

**New Employee Information**

**Company Hiring:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**First**

**M.I.**

**Last**

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Gender :** Male Female

**Date Of Birth:** \_\_\_\_\_ **Ethnicity: (Circle One)** African American

Asian

Caucasian

Indian

Hispanic/Latino

Other \_\_\_\_\_

**Marital Status:** Single Married Divorced Widowed

**Name Of Spouse:** \_\_\_\_\_

**Disabled:** Yes No **U.S. Citizen** Yes No **U.S. Veteran:** Yes No

=====  
**Primary Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Secondary Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

===== **The Below For Senior Life Use Only** =====

**Earnings:** Hourly Salary **Rate:** \_\_\_\_\_

Full Time

Part Time

Exempt

Non-Exempt

**Key Employee:**

Yes

No

=====  
**Date of Hire:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

Please attach a copy of form W-4 and G-4

# ***NON-SOLICITATION AGREEMENT***

## **Senior Life Insurance Company**

This Non-Solicitation Agreement (“Agreement”) is made effective as of \_\_\_/\_\_\_/20\_\_\_, by and between \_\_\_\_\_ (“Employee”) and Senior Life Insurance Company (the “Company”).

**1. NON-SOLICITATION COVENANT.** Throughout the entirety of the course of employment with the Company, and for a period of two (2) years following the end of employment with the Company, Employee will not solicit, or attempt to solicit, directly or by assisting others, any business from customers of the Company. Furthermore, throughout the entirety of the course of employment with the Company, and for a period of two (2) years following the end of employment with the Company, Employee will not directly or indirectly solicit, induce or attempt to induce any employee of the Company to terminate his or her employment with the Company.

**2. CONSIDERATION.** This Agreement is made in valuable consideration of the continued employment of the Employee by the Company.

**3. ENTIRE AGREEMENT.** This Agreement contains the entire agreement of the parties regarding the subject matter of this Agreement, and there are no other promises or conditions in any other agreement whether oral or written.

**4. SEVERABILITY.** The parties have attempted to limit the non-solicitation provision so that it applies only to the extent necessary to protect legitimate business and property interests. If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable.

**5. ASSIGNMENT.** This Agreement and the rights and obligations of the Company hereunder may be assigned by the Company and shall inure to the benefit of, shall be binding upon, and shall be enforceable by any such assignee. This Agreement and the rights and obligations of the Employee hereunder may not be assigned by the Employee.

**6. WAIVER.** The waiver by the Company of any breach of this Agreement by the Employee shall not be effective unless in writing, and no such waiver shall operate or be construed as a waiver of the same or another breach on a subsequent occasion.

**7. JURISDICTION.** This Agreement and the rights of the parties hereunder shall be governed by and construed in accordance with the laws of the State of Georgia.

**8. NO CONTRACT OF EMPLOYMENT.** Nothing contained herein shall create a contract of employment and Employee, by signing below, acknowledges that his or her employment remains at will.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electronic Signature

\_\_\_\_\_  
Employee SSN

**Senior Life Insurance Company**  
**P.O. Box 2447**  
**Thomasville, GA 31799-2447**

**PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM**

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Senior Life Insurance Company in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Archbold Urgent Care Center may collect the specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current use of illegal drugs that prohibits me from being considered for employment at this Company.

I further agree to hold harmless the company and its agents (including the above physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testings in connection with the company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electronic Signature

**Senior Life Insurance Company  
P.O. Box 2447  
Thomasville, Georgia 31799-2447**

**ACTIVE EMPLOYEE CERTIFICATE OF AGREEMENT**

**I do hereby certify that I have received and read the Substance Abuse and Drug Testing Policy and have had the Drug-Free Workplace explained to me. I understand that if my performance indicates it is necessary, I will submit to a drug test. I also understand that drug and/or alcohol testing can be done after on-the-job accident, after I've been in treatment for drug/alcohol abuse, as part of my Fitness-for-Duty exam or randomly if the company chooses. I also understand that failure to comply with a drug testing request or a positive result may lead to termination of employment with Senior Life Insurance Company.**

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**PRINTED NAME**

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**DATE**

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**ELECTRONIC SIGNATURE**

**CONFIDENTIALITY AGREEMENT**  
**Senior Life Insurance Company**

Name \_\_\_\_\_

This Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 2020 between Senior Life Insurance Company (the "Company") and \_\_\_\_\_ (the "Employee").

**W I T N E S S E T H :**

**WHEREAS**, the Company is in the business of issuing and selling insurance and related products, (the "Business of the Company") and in the course of such activities, the Company has acquired or developed certain Confidential Information, Trade Secrets and Intellectual Property. Such Confidential Information, Trade Secrets and Intellectual Property provide the Company with a competitive advantage in the market place in which it competes; and

**WHEREAS**, Employee desires to be employed or to continue employment by the Company in a position involving the trust and confidence of the company and may receive access to the Company's Confidential Information, Trade Secrets and Intellectual Property; and

**WHEREAS**, Each employee, during his employment with the Company, may be privy (a) to certain confidential and proprietary information which constitutes trade secrets as defined in the Georgia Trade Secrets Act of 1990 (the "Act"); and (b) to certain other confidential and proprietary information that may not constitute trade secrets as defined in the Act.

**WHEREAS**, during the course of his or her employment with the Company, or through his or her use of the Company's facilities or resources, the Employee may develop or contribute to the development of additional Confidential Information, Trade Secrets and Intellectual Property;

**NOW, THEREFORE**, in consideration of the employment of the Employee by the Company, the above premises and the mutual agreements hereinafter set forth, the parties hereto agree as follows:

**1. Definitions**

a. "Confidential Information" means any and all data and information relating to the Business of the Company (whether constituting a Trade Secret, as hereinafter defined or not), which is or has been disclosed to the Employee, or of which the Employee became aware as a consequence of or through his or her employment relationship with the Company; and which has value to the Company and is not generally known by its competitors. However, no information will be deemed confidential unless such information is treated by the Company as confidential; has been reduced to writing and marked clearly and conspicuously as confidential information; or with respect to any oral presentation or communication, it is identified as confidential immediately before, during or after the oral presentation or communication. Confidential Information may include, but is not limited to, information relating to the financial affairs, products, processes, services, customers, employees, employees' compensation, research, development, inventions, manufacturing, purchasing, accounting, engineering, distribution system, marketing and legal affairs of the Company.

b. "Trade Secrets" mean any process, machine, composition of matter or other device which is new or which the Employee has a reasonable basis to believe may be new, which is being used or studied by the Company and is not described in a printed patent, described in any literature already published and distributed externally by the Company, and which is not readily ascertainable from inspection of a product of the Company; any engineering, technical, or product specifications including those of features used in a current product of the Company or to be used, or use of which is contemplated, in a future product of the Company; the development of software in the definition of trade secrets; and any plan, tool, compound, machine, process or method manufacturing employed by the Company, whether patentable or not, which is not generally known to competitors of the Company.

c. "Intellectual Property" refers to any invention, creation, innovation, discovery, improvement, development, concept, design, idea, software, trade secret, confidential information, research data, trademark and original work of authorship, whether or not patentable or registrable, under trademark or copyright law, or otherwise protectable under trade secret or any similar laws.

**2. Ownership and Non-Disclosure and Non-Use of Confidential Information, Trade Secrets and Intellectual Property.**

a. The Employee acknowledges and agrees that all Confidential Information, Trade Secrets or Intellectual Property are confidential to and shall be and remain the sole and exclusive property of the Company and any Confidential Information, Trade Secrets or Intellectual Property produced by the Employee (either solely or jointly with others) within the scope of and during the period of his employment with the Company are "works made for hire," as that term is defined in the United States Copyright Act.

b. The Employee agrees: (i) immediately to disclose to the Company all Confidential Information Trade Secrets and Intellectual Property developed in whole or part by the Employee during the term of employment with the Company, (ii) to assign, and does hereby assign to the Company any right title and interest the Employee may have in such Confidential Information, Trade Secrets or Intellectual Property, and in and to any inventions, discovery, improvement or development (whether patentable or not) that relates to the business of the Company that he or she may conceive while employed by the Company. (iii) at the request and expense of the Company, to do all things and sign all documents or instruments reasonably necessary in the opinion of the Company to eliminate any ambiguity as to the rights of the Company in such Confidential Information, Trade Secrets or Intellectual Property including, without limitation, providing to the Company full cooperation in any litigation or other proceeding to establish, protect or obtain such rights.

c. Upon request by the Company, and in any event upon termination of employment with the Company for any reason, Employee shall promptly deliver to the Company all property belonging to the Company including, without limitation, all Confidential Information then in the Employee's custody, control or possession.

d. The Employee agrees that during the term of employment by the Company and all times following the termination of such employment for any reason whatsoever, the Employee will not use, disclose or make available, directly or indirectly, any Confidential Information, Trade Secrets or Intellectual Property to any person, concern or entity, except in the proper performance of the Employee's duties and responsibilities hereunder or with the prior written consent of the Company.

**3. REMEDIES**

a. The Employee acknowledges and agrees that by virtue of the training, duties and responsibilities attendant with engagement by the Company which the Employee will have as a consequence of employment by the Company, the Company would suffer great loss and irreparable damage if the Employee should breach or violate any of the terms or provisions of the covenants and agreements set forth herein. The covenants and agreements are reasonably necessary to protect and preserve the interest of the Company.

b. In addition to all the remedies provided at law or in equity, the Employee agrees that the Company shall be entitled to appropriate injunctive relief to prevent a breach or contemplated breach of any of the covenants or agreements of the Employee contained herein.

c. The existence of any claim, demand, action or cause of action of the Employee against the Company shall not constitute a defense to the enforcement by the Company of any of the covenants or agreements herein.

**4. MISCELLANEOUS**

a. Each of the covenants of the parties to this Agreement contained herein shall be deemed and shall be construed as a separate and independent covenant and should any part or provision of any such covenants be held or declared invalid by any court of competent jurisdiction, such invalidity shall in no way render invalid or unenforceable any other part or provision thereof or any other covenant of the parties not held or declared invalid.

b. This Agreement and the rights and obligations of the Company hereunder may be assigned by the Company and shall inure to the benefit of, shall be binding upon, and shall be enforceable by any such assignee. This Agreement and the rights and obligations of the Employee hereunder may not be assigned by the Employee.

c. The waiver by the Company of any breach of this Agreement by the Employee shall not be effective unless in writing, and no such waiver shall operate or be construed as a waiver of the same or another breach on a subsequent occasion.

d. This Agreement and the rights of the parties hereunder shall be governed by and construed in accordance with the laws of the State of Georgia.

e. Nothing contained herein shall create a contract of employment and the employee, by signing below, acknowledges that his or her employment remains at will.

**IN WITNESS WHEREOF**, the party here to has executed and delivered this Agreement as of the date first written.

Date \_\_\_\_\_

\_\_\_\_\_  
Electronic Signature

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

\_\_\_\_\_  
Social Security Number

## Senior Life Home Office Access

I have read the Home Office Access Memo and agree to follow Senior Life's Building Access protocol. By signing this form, I understand that it is my responsibility to keep up with my access card. Lost or damaged cards will result in a non-refundable \$10.00 deduction from my next paycheck.

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Printed Signature

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Date

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Electronic Signature



**EMPLOYEE ACKNOWLEDGEMENT FORM**  
2020 Revised Manual

The employee manual describes important information about Senior Life Insurance Company, subsidiaries and affiliated companies, and I understand that I should consult my direct supervisor or the Human Resources Department regarding any questions not answered in the manual. I have entered into my employment relationship with Senior Life Insurance Company voluntarily and acknowledge that there is no specific length of employment. Accordingly, either I or Senior Life Insurance Company can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the manual may occur, except to Senior Life Insurance Company's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this manual is neither a contract of employment nor a legal document. I have received the manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it.

EMPLOYEE'S NAME: \_\_\_\_\_

ELECTRONIC SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SENIOR LIFE

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INSURANCE COMPANY

## FIGHTING INSURANCE FRAUD

Fraud is a major concern of the insurance industry and is of increasing concern to lawmakers. Not only is insurance fraud a crime in most states, it also threatens the best interests of our policyholders because it raises the cost of insurance for everyone. Insurance fraud makes victims of insurance consumers and insurance companies alike. Fraudulent activity results in your pockets being picked of hard earned cash and adds hundreds of dollars to the cost of goods and services needed by American families.

The Federal government estimates the yearly cost of insurance fraud in the billions of dollars. Senior Life, committed to preventing losses due to fraud and to protecting our policyholders, has established a Special Investigations Unit (SIU). At Senior Life we are committed to:

- investigating complaints of suspicious insurance activity;
- referring incidents of suspected fraud to the appropriate authorities within the time required by law\*;
- seeking prosecution of individuals committing insurance fraud; and
- obtaining restitution of fraudulently obtained funds and benefits.

We are taking an active approach against insurance fraud, but we need your help. If you know or suspect someone is committing insurance fraud, speak up. Please email the SIU at [reportfraud@srlife.net](mailto:reportfraud@srlife.net), or contact one of the following SIU members at 1-877-777-8808: Heath Bassett, Frank Funderburk, Dawn Keister, Jackie Fielding, Brandy McElhaney, Eric Mitchell, Wade Bone, Jonathan Rossi, or Savannah Yancey.

*All calls and emails will be handled discreetly and confidentially.*

\*Referral requirements vary by state. California requires suspected fraud to be reported to the Fraud Division of the California Department of Insurance within 60 days of reasonable belief (CIC §1872.4).

Rev. 11-2018

Senior Life Insurance  
1 Senior Life Lane  
Thomasville, Georgia 31792

### **SUBSTANCE ABUSE POLICY STATEMENT**

Powell Insurance Agency/ Senior Life Insurance committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any employee illegally uses drugs on the job, comes to work under their influence, possesses, distributes or sells drugs in the workplace, or abuses alcohol on the job. Therefore, Powell Insurance Agency/Senior Life Insurance has established the following policy:

- (1) It is a violation of company policy for any employee to use, possess, sell, trade, offer for sale, or buy illegal drugs on the job.
- (2) It is a violation of company policy for anyone to report to work under the influence of illegal drugs or alcohol.
- (3) It is a violation of the company policy for anyone to use prescription drugs illegally. (However, nothing in this policy precludes the appropriate use of legally prescribed medications.)
- (4) Violations of this policy are subject to disciplinary action up to and including termination.

It is the responsibility of the company's supervisors to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug problem. Although it is not the supervisor's job to diagnose personal problems, the supervisor should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment, and co-workers should encourage anyone who has a drug problem to seek help.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs and the abuse of alcohol are incompatible with employment at Powell Insurance Agency.

The company offers an Employee Assistance Program (EAP) benefit for employees and their dependents. The EAP provides confidential assessment, referral and short-term counseling for employees who need or request it. If an EAP referral to a treatment provider outside the EAP is necessary, costs may be covered by the employee's medical insurance; but the cost of such outside services is the employee's responsibility.

The confidentiality of any information received by the employer through a substance abuse testing program shall be maintained, except as otherwise provided by law. Confidentiality is assured. No information regarding the nature of the personal problems

will be made available to supervisors without the employee's permission, nor will it be included in the permanent personnel file. All information received through substance abuse testing is confidential, but may be used or received in evidence, or obtained in discovery, or disclosed in any civil or administrative proceeding when the information is relevant to the employer's defense, e.g., a workers' compensation hearing.

Participation in the EAP will not affect an employee's career advancement or employment, nor will it protect an employee from disciplinary action if substandard job performance continues. The EAP is a process used in conjunction with discipline, not a substitute for discipline.

The EAP can be accessed by an employee through self-referral or through referral by a supervisor.

An employee reporting to work visibly impaired will be deemed unable to properly perform required duties and will not be allowed to work. If possible, the employee's supervisor will first seek another supervisor's opinion to confirm the employee's status. Next the supervisor will consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is considered impaired, the employee will be sent home or to a medical facility by taxi or other safe transportation alternative – depending on the determination of the observed impairment – and accompanied by the supervisor or another employee if necessary. A drug test may be in order. An impaired employee will not be allowed to drive.

All job applicants at Powell Insurance Agency/Senior Life Insurance will undergo testing for the presence of illegal drugs as a condition of employment. Any applicant who refuses to submit to the test or one with a confirmed positive test may be denied employment. If you as an applicant or employee receive a positive confirmed drug test you may contest or explain the result to your potential or actual employer within five working days after you receive your written notification of the test result.

Applicants will be required to submit voluntarily to a urinalysis test at a laboratory chosen by Powell Insurance Agency, and by signing consent agreement will release Powell Insurance Agency for liability.

Your company's drug-free work program is certified by the Georgia Worker's Compensation Board in accordance with Title 34 Chapter 9, Article II Official Code of Georgia. If the physician, official or lab personnel have reasonable suspicion to believe that the job applicant has tampered with the specimen, the applicant will not be considered for employment.

Powell Insurance Agency will not discriminate against applicants for employment because of a past history of drug abuse. It is the current abuse of drugs, preventing employees from performing their jobs properly, that this Company will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of not shorter than six (6) months; but they must present themselves drug-free as demonstrated by urinalysis or other test selected by Powell Insurance Agency.

Powell Insurance Agency/Senior Life Insurance has adopted testing practices to identify employees who use illegal drugs on or off the job. A one-time notice 60 days prior to testing which lets employees know that drug testing will be done is given to each employee. It shall be a condition of employment for all employees to submit to drug testing under the following circumstances:

1. When there is reasonable suspicion to believe that an employee is using illegal drugs. The following circumstance could cause reasonable suspicion:
  - a. Observed drug abuse.
  - b. Apparent physical state of impairment.
  - c. Incoherent mental state.
  - d. Marked changes in personal behavior that are otherwise unexplainable.
  - e. Deteriorating work performance that is not attributable to other factors.
  - f. Accidents or actions that provide reasonable cause to believe the employee may be under the influence of drugs.
2. When employees are involved in on-the-job accidents where personal injury or damage to company property occurs.
3. As part of a follow-up program to treatment for drug abuse.
4. If certain employees are required to have a Fitness-for-Duty exam, drug testing will be done in conjunction with this exam.

Employees with a confirmed positive test result may, at their option and expense, have a second confirmation made on the same specimen. An employee will not be allowed to submit another specimen for testing.

If the physician, official, or lab personnel has reasonable suspicion to believe that the employee has tampered with the specimen, the employee is subject to disciplinary action up to and including termination.

The consumption or possession of alcoholic beverages on this Company's premises is prohibited. (Company sponsored activities which include the serving of alcoholic beverages are not included in this provision.) An employee whose normal faculties are impaired due to the consumption of alcoholic beverages, or whose blood alcohol level tests .05 or higher, while on duty/company business shall be guilty of misconduct, and shall be subject to discipline up to and including termination.

Failure to submit to a required substance abuse test also is misconduct and also shall be subject to discipline up to and including termination.

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Printed Signature

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Date

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Electronic Signature