



### PAYROLL DIRECT DEPOSIT FORM

If you are wanting to deposit to multiple accounts, please complete a separate form for each account.

#### Check one:

- Set up new account
- Change existing account
- Add addition account

Store # \_\_\_\_\_

Team Member Name		
Address (Street, Route, PO Box)		
City	State	Zip

Team Member Number
Social Security Number
Telephone Number

#### BANK INFORMATION

Name of Bank		
Type of Account (Circle One)	Checking	Savings
Percent of Net <b>OR</b> Amount	_____ % OR \$ _____	

Routing Number (always 9 digits)																				
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*I hereby authorize The United Family to initiate credit entries and to initiate, if necessary, debit entries and/or adjustments for any credit entries made in error to my account indicated above and the bank named above to credit and/or debit the same to such account.*

Signature	Date
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**PLEASE ATTACH A VOIDED CHECK OR OTHER ACCOUNT VERIFICATION FROM YOUR BANK.**

**NO DEPOSIT SLIPS OR BANK STATEMENTS, PLEASE.**

\*\*FORM WILL BE RETURNED FOR FAILURE TO ATTACH PROPER DOCUMENTS.\*\*

For Office Use Only	
Date Entered _____	Entered By _____

# IMPORTANT NOTICE FROM THE UNITED FAMILY REGARDING THE UNITED SUPERMARKETS TEAM MEMBER GROUP HEALTH PLAN

Please read the attached notices carefully and keep a copy for your records.

**If you have any questions regarding any of these notices, please contact:**

**General Contact:** Team Member Benefits Department  
**Phone:** (806) 791-0220 or toll-free: (888) 791-0220  
**Email:** lmoore@unitedtexas.com  
**Mailing Address:** 7830 Orlando Ave, Lubbock, TX 79423

**Plan Administrator:** United Supermarkets, LLC  
**Phone:** (806) 791-0220 or toll-free: (888) 791-0220  
**Email:** lmoore@unitedtexas.com  
**Mailing Address:** 7830 Orlando Ave, Lubbock, TX 79423

**Privacy Officer:** Suz Ann Kirby  
**Title:** Chief Financial Officer  
**Phone:** (806) 791-0220 or toll-free: (888) 791-0220  
**Email:** skirby@unitedtexas.com  
**Mailing Address:** 7830 Orlando Ave, Lubbock, TX 79423

***These notices are available online at [myunitedbenefits.com](http://myunitedbenefits.com) or via paper, free of charge, upon request to the Plan Administrator.***

*Please note this is not a legal document and should not be construed as legal advice.*

## **PART A: General Information**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value standard" set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution to the employer-offered coverage. Also, this employer contribution -as well as your Team Member contribution to the employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your Summary Plan Description or contact the Team Member Benefits Department at (806) 791-0220 or toll-free: (888) 791-0220.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by The United Family

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<b>3. Employer Name</b> United Supermarkets, LLC		<b>4. Employer Identification Number (EIN)</b> 75-0916445	
<b>5. Employer Address</b> PO Box 6840		<b>6. Employer Phone Number</b> 806-791-0220 or 888-791-0220	
<b>7. City</b> Lubbock	<b>8. State</b> Texas	<b>9. Zip</b> 79493	
<b>10. Who can we contact about Team Member health coverage at this job?</b> Team Member Benefits Department at 806-791-0220 or toll-free at 888-791-0220			
<b>11. Phone Number (if different from above)</b>		<b>12. E-mail Address</b> lmoore@unitedtexas.com	

Here is some basic information about health coverage offered by your employer:

- As your employer, we offer a health plan to:
  - Some Team Members. Eligible Team Members are: Team Members averaging 30 hours or more during the Standard Measurement Period.
- With respect to dependents:
  - We do offer coverage. Eligible dependents are defined as (but not limited to): lawful spouse, dependent children up to their 26<sup>th</sup> birthday, and totally disabled dependents who rely on the Team Member for support and maintenance.
  - If checked, this coverage meets the “minimum value standard”, and the cost of this coverage to you is intended to be affordable, based on Team Member wages.

*Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly Team Member or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.*

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Provided above is the employer information you’ll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



By Signing below I acknowledge that I have received the Health Care Exchange Notice and have read and understand the options available to me from my employer and the Health Insurance Marketplace.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Team Member Number