



Welcome to the Building Blocks Enrollment Experience!

Account Name: _____ County of Nevada
Effective on June 9, 2020 ("Effective Date")

Enrollment Expectation Agreement

Building Blocks (BB4B) is committed to a positive and engaging enrollment experience for you and your employees. In order to provide the BEST Employee Experience – we ask for your acknowledgement on this checklist to help us execute all the next steps necessary to ensure a successful enrollment from start to finish!

X I Agree - To implement an Employer Sponsored Supplemental Benefits Program offered through Employee Payroll Deduction to each benefit eligible employee.

X I Agree - To provide support to BB4B to ensure that each eligible benefit employee schedules and completes the non-discriminatory enrollment process at the initial enrollment, and all subsequent enrollments, including each open enrollment, new hire enrollments, and any Qualified Enrollments throughout all plan years, and to inform each eligible employee that BB4B personnel will be contacting them during or outside of business hours to schedule their private enrollment session during the defined enrollment period.

X I Agree - To the Building Blocks Communication Campaign – which may include but is not limited to inbound/outbound calls, emails, text messaging, and web links, and to distribute any applicable material (electronic or other) in regards to enrollment communications

X I Agree* - To provide the employee census to support the Building Blocks Communication Campaign which includes information about the employees including but not limited to: full name; address; phone (cell/personal and work); and email (personal and work). Personal contact information will be protected and only utilized for contacting individuals to facilitate scheduling their individual benefit enrollment session.

X I Agree – BB4B will release any services provided, if applicable, whether the service is at no direct cost or wholesale cost, when the enrollment is complete and the defined initial enrollment period has ended.

X I Agree – When replacing a competitive supplemental carrier, to provide BB4B with copies of current billings from existing vendors, if requested, and to remove the payroll slots assigned to these competitor carriers from payroll deduction.

X I Agree - If during the Term, any of the following occur, the services provided hereunder by BBB shall terminate immediately and any fees for continuing services with a vendor once services are terminated are the sole responsibility of the Client:

- a. the Client discontinues supplemental benefits; and/or
- b. a competing product is offered to the Client's employees; and/or
- c. any fees owed to BBB under this Agreement or related contracts is unpaid when due; and/or
- d. the Client provides 60 days written notice to terminate contract; and/or
- e. BBB reasonably determines that any other event that would compromise enrollments has occurred.

X I Agree – That Nevada law governs the provisions of this Agreement and any dispute regarding this Agreement shall be heard by the Courts having jurisdiction in Clark County, Nevada. This Agreement may be signed in counterparts, each one being deemed an original. This Agreement may be amended in writing with a document signed by both Parties.

*It is understood and agreed that this Enrollment Expectation Agreement does not constitute a binding agreement between the Parties to implement an Employer Sponsored Supplemental Benefits Program, but is merely intended to promote a successful enrollment in such a program should the Parties agree to implement such a program.



Services Selected

No Cost Services – Building Benefits Program

- | | |
|---|---|
| <input checked="" type="checkbox"/> HR Support Center | <input checked="" type="checkbox"/> Agent-Assisted Virtual Enrollment/Supplemental Benefits |
| <input checked="" type="checkbox"/> Well-Card Savings Program | |
| <input checked="" type="checkbox"/> Public Sector Funded Flex | <input type="checkbox"/> Other Approved Program_____ |

Add-on Services – If applicable, Wholesale Pricing or Additional Fees may apply

Client will receive preferred pricing as set forth in a separate agreement between 3rd party administrator and Client

- | | | | | | | |
|----------------------------------|---|--|---|------------------------------|------------------------------------|------------------------------|
| <input type="checkbox"/> Payroll | <input checked="" type="checkbox"/> COBRA | <input type="checkbox"/> Retiree Billing | <input checked="" type="checkbox"/> HSA/HRA | <input type="checkbox"/> FSA | <input type="checkbox"/> EDI Feeds | <input type="checkbox"/> ACA |
|----------------------------------|---|--|---|------------------------------|------------------------------------|------------------------------|

COMPANY:

BB4B ENROLLMENT SERVICES LLC
DBA Building Blocks for Business
A Nevada Limited Liability Company

By:_____
Manager

(Print Name)

CLIENT:

County of Nevada
(Company)

By:_____
(Signature)

(Print Name)