

Authorization to Deduct Hospital Indemnity Plan Premiums from Wages

I understand, acknowledge and agree that when I begin employment with CORTECH, LLC dba JobsRUs.com (hereinafter "JobsRUs.com"), I will be eligible to be enrolled in the Elysian Hospital Indemnity Plan (the "Elysian Health Plan"). During my enrollment in the Elysian Health Plan, a pre-tax deduction of monthly premiums equal to \$600 for Tier 1, \$900 for Tier 2, \$1,200 for Tier 3 or \$1,600 for Tier 4, depending on which Elysian Health Plan benefit "Tier" I am eligible for each month based upon the amount of my wages for such month (i.e., the pre-tax deduction amount may vary from month to month), will be deducted from my wages. This premium payment will be required to participate in the Elysian Health Plan. I

understand, acknowledge and agree that this premium deduction authorization will be irrevocable (absent a "Change in Family Status" as provided in the Section 125 plan for the Elysian Health Plan (the "125 Plan") and remain in effect through the end of the current plan year for the Elysian Health Plan and the 125 Plan, which runs from October 1st thorough the next September 30th, and will automatically renew and become irrevocable (absent a "Change in Family Status" as provided in the 125 Plan) and remain in effect, including for subsequent plan years, unless I affirmatively opt out of participation in the Elysian Health Plan within two (2) business days of the signing of this Authorization (or opt out of continued participation for a future plan year during the applicable open enrollment period).

I can call 1-800-214-6484 or email: healthsupport@elysianhc.com to opt out of the Elysian Health Plan at any time within two (2) business days of the signing of this Authorization.

I understand, acknowledge and agree that if I fail to opt out of the Elysian Health Plan within two (2) business days of signing this Authorization, I will automatically be enrolled in the Elysian Health Plan for the current plan year and future plan years, until I opt-out during an open enrollment period.

I also understand, acknowledge and agree that I have been provided and reviewed the Summary Plan Description ("SPD") and other written plan materials for the Elysian Health Plan and the 125 Plan, and that I may request further documentation and information regarding the Elysian Health Plan or the 125 Plan at any time by phone or email by calling 1-800-214-6484 or by emailing: Elysian@jobsrus.com.

Employee Signature _____ Date _____

Print Name _____ Email Address: _____

Last 4 digits of Social Security Number: _____ Phone Number: _____