



CORP

RETIREMENT 401(k) EMPLOYEE PLAN

NEW ENROLLMENT / INITIAL INVESTMENT AUTHORIZATION FORM COMPLETED FORM SHOULD BE GIVEN TO YOUR EMPLOYER WITH YOUR W-4

A COPY OF THIS FORM MUST BE FORWARDED TO THE PLAN OFFICE AS SOON AS POSSIBLE

This form is intended for employees of E Corp to enroll as participants of the corporation's 401(k) Retirement Plan. Employees are advised to understand the investments are self-directed and involve a level of risk. All Plan expenses are paid from Plan assets and the income on those assets. For information regarding the Plan, the investment options, fees or assistance in completing this form, please call the corporations HR department.

EMPLOYER INFORMATION

Payroll House / Employer Name: _____

Production Name: _____ Address: _____

Phone: _____

Fed. ID Number: _____

EMPLOYEE INFORMATION

DOB: ____/____/____

Name: _____

Address: _____

Phone: _____

S.S.#: _____

Elective Deferrals*

I wish to contribute ____ % or \$ _____
per payroll period of my income (on a before-tax basis).

"Catch-Up" Election**

(For employees age 50 and over only)

I wish to contribute ____ % or \$ _____
per payroll period of my income (on a before-tax basis) toward my eligible "catch-up" limit.

Employer Match

(If applicable)

100% of the first ____ % of income. (up to 6%)

* Effective 01/01/2002 an employee can elect to contribute up to 100% of his/her income, however the IRS imposes a maximum dollar amount of annual Employee Contributions. The actual contribution amounts may be further limited by language contained in your employer's collective bargaining agreement.

**Employees age 50 and over (including those who will turn age 50 by the end of the current plan year) are eligible to make additional before-tax "catch-up" contributions. If you would like to utilize the additional "catch-up" contributions, please make your election in the section to the right.

PARTICIPANT INVESTMENT ALLOCATION: Upon initial enrollment with the 401(k) plan, the participant's deductions will be invested in the Plan's qualified default investment alternative until the participant has given investment instructions to Bank of E. In the meantime, the participant will be sent a packet of information detailing each of The Plan's investment options, as well as a pin number to access Bank of E's automated system. Participants may then change their allocation at any time by logging into the Bank of E portal or using their 800 number. Participants may elect to invest in any single investment or multiple investments. Details of the investment options will be included in the packet. If you have not received an information packet within 60 days after you have sent in this form, please contact the Fund Office at (917) 555-0133.

I have read the above information and I authorize my employer to deduct the indicated percentage, if any, from my salary on a before-tax basis. I understand that I will be notified as to the disposition of any contributions and/or earnings, which must be either returned because they exceed the maximum permitted by law or other regulatory limitations. Also, I understand that if I have never indicated investment direction, future contributions and existing balances will be invested in the Plan's qualified default investment alternative. This form will be processed as soon as administratively possible.

Employee Signature: _____

Date: _____

TO BE COMPLETED BY EMPLOYER:

Start Date: _____

Employer Signature: _____



CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

THIS CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT (the “Agreement”) made this _____ day of _____, _____ (the “Effective Date”) by and between _____ (*employee name*) and E Corp (collectively, the “Parties” and each individually a “Party”).

The Parties are exploring the possibility of engaging in one or more mutually beneficial business relationships (collectively, the “Business Relationship”). The Parties recognize that in the course of their discussions to further the Business Relationship, it will be necessary for each Party to disclose to the other certain Confidential Information (as defined below). Each Party desires to set forth the terms that apply to such Confidential Information.

NOW, THEREFORE, for and in consideration of the foregoing, of the promises and covenants set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties do hereby agree as follows:

1. The Parties shall (i) use reasonable efforts to maintain the confidentiality of the information and materials, whether oral, written or in any form whatsoever, of the other that may be reasonably understood, from legends, the nature of such information itself and/or the circumstances of such information’s disclosure, to be confidential and/or proprietary thereto or to third parties to which either of them owes a duty of nondisclosure (collectively, “Confidential Information”); (ii) take reasonable action in connection therewith, including without limitation at least the action that each takes to protect the confidentiality of its comparable proprietary assets; (iii) to the extent within their respective possession and/or control, upon termination of this Agreement for any reason, immediately return to the provider thereof all Confidential Information not licensed or authorized to be used or enjoyed after termination or expiration hereof, and (iv) with respect to any person to which disclosure is contemplated, require such person to execute an agreement providing for the treatment of Confidential Information set forth in clauses (i) through (iii). The foregoing shall not require separate written agreements with employees and agents already subject to written agreements substantially conforming to the requirements of this Section nor with legal counsel, certified public accountants, or other professional advisers under a professional obligation to maintain the confidences of clients.

2. Notwithstanding the foregoing, the obligation of a person to protect the confidentiality of any information or materials shall terminate as to any information or materials which: (i) are, or become, public knowledge through no act or failure to act of such person; (ii) are publicly disclosed by the proprietor thereof; (iii) are lawfully obtained without obligations of confidentiality by such person from a third party after reasonable inquiry regarding the authority of such third party to possess and divulge the same; (iv) are independently developed by such person from sources or through persons that such person can demonstrate had no access to Confidential Information; or (v) are lawfully known by such person at the time of disclosure other than by reason of discussions with or disclosures by the Parties.

3. All Confidential Information delivered pursuant to this Agreement shall be and remain the property of the disclosing Party, and any documents containing or reflecting the Confidential Information, and all copies thereof, shall be promptly returned to the disclosing Party upon written request, or destroyed at the disclosing Party’s option. Nothing herein shall be construed as granting or conferring any rights by license or otherwise, express or implied, regarding any idea made, conceived or acquired



Understanding Dental Coverage

Here's a quick overview of how most dental coverage works. Be sure to look at your plan booklet for the specifics of your coverage.

Plan Basics

We offer a variety of benefit plans, each with different features. So while you may have 100% coverage or no copayments for checkups and cleanings, your friend who also has an E Corp Dental plan may not.

If you have a E Corp Dental PPOSM or E Corp Dental Premier® plan (our fee-for-service open network plan), you can visit any licensed dentist, but you will usually save the most when you visit a dentist in your plan's network. Your dentist will submit a claim after your visit and will not bill you more than the approved amount. If you visit a non-E Corp Dental dentist, you may be responsible for paying your dentist the full amount and submitting the claim to us after the visit.

If you have a E Corp Dental plan (our DHMO-type closed network plan), you select a primary care dentist from our network whom you visit for your care. This dentist will refer you to a specialist if needed. When you visit your dentist, you have predictable costs and you don't have to worry about claim forms.

You might have benefits from more than one dental plan, which is called dual coverage. In this situation, the total amount paid by both plans can't exceed 100% of your dental expenses. And in some cases, depending on the specifics of the plans, your coverage may not total 100%.

Most dental plans work within a "benefit period" that is typically one year — but not necessarily a calendar year.

Things to Know

Deductible

Similar to car insurance, this is the amount you have to pay before your benefit plan begins to pay the cost of your dental treatment.

Maximums

This is the most money a dental plan will pay for dental care within a benefit period. Once you reach the maximum amount, you will be responsible for paying any costs for the remainder of the benefit period.

Coinsurance

If you have a fee-for-service benefit plan, the plan pays a percentage of the treatment cost, and you are responsible for paying the balance. What you pay is called coinsurance, and it is part of your out-of-pocket cost after your deductible is reached.

Reimbursement Levels

Fee-for-service dental plans offer different categories of coverage, each tied to a certain percentage. For example:

Procedures that are diagnostic and preventive (such as cleanings and checkups) are typically covered at the highest percentage (for example, 80 to 100% of the plan's contract allowance). This gives you a financial incentive to get regular checkups and cleanings to prevent the need for more extensive procedures.



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EMPLOYEE DIRECTORY - CONTACT INFORMATION

Please complete the following fields *exactly* as you would like them to appear in the company directory (print and online).

Emergency contact information will not be published, but will be kept on file with HR.

NAME: _____

CELL PHONE: _____

OFFICE PHONE: _____

FAX: _____

HOME ADDRESS: _____

OFFICE FLOOR: _____

EMAIL: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

CONTACT PRIMARY PHONE NUMBER: _____

CONTACT SECONDARY PHONE NUMBER: _____



Employment Eligibility Verification
Department of Homeland Security

USCIS
Form I-9

OMB No. 1615-0047
 Expires 08/31/2016

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2015		
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.)		Date		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	