

MOTION RECRUITMENT PARTNERS



BENEFITS SUMMARY

2024

TABLE OF CONTENTS



03

Important Benefits Information

04

Your Benefit Choices

06

Medical Benefits

Prescription Benefits	08
Dental Benefits	09
Vision Benefits	10
Tax Advantaged Benefits	11

Additional Benefits	14
Paid Time Off	16



IMPORTANT BENEFITS INFORMATION

Welcome to Motion Recruitment Partners' Annual Benefits Offering for Consultant Employees, available to employees of Motion Recruitment Partners' family of companies (Motion Recruitment, Motion Consulting Group, Sevenstep, and The Goal). Motion Recruitment is proud to offer a competitive and comprehensive employee benefits program for our W-2 Consultant Employees.

We encourage you to take the opportunity to review all that our Benefits Program has to offer in detail. It is important that you carefully consider each benefit, its cost and value to you, and whether it is appropriate for you and your family members. By taking the time to examine all of your options, you will ensure that your benefits meet your needs throughout the plan year.

YOUR BENEFIT CHOICES

Your benefit choices are binding through the end of the plan year per IRS regulations. You may only change your benefits if you experience a qualifying life event. Here are some examples:

- Marriage
- Birth & Adoption
- Divorce
- Change in coverage through a spouse's plan
- Death of spouse or dependent
- Loss of dependent status
- Gain/loss of eligibility for Medicare or Medicaid
- Gain/loss of eligibility for a Children's Health Insurance Program (CHIP)
- Receiving a Qualified Medical Child Support Order (QMCSO)

Please review the enclosed materials carefully. Please be aware that outside of your enrollment period, you will not be able to change your benefit elections until the next open enrollment period unless you experience a Qualifying Life Event. If you experience a Qualifying Life Event, you will have 30 days to make or change your benefit election(s).



ELIGIBILITY

W-2 Consultant Employees working a minimum of 30 hours per week become eligible to participate in the Motion Recruitment's benefits program following 30 days of employment, unless otherwise noted in the below benefit summary. Note that 1099/3rd Party/Corp to Corp consultants are ineligible to participate in the program.

DEPENDENT COVERAGE

In addition to electing coverage for yourself, you may elect to cover your legal spouse or registered domestic partner and your dependent child(ren) up to age 26, regardless of student status, marital status, financial dependence, and residence.

¹Physically or mentally disabled dependent children may be covered without being subject to any age limitations.

QUICK REFERENCE TIPS

- The rates outlined are effective for the 2024 plan year.
- You can view the SBC which contains a brief overview of the available coverage. Additional information on the details of the offerings can be found in the enrollment system.
- You can call United Healthcare at **1-866-414-1959** with questions regarding specific types of coverage or cost.
- Please be aware if you are interested in making contributions to an HSA account on a pre-tax (directly from payroll) basis, you will need to set up an HSA with Optum. You can open an HSA with any bank offering this service however, contributions will be post-tax.
- Employee Medical and Dental insurance contributions are made on pre-tax basis, except for domestic partner coverage which has a pre-tax and post-tax component.
- If you are electing family coverage, you must include social security numbers for all dependents. This is an IRS requirement.
- Our United Healthcare Policy Number is 904298.



Please review the enclosed materials carefully. Please be aware that once the open enrollment period is closed, you will not be able to change your benefit elections until the next open enrollment period unless you experience a Qualifying Life Event (marriage, divorce, birth or adoption of a child, etc.). If you experience a Qualifying Life Event, you will have 30 days to make or change your benefit election(s).



MEDICAL BENEFITS

MEDICAL PLAN OPTIONS

Medical benefits help to ensure good health. They also help protect you and your family from costly and unexpected medical expenses. Motion Recruitment Partners offers you four medical plans to choose from through United Healthcare (UHC) We have chosen UHC as our medical provider for their large national network of providers and access to quality in-network care. While all four plans cover the same types of services, the plans differ in how their deductibles and out-of-pocket maximums are applied as well as at what level of coverage they offer.



CHOICE PLUS PPO PLAN

A Preferred Provider Organization (PPO) is a health plan with a “preferred” network of providers in your area. You do not need to select a primary care physician and you do not need referrals to see a specialist. Enrollment in a PPO gives you and your family the flexibility to receive care both in- and out-of-network. If you choose to see a doctor who is outside the preferred network, you will generally have to pay a larger portion of the bill than you would for an “in-network” provider. With a PPO, you will have access to out-of-state providers that are considered in-network. A PPO is a good option for those who don’t mind paying more for coverage in return for low plan deductibles, extensive network of providers, and access to affordable out-of-network care.



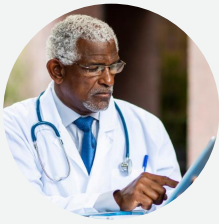
CHOICE PLUS EPO PLAN

Enrollment in an Exclusive Provider Organization (EPO) only allows you and your family to seek care from providers within the plan’s network. You are responsible for paying 100% of out-of-pocket if you seek care from a doctor outside your plan’s network. Like a PPO, though, you do not need a referral to get care from a specialist. An EPO is a good option if you don’t want to pay a lot in premiums, but also don’t want to pay a lot at the doctor’s office. This plan is also good for those who do not anticipate seeing out-of-network providers.



CHOICE PLUS PPO HDHP BASE AND BUY-UP PLANS

Enrollment in a High Deductible Health Plan (HDHP) gives you and your family the flexibility to receive care both in-and out-of-network and offer referral-free access to network specialists. However, when you go out-of-network, your out-of-pocket expenses increase significantly. These plans put you, the consumer, in the driver’s seat. You have affordable coverage, protection from catastrophic expenses, and the flexibility to choose how to spend – or save – your money along the way. Paired with a tax-free Health Savings Account, these plans can offer many long-term financial benefits for those who are willing to take an active role in managing their health care experience. You pay the full cost for all services (with the exception of in-network preventive medical services) until you have met the deductible. Once your deductible is met you pay your share of the coinsurance. All covered medical and prescription drug expenses are subject to the plan’s deductible and coinsurance.



MEDICAL BENEFITS (UNITED HEALTHCARE)

Below is a summary of the benefits offered under the United Healthcare plan options. The chart below is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD).

Benefits Description	Choice Plus PPO	Choice EPO	Choice Plus PPO HDHP Base	Choice Plus PPO HDHP Buy Up
	In-Network			
Annual Deductible Individual/Family	\$500 / \$1,500	\$1,000 / \$2,000	\$3,500 / \$7,000	\$1,600 / \$3,200
Deductible Type¹	Embedded	Embedded	Collective	Collective
Coinsurance	0% after deductible	20% after deductible	20% after deductible	10% after deductible
Annual Out-of-Pocket Maximum Individual/Family	\$1,000 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,200 / \$6,400 ²
Physician Office Visits Primary Care Physician/Specialist	\$25 / \$35	\$30 / \$50	20% after deductible	After deductible \$25 / \$35
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Telehealth	\$20 copay	\$25 copay	20% after deductible	\$20 copay after deductible
Lab and Radiology Services Basic Services Advanced Radiology	Covered 100% \$250 copay after deductible	20% after deductible 20% after deductible	20% after deductible 20% after deductible	10% after deductible 10% after deductible
Emergency Care Urgent Care Center Emergency Services - Outpatient	\$75 copay \$150 copay	\$75 copay \$100 copay	20% after deductible 20% after deductible	10% after deductible 10% after deductible
Inpatient Hospital Services	\$250 copay after deductible	20% after deductible	20% after deductible	10% after deductible
Outpatient Hospital Services	\$250 copay after deductible	20% after deductible	20% after deductible	10% after deductible
Out-of-Network Benefits ¹				
Annual Deductible Individual/Family	\$1,000 / \$3,000	N/A	\$7,000 / \$14,000	\$3,500 / \$6,000
Annual Out-of-Pocket Maximum Individual/Family	\$2,500 / \$7,500	N/A	\$10,000 / \$20,000	\$5,000 / \$10,000
Coinsurance	40% after deductible	N/A	40% after deductible	30% after deductible

¹A collective deductible means the family deductible must be met before any individual family member begins paying coinsurance or copays. An embedded deductible means all individual deductibles will count towards the family deductible, but an individual will not need to pay more than the individual deductible. ²An individual will not need to pay more than the individual out-of-pocket maximum, even if the family out-of-pocket maximum has not yet been met. ³ Out-of-Network reimburses at 200% of MCR. All 4 plans utilize the same provider network. Networks can be viewed at <https://www.uhc.com/find-a-doctor> (choose Choice Plus).



PRESCRIPTION BENEFITS (CVS/UHC)

Below is a summary of the Prescription benefits offered and the copays associated with each tier. This chart is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD).

Benefits Description	Choice Plus PPO	Choice EPO	Choice Plus PPO HDHP Base	Choice Plus PPO HDHP Buy Up
	In-Network			
Prescription Deductible	N/A	N/A	Subject to medical deductible	Subject to medical deductible
Prescription Out-of-Pocket Maximum	Subject to Medical Out-of-Pocket Maximum	Subject to Medical Out-of-Pocket Maximum	Subject to Medical Out-of-Pocket Maximum	Subject to Medical Out-of-Pocket Maximum
Retail Pharmacy Program (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	\$10 / \$25 / \$50	\$15 / \$35 / \$70	After deductible \$20 / \$30 / \$60	After deductible \$20 / \$30 / \$60
Mail Order Prescription Program (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	\$20 / \$50 / \$100	\$30 / \$70 / \$140	After deductible \$40 / \$60 / \$120	After deductible \$40 / \$60 / \$120
Specialty Drugs	30% to a maximum of \$100 for brand name, \$10 for generic	30% to a maximum of \$100 for brand name, \$10 for generic	10% after medical deductible	10% after medical deductible

EMPLOYEE PREMIUM COSTS

Type of Coverage	Choice Plus PPO	Choice EPO	Choice Plus PPO HDHP Base	Choice Plus PPO HDHP Buy Up
Weekly Medical Payroll Contributions				
Single Coverage	\$150.78	\$116.88	\$63.35	\$108.08
Employee + Spouse	\$332.92	\$257.14	\$134.77	\$244.46
Employee + Child(ren)	\$308.77	\$241.94	\$126.36	\$225.97
Family Coverage	\$484.10	\$401.42	\$190.67	\$365.25
Bi-Weekly Medical Payroll Contributions				
Single Coverage	\$301.56	\$233.76	\$126.69	\$216.17
Employee + Spouse	\$665.84	\$514.27	\$269.53	\$488.93
Employee + Child(ren)	\$617.54	\$483.88	\$252.71	\$451.93
Family Coverage	\$968.19	\$802.84	\$381.33	\$730.51

**Please note, since a Domestic Partner is not considered a legal spouse under federal law, the portion of your medical premiums attributed to your domestic partner's coverage will be deducted on a post-tax basis.*



DENTAL BENEFITS (GUARDIAN)

Motion Recruitment offers you a comprehensive dental plan through Guardian. This is a national network plan that provides coverage for services including Preventive, Basic, Major and Restorative and Orthodontia. You may use any dental provider you choose, in-network or out-of-network, but you will pay more for out-of-network care because in-network providers have agreed to discounted rates for plan members. When you use out-of-network providers, coverage is based on usual and customary charges which could result in you paying more than the percentage shown below. If you enroll for dental coverage, an ID card will be mailed to your home address. Below is a summary of your Dental benefits. This chart is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD).

Benefits Description	Guardian Dental Guard 2000	
	In-Network	Out-of-Network
Annual Deductible Individual / Family	\$50 / \$150	
Annual Benefit Maximum	\$2,000 per person per Calendar Year	
Preventive Care	Covered 100%	Covered 100%
Basic Care	20% after deductible	20% after deductible
Major Care	50% after deductible	50% after deductible
NEW FOR 2022: Adult & Child Orthodontia¹	50% no deductible	N/A
Orthodontia Lifetime Maximum	\$1,000 per person per lifetime	N/A

¹Covers children up to age 26.

EMPLOYEE PREMIUM COSTS

Type of Coverage	Guardian Dental Guard 2000	
	Weekly Dental Payroll Contributions	Bi-Weekly Dental Payroll Contributions
Single Coverage	\$8.33	\$16.66
Employee + Spouse	\$17.85	\$35.70
Employee + Child(ren)	\$18.43	\$36.87
Family Coverage	\$28.46	\$56.92

**Please note, since a Domestic Partner is not considered a legal spouse under federal law, the portion of your medical premiums attributed to your domestic partner's coverage will be deducted on a post-tax basis.*

TAX ADVANTAGED BENEFITS

Pre-tax benefits allow users to deduct the cost of their benefit from their paycheck before taxes are applied, which reduces your taxable income and may save you money over time.



HEALTHCARE SAVING ACCOUNTS (OPTUM)

If you enroll in our HDHP medical insurance you have the option to enroll in a Healthcare Savings Account (HSA). You can use your HSA funds to cover qualified medical expenses including amounts paid toward your deductible for office visits and/or prescriptions, dental care, vision care, and more. Expenses are considered eligible for reimbursement from an HSA if the medical care expense includes amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses solely for cosmetic reasons generally are not considered expenses for medical care. Also, expenses that are merely beneficial to one's general health are not considered expenses for medical care.

For the 2024 plan year, you can contribute:

Up to
\$4,150
(Single coverage)

Up to
\$8,300
(Family coverage)

Additionally, if you are age 55 or older but not enrolled in Medicare, you can contribute an additional \$1,000 catchup contribution to your HSA.



VISION BENEFITS (UNITED HEALTHCARE)

Our vision coverage is provided through United Healthcare. The United Healthcare Vision Plan specializes in providing choice, value and quality products and services. This plan allows you to receive a complete eye examination and materials (if needed). A Lasik surgery discount is available. Below is a summary of the Vision benefits offered to you. This chart is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD).

Benefits Description	United Healthcare Vision Plan	
	Coverage Levels	
Benefit Frequencies Eye Exam / Lenses / Frames / Contacts	Once every 12 months	
Calendar Year Deductible	None	
Eye Examination	\$10 copay	
Materials Copay	\$10 copay	
Lenses Single Vision Lenses / Bifocal Lenses / Trifocal Lenses / Lenticular Lenses	Covered 100% after materials copay	
Frames	Covered up to \$150 after materials copay; 30% off remaining balance	
Elective Contacts	Covered up to \$150	

EMPLOYEE PREMIUM COSTS

Type of Coverage	United Healthcare Vision Plan	
	Weekly Vision Payroll Contributions	Bi-Weekly Vision Payroll Contributions
Single Coverage	\$1.44	\$2.89
Employee + Spouse	\$2.74	\$5.48
Employee + Child(ren)	\$3.22	\$6.43
Family Coverage	\$4.53	\$9.06

**Please note, since a Domestic Partner is not considered a legal spouse under federal law, the portion of your medical premiums attributed to your domestic partner's coverage will be deducted on a post-tax basis.*



FLEXIBLE SPENDING ACCOUNTS (WEX)

FSA's allow you to save for eligible expenses on a pre-tax basis. You can redirect a portion of your pay into a Flexible Spending Account (FSA). Because you do not pay Federal and Social Security taxes on money that goes into your FSA, you decrease your taxable income and potentially increase your spendable income. You can save approximately 25% of each dollar spent on these expenses when you participate in the FSA.

HEALTH CARE FSA

The Health Care FSA provides you with the ability to save money for any IRS-allowed health expenses not covered by your group benefit plans. These expenses include deductibles, copayments and coinsurance payments, routine physicals, uninsured dental expenses and orthodontia, vision care expenses (i.e., eyeglasses or contact lenses), and hearing care expenses (i.e., a hearing exam or a hearing aid).

With the Health Care FSA, you can be reimbursed an amount up to the total annual contribution you have elected regardless of your account balance. You can begin to use all or some of the total amount elected as soon as the plan year begins. The maximum annual amount you can deposit into the Health Care FSA in 2024 is \$3,200. Participants with an existing balance following the year-end run out may roll over up to \$640 into the new plan year.

DEPENDENT CARE FSA

A Dependent Care FSA allows you to save for day care expenses for your child, disabled parent or spouse that enable you and your spouse (if applicable) to work full-time and/or attend school on a full-time basis.

Generally, expenses are eligible if they are the result of care for:

- Your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return.
- Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care.

The maximum annual amount you can deposit into a Dependent Care FSA is \$5,000, or \$2,500 if both you and your spouse elect the benefit and you file your taxes separately.

The annual amount you choose to deposit will be divided evenly over the pay periods in the plan year. It is important to note that you can only be reimbursed for dependent care services up to the balance you have in your account. If you submit a claim for an amount that exceeds your account balance, you will be reimbursed on a pay period basis until you have made enough additional contributions to cover the expenses.



COMMUTER BENEFITS (WEX)

You may also participate in two Commuter Benefit Accounts: (1) a Transit Account and (2) a Parking Account. The Parking and Transit Benefit Plan enables you to set aside pre-tax dollars from your paycheck to use to pay for work-related parking or transit costs. Depending on your tax bracket, you could save up to 40% on state, federal and FICA taxes. You must use your pre-tax transit funds while employed with Motion Recruitment, you will only have access to your balance till the end of the month after you exit otherwise your funds will be forfeited. If you are not commuting for work at this time, we would advise that you do not enroll in this benefit. You can add this election at any time during the year should you resume commuting to work. All commuter elections go into effect the 1st of the month following election.

Up to
\$315

(expenses withheld on a pretax basis each month)

TRANSIT ACCOUNT

Up to \$315 of transit expenses can be withheld on a pretax basis each month. You may use your account to pay for a pass, token, fare card, voucher, MetroCard, etc. that allows you to travel to and from work on mass transit facilities.

PARKING ACCOUNT

Up to \$315 of parking expenses can be withheld on a pretax basis each month. You may use your account to pay for parking near the work site or at a location from which you commute by carpool, commuter highway vehicle, etc.

ACCOUNT ACCESS

Participants can access their accounts 24/7 at www.wexinc.com or via the Wex mobile app. Benefits Participant Services are available 7:00a.m. to 10:00 p.m. EST Monday - Friday at 866-451-3399.

TAX ADVANTAGED BENEFITS

Commuter Benefits, 401(K) and College Savings Plans are all tax advantaged benefits that employees are able to enroll in or make changes to at any point during the plan year. Commuter Benefits changes can be made in your enrollment system, 401(K) and College Savings Plan benefits must always be updated/changed/enrolled via their respective web-portals and can be changed at any time during the plan year.

401(K) BENEFIT (THE STANDARD)

To help you prepare for the future, Motion Recruitment provides all employees over the age of 21 with 90 days of service the opportunity to participate in the company sponsored 401(k) Program.

Enrollments/changes to your contributions or investments must be made through Securian directly and can be made at any time during the year. No action is required during Open Enrollment. This plan provides a wide range of excellent investment options with maximum portfolio flexibility. Please contact HR for enrollment guidelines, vesting schedule and investment options. Read all materials carefully before you invest. For investment questions, please contact our financial advisor Trey Byrnes at 978-499-0111 or trey.byrnes@invernessfg.com. There is no charge for using his services. The Standard's web portal:

Standard.com/Retirement

EMPLOYER MATCH

MRP may provide a discretionary match annually. If a match is given, funding will occur annually in Q1 after the close of the fiscal year. To be eligible for the match, employees must have 1 year of service, be employed on the last day of the year, and have worked at least 1,000 hours within the year. Eligible employees will vest 50% of the match after 1 year of service and will be fully vested after 2 years. MRP reserves the right to modify the match as permitted by the SPDs at its sole discretion. *Please note that the discretionary match is temporarily on hold.

529 COLLEGE SAVINGS PLAN (COLLEGEBOUND SAVER)

Give your child a head start with CollegeBound Saver program! CollegeBound Saver gives you a simple way to save for college and vocational school costs with features like: tax-deferred growth, tax-free qualified distributions, no minimum contribution amount, flexible investment options, easy online enrollment and management, and much more. Additionally, CollegeBound Saver's free programs like Ugift, Upromise by Sallie Mae, and CollegeBoundbaby make saving even easier. Ready to get started? Enroll today at www.collegeboundsaver.com or mail an enrollment form with your contribution to: CollegeBound Saver, P.O. Box 55986, Boston, MA 02205.

ADDITIONAL BENEFITS

SHORT-TERM DISABILITY INSURANCE (LINCOLN FINANCIAL)

Motion Recruitment provides voluntary short-term disability income benefits through Lincoln Financial Group. You may be eligible for 60% of your salary up to a maximum benefit of \$2,500 per week. For further details on coverage and cost, please see detailed benefit summary. This coverage is 100% employee paid.

LONG-TERM DISABILITY INSURANCE (LINCOLN FINANCIAL)

Motion Recruitment provides voluntary long-term disability income benefits through Lincoln Financial Group. If you are disabled for 90 days, you may be eligible for long-term disability benefits. The Long-Term Disability plan provides benefits equal to 60% of your salary up to a maximum benefit of \$10,000 per month. Benefits are generally payable until retirement age. This coverage is 100% employee paid.

VOLUNTARY GROUP TERM LIFE AND AD&D INSURANCE (LINCOLN FINANCIAL)

If you would like financial protection that provides a cash benefit to your beneficiary upon the death or accidental dismemberment, you may consider enrolling in Voluntary Life and AD&D Insurance. Coverage is available for you, your spouse and your dependent children.

- **Employee Benefit:** Employees may elect coverage in \$10,000 increments up to a maximum of the lesser of 5 times their pay or \$500,000, with a guaranteed issue of \$300,000.
- **Spouse Benefit:** Employees may elect coverage for their spouse in \$5,000 increments to a maximum of \$250,000, not to exceed 50% of employee's Voluntary Life Insurance benefit, with a guaranteed issue of \$30,000.
- **Child(ren) Benefit:** Employees may elect coverage for children in \$1,000 increments to a maximum of \$10,000, with a guaranteed issue of \$10,000.



EMPLOYEE ASSISTANCE PROGRAM (LINCOLN FINANCIAL)

Motion Recruitment provides eligible employees access to the Employee Assistance Program (EAP). The EAP is a free, confidential counseling service through Lincoln Financial. EAP services can be accessed 24 hours a day, 7 days a week. Help is available to you and your family members to help cope with everyday life issues. Information is also available concerning child care, elder care, education, pet care, health and wellness, consumer education, finances and taxes, legal matters and much more. For free and confidential assistance, call 888-628-4824 or log on to [guidanceresources.com](https://www.guidanceresources.com) (Username: LFGSupport, Password: LFGSupport1).

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity supplemental insurance is designed to help pay for the costs of a hospital admission and other related services, whether or not you are covered by other insurance. The voluntary plan covers plan members who are admitted to a hospital or ICU for a covered sickness or injury. The plan pays cash directly to you even if you don't incur any out-of-pocket expenses. The payments can be used for medical and non-medical expenses associated with a hospital stay, such as medical copays, deductibles, transportation to and from the hospital, and more.

EMPLOYEE PREMIUM COSTS

Type of Coverage	Hospital Indemnity Insurance			
	Weekly Payroll Contributions		Bi-Weekly Payroll Contributions	
	\$1,000 Plan	\$2,000 Plan	\$1,000 Plan	\$2,000 Plan
Single Coverage	\$2.21	\$4.43	\$4.43	\$8.86
Employee + Spouse	\$4.79	\$9.58	\$9.58	\$19.16
Employee + Child(ren)	\$3.74	\$7.47	\$7.47	\$14.94
Family Coverage	\$6.31	\$12.63	\$12.63	\$25.25

IDENTITY THEFT PROGRAM

Enrollment in Allstate Identity Protection's ProPlus includes identity and credit monitoring which alerts you of suspicious activity associated with identity theft. Your social media accounts are even monitored and actionable alerts help defend you and your family from reputational damage or cyberbullying. In addition, you will have access to remediation services and an Identity Theft Insurance Policy to help restore your credit and identity if your personal information has been stolen and used fraudulently. Please be aware that Identity Theft must be elected annually either as a new hire or during open enrollment and cannot be added or dropped mid-year even if you experience a qualifying event.

EMPLOYEE PREMIUM COSTS

Type of Coverage	Identity Theft Program	
	Weekly Payroll Contributions	Bi-Weekly Payroll Contributions
Single Coverage	\$2.30	\$4.59
Family Coverage	\$4.14	\$8.28

LEGAL INSURANCE PLAN

The Legal Insurance Plan provided by LegalEASE provides you, your spouse, and your eligible dependent children with access to a national network of high-quality attorneys and comprehensive legal services at discounted rates or no cost at all through a nominal, bi-weekly payroll deduction. The LegalEASE Legal Insurance Plan covers home and residential issues, auto and traffic issues, estate planning and wills, financial and consumer issues, family problems, and general legal cases. Your use of LegalEASE is confidential. Please be aware that Legal Insurance must be elected annually either as a new hire or during open enrollment and cannot be added or dropped mid-year even if you experience a qualifying event.

EMPLOYEE PREMIUM COSTS

Type of Coverage	Legal Insurance	
	Weekly Payroll Contributions	Bi-Weekly Payroll Contributions
Single + Family Coverage	\$3.36	\$7.72

PAID TIME OFF



PAID SICK TIME*

Motion Recruitment is also pleased to be able to offer temporary employees paid sick time. Paid sick time is available for you to care for physical illness, mental illness or an injury/medical condition affecting yourself, your spouse, your child(ren), your parents or the parents of your spouse.

- **ELIGIBILITY:** Paid sick time begins to accrue from day 1 of employment. Time accrues at a rate of 1 hour for every 30 hours worked (including overtime) up to a maximum of 48 hours and further sick time will cease to accrue for the balance of the calendar year.
- **USAGE:** You may use your accrued paid sick time following 90 days of employment. Sick time is paid at your regular hourly rate. The maximum amount of sick time you can use during a calendar year is 48 hours.
- **CARRYOVER:** You may carry over your sick time from year to year to a maximum of 48 hours.

FOR EMPLOYEES IN COLORADO, WASHINGTON D.C., AND NEW YORK: Paid sick time begins to accrue from day 1 of employment. Employees may accrue up to 56 hours of sick time per year. Sick time is accrued at a rate of 1 hour for every 30 hours worked (including OT) and may be used upon accrual. There is a cap of 56 hours on the usage of sick days per calendar year and employees may carry over their sick time from year to year to a maximum of 56 hours. If the total amount of unused paid sick time reaches a “cap” equal to one times the employee’s annual accrual amount, further paid sick time accrual will cease until the employee uses paid sick time and brings the accrued amount below the cap. There is no retroactive grant of paid sick time for the period of time the accrued amount was at the cap.

FOR EMPLOYEES IN CALIFORNIA, MARYLAND, NEW MEXICO, SAN ANTONIO, DALLAS, AUSTIN, ST. PAUL, DULUTH AND MINNEAPOLIS: Paid sick time begins to accrue from day 1 of employment. Employees may accrue up to 80 hours of sick time per year. Sick time may be used after 90 days of employment and is accrued at a rate of 1 hour for every 30 hours worked (including OT). There is no cap on the usage of sick days per calendar year and employees may carry over their sick time from year to year to a maximum of 80 hours. If the total amount of unused paid sick time reaches a “cap” equal to one times the employee’s annual accrual amount, further paid sick time accrual will cease until the employee uses paid sick time and brings the accrued amount below the cap. There is no retroactive grant of paid sick time for the period of time the accrued amount was at the cap.

FOR WASHINGTON STATE & WEST HOLLYWOOD EMPLOYEES ONLY: Paid sick time begins to accrue from day 1 of employment. Sick time may be used after 90 days of employment and is accrued at a rate of 1 hour for every 30 hours worked (including OT). There is no cap on the accrual limit or usage limit per year. Employees may roll over a total of 40 accrued and unused hours of paid sick time per year.

** Employees working in other locations where applicable law provides enhanced paid sick time benefits will be provided those benefits as required by law.*

ABOUT THIS BENEFITS SUMMARY

This Benefits Summary describes the highlights of the Motion Recruitment Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Summary. If there is any discrepancy between the descriptions of the program elements in this Benefits Summary and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all elements of the Benefits Program may be modified in the future to meet Internal Revenue Service rules or otherwise as determined by Motion Recruitment.

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