



## HOMECENTRIS HEALTHCARE, LLC - PAY ELECTION FORM

Select your HomeCentris Company:  PHC/HPC  HomeCentris Home Health  HomeCentris Community Care

There are multiple options to receive your pay. Please select the method you wish to use. Your decision is voluntary.

<input type="checkbox"/> <b>Direct Deposit to Checking or Savings Account(s)</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Checking <input type="checkbox"/> Savings  <hr/>                 Name of Financial Institution 1  <hr/>                 Bank Routing # (ABA#1)  <hr/>                 Bank Account #1                  \$ _____                  Dollar Amount Account 1             </div> <div style="width: 45%;"> <input type="checkbox"/> Checking <input type="checkbox"/> Savings  <hr/>                 Name of Financial Institution 2  <hr/>                 Bank Routing # (ABA #2)  <hr/>                 Bank Account #2                  \$ _____                  Dollar Amount Account 2             </div> </div>	NOTE: If you select this option, please attach a copy of a voided check or savings deposit form to this form for routing and account verification.
<input type="checkbox"/> <b>Skylight® PavOptions™ Program (the “Program”)</b> With the Program, your wages will be deposited in your Skylight Account, which is maintained in a pooled custodial account at the bank that is issuing/sponsoring the Program (“Bank”) and which is insured by the FDIC up to the limits permitted by law. Every employee is eligible for the Program. There is no application and no credit approval process (but we may ask you for information and/or documents that will allow us to identify you, such as your date of birth, social security number and driver’s license). The Program allows you to use either or both of the following options to access your Skylight Account:  <ol style="list-style-type: none"> <li>1. <b>The Skylight Check.</b> The Skylight Check is a self-issued paycheck that can be completed each payday. You’ll receive a supply of Skylight Checks <u>for free</u>. The Skylight Check is completed by phone wherever you may be. The Skylight Check can be cashed <u>for free</u> at all branch locations of the bank that issues the Skylight Check (please refer to the front of the Skylight Check for the name of the bank that issues the Skylight check) and Skylight’s check cashing partners.</li> <li>2. <b>The Skylight ONE Card.</b> With your Skylight ONE Card, you can make purchases at stores or get cash through ATM withdrawals. You can also use your Skylight ONE Card to access 100% of your wages, down to the penny, without any fee, at any Visa or MasterCard member bank (look for a bank branch with the Visa or Mastercard logo, as applicable). You can check your balance for free via IVRU, online or text (your carrier’s standard rates for text messages may apply). Most card transactions are free but there are transaction fees for certain transactions. All of the transaction fees are listed on the Fee Schedule in your Skylight Instant Issue Pack.</li> </ol>	NOTE: If you select this option, you understand that you can access all of your pay each payday for free by completing the Skylight Check. In addition, you acknowledge that you may voluntarily use the Skylight ONE Card if you so choose. Further, you acknowledge that you have been provided with a copy of and an opportunity to review disclosures relating to the Program, which include, at a minimum, the Cardholder Agreement, Fee Schedule and Privacy Policy relating to the Program.
<input type="checkbox"/> <b>Paper paycheck mailed to your address by HomeCentris.</b>	

By selecting either of the first two options on this Pay Election Form and signing hereunder, I authorize the Company to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to the account that I have provided above or to the Skylight Account, as applicable (each an “Account”). This authorizes the financial institution holding the Account to post all such entries. Further, I understand that I have the right to change the method of payment that I have elected on this form. If I do desire to change my method of payment, then I will notify the Company and execute a new Pay Election Form setting forth my new election. I understand that if I desire to change the method of payment from the Program to any other method of payment, I should obtain the full balance in my Skylight Account and then close the Skylight Account prior to requesting such change. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it, which shall be no longer than the time permitted by applicable law, if any. Finally, I understand that if I select the Program and continue to use the Program following the termination of my employment with the Company, certain terms, conditions and fees relating to the Program may change, pursuant to the terms of the Cardholder Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name