listed as being designated to your estate.

Beneficiary (First Name and Last Name)	Relationship to you	Percent of benefit paid to beneficiary. Must equal 100%
1		
2		
3		

Contingent Beneficiary (First Name and Last Name)	Relationship to you	Percent of benefit paid to beneficiary. Must equal 100%
1		
2		
3		

*You are electing or waiving coverage for which you are eligible or may become and, if enrolling, authorize your employer to deduct premiums via payroll deduction. The coverage requested on this election form will not be effective until approved by the carriers. If any discrepancies, the policy will control. Coverage is subject to terms, conditions, limitations, and exclusions. Exact premium will be determined at time of issue. You understand that changes may only take place during qualifying life events or during future open enrollments.

Signature: _____

Date: _____

Print Name (First, MI, Last): _____

✓ Benefits:

Illinois Secure Choice is a transparent, convenient, and voluntary way for Illinoisans to save for retirement.

Your employer has registered with the Illinois Secure Choice program. You are invited to set up your account or opt out at this time.

Illinois Secure Choice is a program that allows you to automatically save for retirement through payroll deductions at work. Amounts you save in this account are always your money. Your account is in your control and goes with you from job to job. Every little bit you save now can potentially make a difference in retirement.

✓ 30 Days to Decide:

Option One:

Start saving

- Set up your account now
 - Establish online access and update your savings choices
- Set up your account later
 - Your savings will start automatically based on the standard savings choices

OR

Option Two:


Opt out


- Opt out of participating to avoid saving through payroll deductions
 - You can opt back in
- Consider smaller contribution rates
 - A great alternative to opting out entirely


Decide  **online at saver.ilsecurechoice.com**, by  **phone at 855-650-6914**, or by  **filling out a form.**

✓ Standard Savings Choices:

30 days after receiving the invitation, **you will be automatically enrolled in the program** and start saving part of each paycheck into your own Roth Individual Retirement Account (IRA) (unless you opt out within the 30 day window).

 **5% of your gross pay** (wages before taxes and other deductions) will be contributed to your Roth IRA.

 **Your account will be a Roth IRA.** Contributions into a Roth IRA are made after-tax and not taxable when you remove them from your account. Any earnings on those contributions could be tax free if you meet certain IRS criteria.

 **The only administrative charge for Illinois Secure Choice** is in the form of an annual asset-based fee of approximately .75%, which means **you will pay approximately \$0.75 per year for every \$100 in your account.** You will not get a bill. This cost is automatically taken out of your Illinois Secure Choice balance on a regular basis to help pay for the administration of the program.

Set Up Your Account:

- Verify your contact information
- Accept the account documents
- Add beneficiaries (who will inherit your Roth IRA in the event of your death)
- You can also:
 - Change your contribution rate
 - **minimum = 1%, maximum = 100% up to IRS limits for Roth IRAs**
 - Change your investment choices. Available options include:
 - Illinois Secure Choice Capital Preservation Fund: 100% invested in the State Street Institutional Liquid Reserves Fund (Ticker: SSHXX)
 - Illinois Secure Choice Target Date Retirement Funds: 100% invested in the BlackRock LifePath Index Target Date Retirement Funds. Choose your fund based on your target retirement date.
 - Illinois Secure Choice Growth Fund: 100% invested in the Schwab S&P 500 Index Fund (Ticker: SWPPX)
 - Illinois Secure Choice Conservative Fund: 100% invested in the Schwab U.S. Aggregate Bond Index Fund (Ticker: SWAGX)

*The default investment is the Illinois Secure Choice Target Date Retirement Fund

Learn more about Illinois Secure Choice at saver.ilsecurechoice.com.

The Illinois Secure Choice Savings Program ("IL Secure Choice") is overseen by the Illinois Secure Choice Savings Board ("Board"). Ascensus College Savings Recordkeeping Services, LLC ("ACSR") is the program administrator. ACSR and its affiliates are responsible for day-to-day program operations. Participants saving through IL Secure Choice beneficially own and have control over their Roth IRAs, as provided in the program offering set out at saver.ilsecurechoice.com.

IL Secure Choice's Portfolios offer investment options selected by the Board. For more information on IL Secure Choice's Portfolios go to saver.ilsecurechoice.com. Account balances in IL Secure Choice will vary with market conditions and are not guaranteed or insured by the Board, the State of Illinois, the Federal Deposit Insurance Corporation (FDIC) or any other organization.

IL Secure Choice is a completely voluntary retirement program. Saving through a Roth IRA will not be appropriate for all individuals. Employer facilitation of IL Secure Choice should not be considered an endorsement or recommendation by your employer of IL Secure Choice, Roth IRAs, or these investments. Roth IRAs are not exclusive to IL Secure Choice and can be obtained outside of the program and contributed to outside of payroll deduction. Contributing to an IL Secure Choice Roth IRA through payroll deduction offers some tax benefits and consequences. You should consult your tax or financial advisor if you have questions related to taxes or investments.

3. UPDATE IRA OWNER INFORMATION

If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your Illinois Secure Choice IRA.

If you are changing your name, you must also provide a Medallion Signature Guarantee below or legal document(s) verifying the name change.

IRA Owner Legal Name (First)

(M.I.)

IRA Owner Legal Name (Last)

Email Address

Physical Address (We cannot accept a PO Box)

City

State

Zip Code

Mailing Address if different from above (This address will be used as the address of record and for all mailings)

City

State

Zip Code

Telephone Number

Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT ONLY

- You must provide the following information as underwritten certification that the new signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the signature guarantee.**

By signing here I certify that the information provided herein is true and complete in all respects.

Former Signature of Account Owner (For name change only)

Current Signature of Account Owner

Signature of Guarantor

Authorized Officer to Place Stamp Here

Title

Name of Institution

Date (mm/dd/yyyy)

4.

Important: By signing this form, you agree and confirm that your ACH transaction will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

☐ Add ☐ Delete Bank Information Indicated Below ☐ Delete All Current Bank Information and Add New Bank Information Below

[illegible]

Financial Organization Name

Financial Organization Routing Number

[illegible]

Financial Organization Account Number

ACCOUNT TYPE (Select one)

☐ Checking ☐ Savings

Note: The routing number is usually located on the bottom left corner of your checks. You can also ask your financial organization for the routing number.

☐ Add ☐ Delete Bank Information Indicated Below ☐ Delete All Current Bank Information and Add New Bank Information Below

[illegible]

Name

--	--	--	--	--	--	--	--	--

Financial Organization Routing Number

[illegible]

Financial Organization Account Number

ACCOUNT TYPE *(Select one)*

☐ Checking ☐ Savings

Note: The routing number is usually located on the bottom left corner of your checks. You can also ask your financial organization for the routing number.

5.

If you wish to change your contribution rate, enter the percentage of your pay check you wish to contribute as a whole number. **Note:** Your contributions to all of your Roth IRA are limited to \$5,500 (\$6,500 if 50 or older) for 2018 depending on your income. See IRS Publication 590A for more information.

New Contribution Rate %

6.

Contributions for accounts open at least 180 days will automatically increase by 1% on January 1 of each year, with the first increase scheduled for January 1, 2019.

☐ I wish to have my contribution rate automatically increased by 1% each year until it reaches 10%.

☐ I DO NOT wish to have my contribution rate automatically increased each year.

7.

I certify that I am the account owner and verify the information above is accurate. I assume responsibility for any consequences that may result from these changes and I agree that Illinois Secure Choice, the custodian, or the program administrator are not responsible for any consequences that may arise from executing the changes outlined in this form.

Signature of IRA Owner

□ □ — □ □ — □ □ □ □

Date (mm/dd/yyyy)