# Winning Wheels, Inc.

# **Comprehensive Employment Benefits**

\*\*\* Benefits in Italics are company paid/**free** to the team member

# **Group Health Insurance**

Plan Tier	Per Pay Period Premium	
Employee	\$100.00	
Employee + Spouse	\$420.00	
Employee + Child	\$505.00	
Family	\$825.00	
Eligibility	Full-time team members	
Effective	First of the month following hire date	
Provider	Blue Cross/Blue Shield of Illinois	

# **Dental Insurance**

Plan Tier	Per Pay Period Premium	
Employee	Winning Wheels, Inc. Pays	
Employee + Spouse	\$15.33	
Employee + Child	\$28.13	
Family	\$49.76	
Eligibility	Full-time team members	
Effective	First of the month following hire date	
Provider	Blue Cross/Blue Shield of Illinois	

## **Vision Insurance**

Plan Tier	Per Pay Period Premium	
Employee	Winning Wheels, Inc. Pays	
Employee + Spouse	\$2.69	
Employee + Child	\$2.99	
Family	\$5.79	
Eligibility	Full-time team members	
Effective	First of the month following hire date	
Provider	Blue Cross/Blue Shield of Illinois	

# Life w/ ADD Insurance

Amount of Coverage	\$50,000.00 per year
Premium	Winning Wheels, Inc. Pays
Eligibility	Full-time team members
Effective	First of the month following hire date
Provider	Blue Cross/Blue Shield of Illinois

# **Short Term Disability**

Amount of Coverage	Based on individual income	
Premium	Winning Wheels, Inc. Pays	
Eligibility	Full-time team members	
Effective	First of the month following hire date	
Provider	Blue Cross/Blue Shield of Illinois	

# **Supplemental Coverage**

Coverage Available	Supplemental Life	
	Accident	
	Critical Illness	
Premium	Dependent upon coverage elected	
Effective	First of the month following hire date	
Provider	APL	

## **Retirement Savings**

Premium	Team member chooses contribution amount	
Effective	First of the month following hire date	
Provider	Illinois Secure Choice	

# **Things to Note**

- Under the "125 Cafeteria" Flex Plan, team member contributions to dental, supplemental, limited medical and vision plans are made pre-tax, which allows team members to save money on income and social security taxes
- Insurance premiums are prepaid by Winning Wheels, Inc. and final payroll deductions may need to be adjusted accordingly
- Once enrolled, you may only make changes during the designated annual enrollment period or in the event of a qualifying event.
- New team member enrollment paperwork must be completed within 14 days of hire.
- Team members on leave are responsible for premiums not able to be deducted from their pay.

#### Child Care

Amount of Benefit	75% discount at the Lyndon Play and Learn	
	Center	
Eligibility	Full and Part-Time Team Members	
Effective	Upon hire and based on service availability and	
	openings	
Provider	Lyndon Play and Learn Center	

#### **Education Assistance**

Amount of Benefit	Reimbursement of up to \$500.00 per semester
Eligibility	Full-time team members
Effective	First of the month following 90 days of
	employment

# **Professional Licenses and Membership Dues**

	<u> </u>	
Amount of Benefit Up to \$250.00 per year		
Eligibility	Professionally licensed team members and memberships to professional associations	
Effective	Upon Hire	

Please visit this link to view an information video on our benefit plans:

https://flimp.live/WWBenefitReview

# **Paid Time Off**

Vacation Time	- Accrues as you work		
	<ul> <li>Up to 48 hours per year during 1<sup>st</sup> year of service</li> </ul>		
	- Up to 104 hours per year 2-4 years of service		
	<ul> <li>Up to 152 hours per year after 5 years of employment</li> </ul>		
	<ul> <li>Up to 192 hours per year at 15 years of employment</li> </ul>		
	- Benefit time carries over		
	<ul> <li>Full and part-time team members are eligible after 90 days of service</li> </ul>		
Sick Time	- Accrues as you work: 1 hour for every 40 worked up to 40 hours in a 12-		
	month period.		
	- Unused sick time may carryover into the next year, up to a maximum of 40		
	hours.		
	- A maximum of 40 hours may be used in a 12-month period.		
	All Team Members are eligible		
Bereavement	- 3 days immediate family member		
	<ul> <li>1 day for non-immediate family member</li> </ul>		
	- 10 days for a child		
Jury Duty	<ul> <li>Reimbursement for service during scheduled work time</li> </ul>		
Holidays	<ul> <li>6 paid holidays annually: New Year's Day Memorial Day</li> </ul>		
	Labor Day Thanksgiving Day		
	Independence Day Christmas Day		
	<ul> <li>Team members working the actual holiday will be paid at time and a half of</li> </ul>		
	their regular pay rate		
	<ul> <li>Part-time team members receive 50% of the benefit</li> </ul>		

For assistance with any of our employment benefits or programs, please contact Human Resources at 815-778-3683.

Detailed plan summaries, current benefit information and employment resources are available at <a href="https://www.wwihub.com">www.wwihub.com</a>





# **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



# BENEFIT ENROLLMENT AND CHANGE FORM Plan information available at https://flimp.live/WWBenefitReview

<b>Employee Name</b>	
Date of Birth	
Social Security	
Mailing Address	
Phone Number	
Email	
Hire Date	
<b>Coverage Effective</b>	
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

# 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 Nam	<mark>e (First, MI, La</mark>	ast) :				Phone:					
	If you have elec	ted any cover	age on a spous	e or chil	d please complete	the below in full. If you need additional s	pace please add an addition	nal forr	n		
Name (First, MI, La					or dependent child					e of Bir	+h
1	151	Kelati	onship to you	spouse	or dependent child	d) Sellue	1		Dat	e or bii	ui .
2											
3											
4						× ×					
5		s				8					
Please sele	ct only one of th	e accident	plans box	es bel	ow or if you i	ntend to decline both please cl	heck the decline bot	h acc	cident plans b	ox.	
Election Type	Accid	dent Exper	se Plan 1				Election Type		Accident	Ехре	nse Plan 2
Employee Only			\$5	5.38		Employee	Only				\$9.51
Employee + Spouse			\$9	9.31		Employee	+ Spouse				\$16.39
Employee + Children			\$10	0.20		Employee	+ Children				\$17.59
Family			\$15	5.30		Family					\$26.40
Commission of Colors (1990)			4507-0				oth Accident Plans				6
is a second seco					Critic	al Illness					
Children are no addition	nal cost to be	added. If	children	are i		will be covered at 25% of	the listed benefi	it, if	spouse are	insu	red they will
						or check the decline box.					
	only and Emplo			Rates		Employee with Employee Attained Age	Spouse and Emp	loye	e with Famil \$20.000	y Ra	\$30.000
Employee Attained Age 18-24	\$10,000		0,000 4.36	_	\$30,000 \$6.53	18-24	\$10,000		\$5.60	7	\$8.37
25-29	\$2.56	_	5.10	$\vdash$	\$7.62	25-29	\$3.32		\$6.60	$\vdash$	\$9.90
30-34	\$3.11	5	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 \$10.09	_	13.54 20.05		\$20.24 \$30.00	45-49	\$9.77 \$14.72		\$19.34 \$29.16	-	\$28.93 \$43.60
50-54 55-59	\$10.09	_	31.24	H	\$46.76	50-54 55-59	\$23.22	-	\$46.03	$\vdash$	\$68.84
60-64	\$19.93		39.62	$\vdash$	\$59.31	60-64	\$29.53	-	\$58.60	┢	\$87.69
65-69	\$27.15		54.05	$\vdash$	\$80.95	65-69	\$40.35	_	\$80.23	┢	\$120.09
70+	\$77.34	\$1	54.13		\$230.91	70+	\$115.73		\$230.34		\$344.95
I Decline Critical Illness					-5.1		**				
72.				20	Vear Tern	n Life Insurance					
						mpoyee volume on the					
						will be 50% of the amo					
your children they w be located in the life				decli	ning life in	surance please check t	he decline box.	The	e rates for	this	plan can
be located in the life	insurance bi			- W-	duma				Carrara	T	
	\$50,000		mploye	e vc	olume	Employee Only		7	Covera	ge i	ype
	\$100,000					Employee + Spouse	-	┪			
	\$150,000					Employee + Children		┪			
I Decline Life Insuran						Family	_	┪			
								=			
If you have elected life i	insurance above plea	ase be sure t	o complete t	he bene	eficiary section b	elow. If this section is left blank your	beneficiary will be listed	as be	eing designated	o your	estate.
Beneficiary (First N	ame and Last Name	)			Relatio	nship to you	Percent of bene	fit pai	d to beneficiary.	Must	equal 100%
1	111111111111111111111111111111111111111		3								
2			3				×				Î
3			8				×				
Contingent Beneficiary (F	irst Name and Last I	Name)			Relatio	nship to you	Percent of bene	fit pai	d to beneficiary.	Must	equal 100%
1	100	THE STATE OF THE S					2 11			Hin	
2							0				
3											
						1 10 110					•
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	_	-				Il not be effective until ap	•		-	-	
-	-					, and exclusions. Exact pre		τern	nined at tin	ne ot	issue. You
understand that change	s may only tal	ке ріасе	auring qi	ıalıty	ıng iite evei	nts or during future open	enrollments.				

Print Name (First, MI, Last):\_\_\_\_\_

Signature:\_



# **EMPLOYEE OPT OUT FORM**

Illinois Secure Choice is a completely voluntary program. You can opt out at any time online, by phone, or by completing this form. If you do not opt out your employer will send payroll contributions to your Illinois Secure Choice account. Amounts you save in this account are always your money. Your account is in your control and goes with you from job to job in accordance with the Illinois Secure Choice Program terms. Every little bit you save now can potentially make a difference in retirement. To opt out of payroll contributions to Illinois Secure Choice for more than one employer you must submit a separate form for each employer.

Completed forms should be mailed back to Illinois Secure Choice.	Illinois Secure Choice PO Box 56000 Boston, MA 02205-60		night Address:	Illinois Secure Ch 95 Wells Avenue Newton, MA 02	e, Suite 155
You may also opt out online or by pho	ne.				
855-650-6914 8 a.m. to 8 p.m. CT, Monday	through Friday			saver.ilsecurech	oice.com
1. EMPLOYEE INFORMATION (All fie	elds required)				
To verify your information, please provide eithe	•	ır Social Security	Number/Taynaver	Identification Numb	oer orvour
access code and date of birth. The access code	can be found in the email	or letter you rec	eived from Illinois	Secure Choice.	Der, Or your
Legal Name (First)					(M.I
Legal Name (Last)				·	
Address					
		State	l		
Telephone Number (In case we have a question	] [] 1)	Last Four Digits	of Social Security	Number or Taxpaye	er Identification
		Number			
Access Code		Birth Date (mm	n/dd/yyyy)		
2. OPT OUT REASON					
The design of the state of the		· 	and Control		
I don't qualify for a Roth IRA due to my inc	come		st the financial ma		
I would prefer a Traditional IRA I have my own retirement plan			tisfied with the inv	uting through this e	mployor
I can't afford to save at this time		Other	erested in contrib	dung unodgir uns e	трюует
3. EMPLOYER INFORMATION					·
5. EIVII EGTER INFORMATION					
4. SIGNATURE					
do not wish to participate in the Illinois Secure participating in Illinois Secure Choice at a later of decide to opt back in, I can contact Illinois Secu	date, subject to and in acc	me. I understand ordance with the	that I can change terms of the Illino	e my mind at any tin ois Secure Choice Pr	ne and begin ogram. If I
	-				
Signature of Employee			Date (mm/d	id/vvvv)	

32717 Illinois Secure Choice (Rev. 8/2018)



## IRA ACCOUNT MAINTENANCE FORM

Complete this form to change your name, permanent and/or mailing address, phone number, email address, contribution rate, annual increase, or bank information. You may also update this information online by logging into your account at saver.ilsecurechoice.com.

If you are changing your legal name, your signature with your old name and your signature with your new name are required to be Medallion Signature Guaranteed in Section 3 by an authorized officer of a bank, broker, or other qualified financial institution. In place of a Medallion Signature Guarantee, you have the option to submit a signed letter of instruction with supporting legal documentation (i.e. marriage certificate, court order, divorce documentation) for this change.

The updates/changes on this form override all previous elections for this IRA. Contact the Client Service team if you need assistance completing this form.

Completed forms should be mailed to:	Illinois Secure Choice PO Box 56000 Boston, MA 02205-6000	Overnight Address:	Illinois Secure Choice 95 Wells Avenue, Suite 155 Newton, MA 02459
855-650-6914 8 a.m. to 8 p.m. CT, Monday	through Friday		saver ilsecurechoice.com
1. IRA OWNER INFORMATION (All fi	elds required)		,
If you are updating your information, enter the	information that is currently on fi	le in this section and the	new information in Section 3.
Account Number			
IRA Owner Legal Name (First) (If you are changi	ing your name, enter the name yo	ou have on file in this se	ction.) (M.I.,
IRA Owner Legal Name (Last)			
Telephone Number (In case we have a question file in this section and the new number in Section		pdating your phone nun	nber, enter the number you have on
Employer Name (If you contribute through more election, you must submit a separate form for each	ach employer.)	Change your Contribution	in rate or automatic annual increase
2. ACCOUNT UPDATES OR CHANGES			
Check the box(es) to indicate which section(s) yo	ou plan to update or change.		
IRA Owner Information – Section 3			
Bank Information – Section 4			
Contribution Rate - Section 5			
Automatic Annual Increase – Section 6			

Secure Choice IRA.	information exactly as you would like it to appear on your Illinois
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)	
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)	ress of record and for all mailings)
City	State Zip Code
	State Zip Code
Telephone Number	
Medallion Signature Guarantee — REQUIRED FOR NAME CHAN ACCOUNT ONLY	IGES TO THE ACCOUNT OWNER OF AN EXISTING
<ul> <li>You must provide the following information as underwritten certification</li> <li>You can obtain a Medallion Signature Guarantee from an authorized office</li> </ul>	that the new signature is genuine. ter of a bank, broker, or other qualified financial institution. A
<ul> <li>ACCOUNT ONLY</li> <li>You must provide the following information as underwritten certification:</li> <li>You can obtain a Medallion Signature Guarantee from an authorized office notary public cannot provide a Medallion Signature Guarantee, nor can you</li> </ul>	that the new signature is genuine. Ter of a bank, broker, or other qualified financial institution. A Du guarantee your own signature.
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<ul> <li>ACCOUNT ONLY</li> <li>You must provide the following information as underwritten certification:</li> <li>You can obtain a Medallion Signature Guarantee from an authorized office notary public cannot provide a Medallion Signature Guarantee, nor can you</li> <li>Do not sign below until you are in the presence of the authorized of</li></ul>	that the new signature is genuine. ter of a bank, broker, or other qualified financial institution. A bu guarantee your own signature. officer providing the signature guarantee.
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You must provide the following information as underwritten certification:     You can obtain a Medallion Signature Guarantee from an authorized office notary public cannot provide a Medallion Signature Guarantee, nor can your provided below until you are in the presence of the authorized By signing here I certify that the information provided herein is true and com  Former Signature of Account Owner (For name change only)	that the new signature is genuine. ter of a bank, broker, or other qualified financial institution. A bu guarantee your own signature.  officer providing the signature guarantee.  plete in all respects.
<ul> <li>ACCOUNT ONLY</li> <li>You must provide the following information as underwritten certification:</li> <li>You can obtain a Medallion Signature Guarantee from an authorized office notary public cannot provide a Medallion Signature Guarantee, nor can you</li> <li>Do not sign below until you are in the presence of the authorized of the signing here I certify that the information provided herein is true and com</li> </ul>	that the new signature is genuine. ter of a bank, broker, or other qualified financial institution. A bu guarantee your own signature.  officer providing the signature guarantee.  plete in all respects.
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You must provide the following information as underwritten certification     You can obtain a Medallion Signature Guarantee from an authorized office notary public cannot provide a Medallion Signature Guarantee, nor can year.     Do not sign below until you are in the presence of the authorized By signing here I certify that the information provided herein is true and com  Former Signature of Account Owner (For name change only)  Current Signature of Account Owner	that the new signature is genuine. ter of a bank, broker, or other qualified financial institution. A bu guarantee your own signature.  officer providing the signature guarantee.  plete in all respects.
You must provide the following information as underwritten certification     You can obtain a Medallion Signature Guarantee from an authorized office notary public cannot provide a Medallion Signature Guarantee, nor can year.     Do not sign below until you are in the presence of the authorized By signing here I certify that the information provided herein is true and com  Former Signature of Account Owner (For name change only)  Current Signature of Account Owner	that the new signature is genuine. ter of a bank, broker, or other qualified financial institution. A bu guarantee your own signature.  officer providing the signature guarantee.  plete in all respects.
You must provide the following information as underwritten certification:     You can obtain a Medallion Signature Guarantee from an authorized office notary public cannot provide a Medallion Signature Guarantee, nor can your provide a Medallion Signature Guarantee, nor can your public cannot provide a Medallion Signature Guarantee, nor can your public cannot provide a Medallion Signature of the authorized of By signing here I certify that the information provided herein is true and come former Signature of Account Owner (For name change only)  Current Signature of Account Owner  Signature of Guarantor  Title	that the new signature is genuine. ter of a bank, broker, or other qualified financial institution. A bu guarantee your own signature.  officer providing the signature guarantee.  plete in all respects.
You must provide the following information as underwritten certification:     You can obtain a Medallion Signature Guarantee from an authorized office notary public cannot provide a Medallion Signature Guarantee, nor can your provided below until you are in the presence of the authorized By signing here I certify that the information provided herein is true and com  Former Signature of Account Owner (For name change only)  Current Signature of Account Owner  Signature of Guarantor	that the new signature is genuine. ter of a bank, broker, or other qualified financial institution. A bu guarantee your own signature.  officer providing the signature guarantee.  plete in all respects.

<del></del>
<b>Important:</b> 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
Financial Organization Name
Financial Organization Routing Number  Financial Organization Account Number
ACCOUNT TYPE (Select one)
Checking Savings
<b>Note:</b> 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
Name
Financial Organization Routing Number  Financial Organization Account Number  Financial Organization Account Number
ACCOUNT TYPE (Select one)
Checking Savings
<b>Note:</b> 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. UPDATE CONTRIBUTION RATE
If you wish to change your contribution rate, enter the percentage of your pay check you wish to contribute as a whole number. <b>Note:</b> 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. AUTOMATIC ANNUAL INCREASE
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. SIGNATURE
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)

4. UPDATE BANK INFORMATION