

EMPLOYMENT APPLICATION

Position Applying for: _____
 Full-Time Part-Time
 Seasonal
 S M T W T F Sat
 Hours Available: _____

_____ and/or its affiliate _____, is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status.

NAME			Social Security Number	Are you at least 18 years of age <input type="checkbox"/> Yes <input type="checkbox"/> No
First	Middle	Last		
Present Street Address		City	State	Zip
Previous Street Address		City	State	Zip
Phone Number	Alternative Phone Number		Are you a U.S. Citizen or can you provide verification of your legal right to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date Available for Work	Have you ever been employed by _____? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Position: _____ Dates: _____	

List names of friends or relatives now employed by _____ and/or its affiliate _____:

List office machines you can operate (include WPM and Shorthand)

List other equipment you can operate

Do you have any special skills or training related to the position sought?

EDUCATION	Name of Institution	City & State	Circle Last Year Completed
High School			9 10 11 12
College			1 2 3 4
Graduate School			Degree received <input type="checkbox"/> Yes <input type="checkbox"/> No
Other			

MILITARY SERVICE BRANCH	Rank Attained	Date Entered	Date of Discharge

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document # _____		_____		_____
Expiration Date (if any) ___/___/___		___/___/___		___/___/___
Document # _____		_____		_____
Expiration Date (if any) ___/___/___		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title _____	Document # _____
Expiration Date (if any): ___/___/___	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND	Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)
2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)
3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>)		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with <i>I-551</i> stamp or attached <i>INS Form I-94</i> indicating unexpired employment authorization		4. Voter's registration card		4. Native American tribal document
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>)		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (<i>INS Form I-197</i>)
6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>)		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>)
7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>)		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)
8. Unexpired Reentry Permit (<i>INS Form I-327</i>)		8. Native American tribal document		
9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>)		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>)		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2017)

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 2017 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: <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2017
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. <ul style="list-style-type: none"> • 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) _____

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details 1 \$ _____

2 Enter: { \$12,700 if married filing jointly or qualifying widow(er)
\$9,350 if head of household
\$6,350 if single or married filing separately } 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____

4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____

6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____

8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

CONFIDENTIALITY AGREEMENT

In order to induce NES, LLC ("NES") to consider the undersigned for employment or engagement as an independent contractor to provide services, including, without limitation, services with respect to NES, Jeffrey Epstein ("Epstein") and any of the Epstein Companies (as hereinafter defined) and real property directly and indirectly owned or occupied by NES, Epstein or any of the Epstein Companies (the "Properties"), and in consideration of any employment or engagement that the undersigned may obtain with NES, Epstein or any of the Epstein Companies, whether with respect to the Properties or otherwise, and any compensation or other remuneration to be hereafter paid to the undersigned in connection therewith, the undersigned, _____ (hereinafter sometimes referred to as the Applicant"), acknowledges that the Applicant has been informed of the Applicant's obligations hereunder and that such obligations are a condition to the consideration by NES, Epstein or any of the Epstein Companies of the Applicant's employment or engagement, and to any employment or engagement that the Applicant may obtain, and the Applicant hereby agrees as follows:

Section 1. Term of Employment; Termination. In the event that the Applicant is hereafter employed or engaged as an independent contractor by NES, Epstein or any of the Epstein Companies, the Applicant agrees and understands that nothing in this Agreement shall confer any right on the Applicant with respect to the grant or continuation of the Applicant's employment or engagement as an independent contractor. The Applicant further agrees and understands that, in the event that the Applicant is employed or engaged as an independent contractor, any breach of this Agreement by the Applicant will result, in addition to any and all other remedies which may then be available to NES, Epstein or any of the Epstein Companies, as the case may be, in the Applicant's immediate termination.

Section 2. Confidentiality Obligations of the Applicant.

2.1 Definition of Confidential Information. (a) For purposes of this Agreement, the term "Confidential Information" shall mean any "Business Information" (as hereinafter defined) and any "Personal Information" (as hereinafter defined) about any of: (i) the Properties or any other real property owned or occupied directly or indirectly by any of NES, Epstein or any of the Epstein Companies; (ii) NES, (iii) Epstein; (iv) any and all corporations, limited liability companies, trusts, limited partnerships, general partnerships or other entities with which Epstein is affiliated ("Epstein Companies"); (v) any of the members, managers, directors, officers, shareholders, limited partners, general partners, trustees, beneficiaries, employees, contractors or agents of NES, Epstein or any of the Epstein Companies; (vi) any person residing at, visiting or staying for any duration at any of the Properties; and (vii) any personal associate, business associate or client of any of the persons described in the above clauses (ii) through (vi), inclusive; previously or hereafter gathered or learned by the Applicant directly or indirectly during the course of the any interactions between the Applicant, on the one hand, and any of NES, Epstein and/or any of the Epstein Companies, or any representatives of NES, Epstein or any of the Epstein Companies, on the other hand, including, without limitation, during the course of Applicant's application for employment or engagement by NES, Epstein or any of the Epstein Companies and/or in connection with any employment or engagement of the Applicant by NES, Epstein or any of the Epstein Companies.

(b) For purposes of this Agreement, the term "Business Information" shall mean information of any type which is commonly considered of a confidential nature and includes, but is not limited to, any information (whether in oral, written, photographic, electronic or other recorded form) regarding the existence, identities, contact information, and business records of; the business plans of; mechanized or nonmechanized systems of accounting of; IT related systems or information of; methods of doing business of; vendor information (including, without limitation, existence, identities, contact information, records, fees, and disbursements of, and services and materials provided by, any and all vendors, contractors, consultants, and professional advisors) of; confidential business lists and other proprietary data of; assets of; investment strategies, transactions, records, procedures and history of; financial records of; the skills, business activities, compensation and financial net worth of; and any other information of a similar nature about; any of the persons or entities set forth in Section 2.1(a) (the "Classified Parties").

(c) For purposes of this Agreement, the term "Personal Information" shall mean information of any type which is commonly considered of a personal nature and includes, but is not limited to, information (whether in oral, written, photographic, electronic or other recorded form) regarding the identities of; contact information of; personal characteristics of; physical descriptions of; non-business activities of; IT systems and information of; personal assets of; personal records of; personal plans of; personal lifestyles of; relationships of; friends of; relatives of; individuals who associate with or who are invited to associate with; and any other information of a similar nature about; any of the Classified Parties; and shall also include, without limitation, the appearance and exterior and interior layout of, any and all improvements on, and furniture, furnishings, and other items of personal property contained anywhere in or on, any of the Properties or any other real property directly or indirectly owned or occupied by NES, Epstein or any of the Epstein Companies.

2.2 Confidential Information Shall Not Be Discussed. At all times hereafter, the Applicant will hold in the strictest confidence and will not, directly or indirectly, use, communicate, publicize, lecture upon, publish or in any manner disclose any Confidential Information, unless NES has expressly authorized in writing such use, communication, publicizing, lecturing, publication, or disclosure. The Applicant hereby assigns to NES any and all rights the Applicant may have or acquire in any Confidential Information and acknowledges that all Confidential Information shall be the sole and exclusive property of NES. The Applicant further agrees and acknowledges that under this Agreement, the Applicant is obligated to use the Applicant's best efforts to ensure that no Confidential Information is used, communicated, publicized, lectured upon, published or disclosed by any persons employed or engaged by the Applicant or under the Applicant's supervision or control. To the extent that the Applicant has any doubts, either now or in the future, as to whether information the Applicant possesses is Confidential Information as defined herein, the Applicant will contact NES, for written clarification and approval before divulging or using such information in any manner whatsoever.

2.3 Third Party Information Shall Not Be Disclosed. The Applicant understands that the Applicant may receive Confidential Information from third parties, as well as from NES. The Applicant acknowledges and agrees that Confidential Information which the Applicant receives from third parties is to be treated in the same manner as Confidential Information received from NES and that all of the Applicant's obligations hereunder apply to all Confidential

Information received, regardless of its source.

2.4 Return of Documents. Upon demand by NES, and upon the expiration or termination of any employment or engagement as an independent contractor of the Applicant by NES, regardless of the reason or basis, if any, for such expiration or termination, the Applicant will deliver to NES any and all documents, written materials, notes, drawings, photographs, specifications and any other materials of any type or nature whatsoever (whether in written, photographic, electronic or other recorded form) which the Applicant has in the Applicant's possession or control, and all drafts, copies and electronic file copies of all or any part thereof, which may constitute, include, reflect or disclose any Confidential Information.

Section 3. Review of Agreement. The Applicant acknowledges that the Applicant has read this Agreement, and that the Applicant has had the opportunity to review it and consult about it with the Applicant's own counsel if the Applicant so desires, before signing it.

Section 4. Conflicts.

4.1 Avoidance of Conflict of Interest. If the Applicant is or subsequently becomes employed by NES, Epstein or any of the Epstein Companies (rather than being engaged as an independent contractor), the Applicant agrees that during the term of any such employment, so long as the Applicant is employed on a full-time basis, the Applicant will not, without the express written consent of NES, engage in any employment with any third party, or engage in any other business activity that would in any way conflict with the performance of the Applicant's duties of employment.

4.2 No Conflicting Obligations. The Applicant warrants and represents that the Applicant has not heretofore violated any provisions of this Agreement and that the Applicant has not entered into, or made, and agrees that the Applicant will not enter into or make, any written or oral agreement, undertaking, promise, or representation that conflicts with or violates the provisions of this Agreement or otherwise impairs the Applicant's ability to strictly perform the Applicant's obligations under this Agreement or to fully comply with the provisions of this Agreement. The Applicant further warrants and represents that the Applicant is not subject to any subpoena, injunction, decree, writ or order of any court or other authority or to any other duty or responsibility, legal or otherwise, which conflicts with the provisions of this Agreement or otherwise impairs the Applicant's ability to strictly perform the Applicant's obligations under this Agreement or to fully comply with the provisions of this Agreement. The Applicant shall immediately inform NES should the Applicant subsequently become subject to any such subpoena, injunction, decree, writ, order, duty or responsibility.

Section 5. Remedies.

5.1 Equitable Relief. The Applicant acknowledges that the Confidential Information constitutes unique and confidential information of NES and the Classified Parties and in the event of a breach or a threatened breach of this Agreement, NES and any affected Classified Parties, will be irreparably harmed and there will be no adequate remedy at law. Therefore, in

addition to any and all other rights and remedies NES and any such Classified Parties may have, NES and such Classified Parties shall be entitled to injunctive or other equitable relief in the event of a breach or threatened breach hereof and the Applicant hereby waives any right to assert as a defense that there is an adequate remedy at law.

5.2 Liquidated Damages. In addition to any and all other rights, remedies or damages available at law or in equity, the Applicant agrees that if any court of competent jurisdiction finds that the Applicant has breached any of the provisions of this Agreement, the Applicant will pay NES or any affected Classified Party the sum of One Hundred Thousand (\$100,000.00) Dollars, as liquidated damages and not as a penalty. The Applicant recognizes and understands that it would be difficult or impossible to calculate the actual amount of damages resulting from such a breach, and acknowledges that the sum of One Hundred Thousand (\$100,000.00) Dollars would be reasonable under the circumstances.

Section 6. General Provisions.

6.1 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of New York applicable to contracts executed, delivered and to be fully performed in such jurisdiction, without giving effect to the principles of conflicts of law.

6.2 Severability. If one or more of the provisions of this Agreement are deemed invalid or unenforceable by law, then the remaining provisions hereof will continue in full force and effect, without regard to the invalid or unenforceable provision or provisions hereof, as the provisions of this agreement are intended to be and shall be deemed severable.

6.3 Survival. The provisions of this Agreement shall continue in full force and effect, regardless of whether the Applicant is ultimately employed or engaged by NES, Epstein or any of the Epstein Companies, and if the Applicant is so employed or engaged, the provisions hereof shall survive the expiration or termination of any such employment or engagement of the Applicant, regardless of the reason or basis, if any, for such expiration or termination.

6.4 Binding Effect. This Agreement and all of the provisions hereof shall inure to the benefit of, and be enforceable by, NES, and its successors and assigns, and shall be binding upon the Applicant and the Applicant's heirs, personal representatives, successors and assigns. This Agreement is intended for the benefit of and to be enforceable by NES and by the Classified Parties as third-party beneficiaries of this Agreement.

6.5 Waiver. No waiver of any provision of this Agreement shall be valid unless expressly given in writing, signed by the party against whom such waiver is sought to be enforced, and specifying the specific instance and the specific purpose for which such waiver is given. Each such waiver, if any, shall be effective only for the specific instance and for the specific purpose for which it is given. No waiver by NES or any Classified Party of any breach of this Agreement shall be a waiver of any preceding or succeeding breach. No waiver by NES or any Classified Party of any right under this Agreement shall be construed as a waiver of any other right. Neither NES nor any Classified Party shall be required to give notice to enforce strict adherence to all of the terms and

provisions of this Agreement.

6.6 Headings. The headings contained herein are for convenience only and shall not control or effect in any way the meaning or interpretation of the provisions hereof.

6.7 Entire Agreement. This Agreement sets forth the entire agreement and understanding between NES and the Applicant relating to the subject matter hereof and supersedes and merges all prior discussions between them relating to the subject matter hereof. No modification of, or amendment to, this Agreement will be effective unless in writing signed by the party to be charged therewith. If the Applicant is hereafter employed or engaged by NES, Epstein or any of the Epstein Companies, any subsequent change or changes in the Applicant's duties, salary or other remuneration will not affect the validity or scope of this Agreement.

Signed: _____

Print
Name: _____

Date: _____

Address: _____

NES, LLC
January 10, 2018 Presentation - Inforce / R

BENEFITS	Renewal
<p>Maximum Benefits</p> <p>Deductible (Individual / Family)</p> <p>Coinurance</p> <p>Out of Pocket Maximum (Individual / Family) Including Deductible</p> <p>UCR</p> <p>Office Visits - (PCP / Specialist) Preventive Care X-Ray and Lab Services</p> <p>Emergency Room Visit</p> <p>Hospital Services</p> <p>Outpatient Facility</p> <p>Mental Healthcare - Inpatient Services</p> <p>Mental Healthcare - Outpatient Services</p> <p>Prescription Drugs (Network Only Indicated) Mail Order Drugs</p> <p>Ancillary Benefits (Vision, Dental)</p> <p>Child Dependency Age</p> <p>Provider Website</p>	<p>OXFORD HEALTH PLANS *Open Access* EPO PLAN Freedom Network - Platinum</p> <p>In-Network Unlimited</p> <p>N/A</p> <p>100%</p> <p>\$2,500 / \$5,000</p> <p>N/A</p> <p>\$20 / \$40 Copay 100%</p> <p>X-Ray: \$90 / Lab: 100%</p> <p>\$200 Copay (Waived if Admitted)</p> <p>\$400 Copay per admission</p> <p>\$300 Copay</p> <p>\$400 Copay per admission</p> <p>\$40 Copay</p> <p>\$50 deductible then \$5 / \$30 / \$60 (Generic Push) 2.5x Basic Copay for 90 Day Supply</p> <p>Pediatric Dental & Vision, Gym Reimbursement \$400 (Member)</p> <p>Children/Young Adults to 26</p> <p>www.oxford.com</p>



Dental Enrollment/Change Request

Aetna Life Insurance Company *

Employer Group Information: (To Be Completed by Employer)

Employer Name - Full Name of Business or Organization: _____

Employer Address (Street, City, State, ZIP Code) - Primary Location of Business or Organization: _____

Contract: _____

Suffix: _____

Account: _____

Plan Number: _____

A. Type of Activity - Employee Completes Sections A - E. Please Print Clearly.

Instructions: Refer to the instructions on the back before completing this form. You, the employee, must complete this application in full or it will be returned to you resulting in a delay in processing. You are solely responsible for its accuracy and completeness.

Enrollment - Check one
 New Enrollee/Subscriber Reinstatement
 Effective Date: / / Date of Reinstatement: / /

Change - Check all that apply
 Add Spouse Add Dependent Child Name Change Other
 Control/Suffix/Acct Plan

Remove or Terminate - Check all that apply
 Remove Spouse Remove Dependent Child Employee Withdrawal/Termination Cancel Coverage

Effective Date: / / Reason: / /

Date of Event: / / Reason: / /

Date of Loss of Coverage: / / Date of Qualifying Event: / /

Continuation of Coverage, i.e., COBRA, State - Not all options are available. Contact Employer for available options.
 Coverage For: Employee Dependents
 Length of Continuation (months): 18 36 Other _____
 29 - Attach disability determination from the Social Security Admin.

B. Employee Information

Last Name, First Name, MI: _____

Primary Language spoken: _____

Employee Status: Active Retired

Telephone Number: Home () Work ()

City, State: _____ ZIP Code: _____

D. Individuals Covered - List individuals for whom you are adding/changing/moving coverage. Attach sheet to list additional children. * Provide details for "Yes" responses below. Check this box if you are refusing coverage for your dependents.

Last Name (First, Middle Initial, Last) (Specify reference in last names in Special Remarks)	Residence Code	Sex M F	Birthdate DD / MM / YY	Social Security Number (If dependent has no SSN enter None)	Life Insurance (Survivor Plan Coverage)		Current Health Coverage		Primary Dentist Office ID Number	Race/Ethnicity - Optional (This information is required for the purpose of data collection and will not be used to determine eligibility, rates or placement.)
					Yes	No	Yes	No		
Self	Self		/ /		Yes	No	Yes	No		
			/ /		Yes	No	Yes	No		
			/ /		Yes	No	Yes	No		
			/ /		Yes	No	Yes	No		
			/ /		Yes	No	Yes	No		

Using the KEY below, please identify the Race/Ethnicity code for each individual.
 KEY:
 01 - White
 02 - African American or Black
 03 - Hispanic or Latino
 04 - Asian
 05 - Other (Provide race/ethnicity in "Other" column if left)

E. Employee Signature By checking this box you agree to use Aetna Navigator, Aetna's member self-service website, for all future printed materials and understand you may choose to receive paper documents in the future.

I represent that all information supplied in this form is true and complete to the best of my knowledge and/or belief. I have read and agree to the Conditions of Enrollment on the reverse side of this Enrollment/Change Request form. I understand that in the event I fail to sign this form within 31 days after the above transaction request or that for any reason Aetna does not receive notice of the above transaction request within a reasonable time following the event, my and my dependents' eligibility may be affected.

Employee Signature: _____ Date: / /

Employee Signature - Required: _____ Date: / /

Special Remarks: _____

3. Does any dependent listed above live at a different address than the employee? If "Yes," who and what address? Yes No

Please make a copy for your records. visit us at www.aetna.com

GR-07971-24 (8-08) NY V1 R-POD A

Instructions

- Employer - Complete the Employer Group Information at the top of the form**
- Employee - Complete Sections A - E.**
- Section A - Type of Activity:**
- Check box(es) indicating reason(s) for submitting this Enrollment/Change Request.
 - Provide Effective Date(s) and Date of Event(s) where requested.
- Section B - Employee Information:** Complete all information in order for your Enrollment/Change Request to be processed.
- Section C - Plan Options:** Select only an option offered by your employer.
- Section D - Individuals Covered:**
- Add/Change/Remove - Use "A", "C", or "R" to indicate whether you are adding, changing or removing coverage for an individual.
 - Print your full name along with the name(s) of your dependent(s), if applicable. Indicate Relationship Code, Sex, Birthdate, and Social Security Number for each individual listed.
 - Relationship Code - Use ONLY: H-Husband, W-Wife, S-Son, D-Daughter, Y-Sponsored Male, X-Sponsored Female. If the dependent is NOT your spouse or a biological or legally adopted child, please indicate relationship to employee in Special Remarks.
 - Late Entrant - If you are not enrolling within your employer's eligible enrollment period, check "Yes".
 - If you or your dependent(s) were covered under your employer's or other Prior Insurance Plan, check the "Yes" box and provide beginning and ending effective dates, name and policy number of insurance carrier, dental plan or other source and your Member Identification Number in the space provided in Number 1.
 - If you or your dependent(s) have Other Dental Coverage and/or are Currently Covered by Medicare, check the "Yes" box(es) and provide beginning and ending effective dates, name and policy number of insurance carrier, dental plan or other source and your Member Identification Number in the space provided in Number 2.
 - If a dependent is Handicapped and financially dependent, check "Yes" and provide proof of handicapped status from the attending physician.
 - If a dependent is a Student, check "Yes". Refer to your Summary Coverage for plan definitions. Aetna may request that you provide proof from the educational institution.
 - Primary Dentist Office ID Number - Locate the office ID number for the primary dentist from the appropriate provider directory or from "DocFind", Aetna's online provider directory at "www.aetna.com".
 - If you are a current patient, please check the "Yes" box under Current Patient.
 - Optional - Using the KEY provided, please enter the Race/Ethnicity code for each individual. If your Race/Ethnicity is "Other," print the Race/Ethnicity for each individual in the space provided.
- Section E - Employee Signature:**
- Complete this section for all new enrollments or coverage changes.
 - Employee must sign and date the Enrollment/Change Request in order for it to be processed.
- By checking the box on the reverse side you agree to use Aetna Navigator, Aetna's member self-service website, for all future printed materials and understand you may choose to receive paper documents in the future.

Conditions of Enrollment

- Applicant Acknowledgments and Agreements**
- On behalf of myself and the dependents listed on the reverse side, I agree to or with the following:
1. I acknowledge that by enrolling in an Aetna plan coverage is underwritten or administered by the Aetna Life Insurance Company (referred to as "Aetna").
 2. I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage.
 3. I understand and agree that this Enrollment/Change Request may be transmitted to Aetna or its agent by my employer or its agent, I authorize any physician, other healthcare professional, hospital or any other healthcare organization ("Providers") to give Aetna or its agent information concerning the medical history, services or treatment provided to anyone listed on this Enrollment/Change Request form, including those involving mental health, substance abuse and HIV/AIDS. I further authorize Aetna to use such information and to disclose such information to affiliates, providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse and competent adult dependents and I have obtained their consent to those terms. I understand that this authorization is provided under state law and that it is not an "authorization" within the meaning of the federal Health Insurance Portability and Accountability Act. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand that I am entitled to receive a copy of this authorization upon request and that a photocopy is as valid as the original.
 4. The plan documents will determine the rights and responsibilities of member(s) and will govern in the event they conflict with any benefits comparison, summary or other description of the plan.
 5. I understand and agree that with the exception of Aetna Rx Home Delivery, all participating providers (including all participating primary care dentists) and vendors are independent contractors and are neither agents nor employees of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

Misrepresentation

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Dental Benefits

	IN-NETWORK SERVICES				OUT-OF-NETWORK			
	Prev. Svcs.	Basic Svcs.	Major Svcs.	Ortho. Svcs. / Max.	OV Copay.	Indvl. Ded. / Max. Ben.	Ortho. Svcs. / Max. Ben.	Indvl. Ded. / Max. Ben.

CURRENT PRODUCT(S)	100%	80%	50%	Dependent Children Only	None	\$50 / \$2,000	Dependent Children Only	\$50 / \$2,000
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PROPOSED RENEWING PRODUCT(S)	100%	80%	50%	Dependent Children Only	None	\$50 / \$2,000	Dependent Children Only	\$50 / \$2,000
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ALTERNATE PRODUCT(S)	Per Schedule	Per Schedule	Per Schedule					
Option 10; DMO Copay 41	100%	80%	50%	None	\$5	None / None	N/A	N/A / N/A
Option 2; DMO	100%	80%	50%	None	\$5	None / None	N/A	N/A / N/A
Option 7; Consumer Directed Dental Fund	100%	None	None	None	None	-	None	-
Option 3; Freedom-of-Choice; PPO Max	100%	90%	60%	None	\$5	None / None	N/A	N/A / N/A
Option 4; PPO Max 1500	100%	80%	50%	None	None	\$50 / \$1,500	None	\$50 / \$1,500
Option 5; Active PPO	100%	80%	50%	None	None	\$50 / \$1,500	None	\$50 / \$1,000
Option 8; Freedom of Choice; PPO 1500	100%	90%	60%	None	\$5	None / None	N/A	N/A / N/A
Option 6; Passive PPO 1500	100%	80%	50%	None	None	\$50 / \$1,500	None	\$50 / \$1,500
Option 9; Passive PPO 2000	100%	80%	50%	None	None	\$50 / \$2,000	None	\$50 / \$2,000



Quote ID: 13752926
 Effective Date: 02/01/18 to 02/01/19
 Proposal Generated On: 11/29/2017 00:12

Proposal Type: Renewal
 Group name: NES, LLC
 PSUID: 81115562