



Publishing Order Form

Customer name: _____

Employer Name on Product: _____

- Product: Benefit Guides Printed Hosted Digital PDF
 Benefit Summaries Printed Hosted Digital PDF
 Benefit Wallet Cards (printed)

Quantity: _____

Agreement:

Simple, LLC has established this Agreement to provide the above listed Product to Customer. Customer agrees to provide the specific benefit information, logos and details which shall be used by Simple, LLC to create the above listed product. Such information shall be provided through a template provided to Customer by Simple, LLC. Any logos and images provided by Customer must be in a digital format at 300DPI for print versions or 75DPI for digital versions.

Process:

Simple, LLC shall provide one (1) electronic PDF proof to Customer. Customer must provide a single marked-up proof with any changes requested. Such marked-up proof shall be forwarded by email to jennifer.caitlin@simple.us or faxed to 1-888-308-6009. Simple, LLC shall provide a final PDF for approval by Customer or Customer's client. Any further changes will require a design change fee of \$100 per hour, with a ½ hour minimum. Once Customer provides an affirmation in writing that the product is "approved to print", or in the case of a digital version—"approved to release", no further changes can be made. Customer acknowledges that any changes after the Product is approved shall incur substantial additional charges.

Payment Terms:

- Simple, LLC shall provide a separate written estimate of the fees to produce the published Product to Customer.
- If the estimate is over \$2,000, 50% of the estimate total is due upon acceptance of this agreement. If the estimate is under \$2,000, 100% of the estimate total is due upon acceptance of this agreement. No work can begin until the specified payment is received.
- Checks should be made payable to "Simple, LLC" and mailed to Simple Benefit Plans & Communication, 102 Split Rail Trail, Jasper, GA 30143
- Any changes or additions to the design shall incur additional design fees at \$100 per hour, in addition to possible printing and shipping price increases for the additional content.

License Agreement

Customer agrees that Simple, LLC owns rights to the design and images of the Product and that any duplication or reprinting by Customer, or any other party, must have the expressed written consent of Simple, LLC prior to printing.

Assumption and Liability for Incorrect Information

Customer assumes sole responsibility for any information appearing in the final Product and for any errors, inconsistencies, generalizations, discrepancies and/or omissions. Customer also agrees that any consequential damages relating to such information, are the sole responsibility of Customer. Customer agrees to not hold Simple, LLC responsible or liable for any such errors, inconsistencies, generalizations, discrepancies and/or omissions.

Shipping Address:

Customer: _____

Address1: _____

Address2: _____

City: _____ St: _____ Zip: _____

Approval:

To accept this proposal, please sign this form, scan and email to proposals@simple.us or fax to 1-888-308-6009. Benefit information should be completed on the following template pages.

Customer/Customer Signature _____ Date: _____

For Simple, LLC Signature _____ Date: _____



888-888-8401



Benefit Information

Step 1: List company name as it will appear in print format:

Step 2: Select the benefit sections to be included in the Product.

Note: Some employers may desire more than one Product version. For example, some employers have salaried and hourly employees, with different benefits. Some employers may also offer more than one medical plan, and they may want to only show the medical plan that the employee as elected. (Or many employers may want medical plans in a single Product, expecting that the employee will know the plan selected) In the event that more than version of the Product is desired, please complete a separate order form for each version.

- | | |
|--|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Group Auto and Homeowners |
| <input type="checkbox"/> HRA | <input type="checkbox"/> 401(k) |
| <input type="checkbox"/> HSA | <input type="checkbox"/> 403(b) |
| <input type="checkbox"/> Flex | <input type="checkbox"/> Life |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Supplemental Life |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Supplemental Life 2 |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Supplemental Life 3 |
| <input type="checkbox"/> Long Term Disability | <input type="checkbox"/> EAP |
| <input type="checkbox"/> Short Term Disability | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Tuition Reimbursement |
| <input type="checkbox"/> Critical Illness | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Other(s): (List Below) |
| <input type="checkbox"/> Vacation/Sick Time/Holidays | _____ |
| <input type="checkbox"/> Pay Schedule | _____ |
| | _____ |
| | _____ |

Step 3: Complete a copy of the Benefit Description page below. One page is needed for each benefit. Add additional pages (by email or fax) for "Other" benefits.

Step 4: Please send full payment based on the proposal presented by Simple, LLC.

Step 5: We will send you a draft to approve.

Email address for returning these forms: jennifer.caitlin@simple.us Fax: 1-888-308-6009



888-888-8401

