

# ANSWERS TO FREQUENTLY ASKED QUESTIONS FOR QUALIFIED U.S. TEMPORARY PROFESSIONALS

## 2018 BENEFITS OPEN ENROLLMENT

- Q1.** When is Open Enrollment?
- Q2.** What benefits does Robert Half offer?
- Q3.** What's changing for 2018?
- Q4.** What happens if I enroll in or make changes to my benefits after the November 10, 2017, cutoff date?
- Q5.** How can I learn about my benefits and costs?
- Q6.** What about commuter benefits?

## ENROLLING IN BENEFITS

- Q7.** Who is eligible to enroll?
- Q8.** How do I know if I'm eligible for the High-Deductible Medical Plan?
- Q9.** Which benefit plans can I enroll in to cover my dependents?
- Q10.** Can I enroll in all of these medical plans?
- Q11.** How do the medical plans differ from the Group Hospital Indemnity Plans?
- Q12.** When can I enroll?
- Q13.** How do I enroll?
- Q14.** What if I want to make changes to my benefits after enrolling?
- Q15.** Can I cancel my benefits at any time during the year?

*If there is any discrepancy between the information presented here and the applicable official plan document, the official plan document will govern how your benefits are determined and administered.*

## MEDICAL COVERAGE

- Q16.** Am I required to have medical coverage?
- Q17.** How does a medical plan through a state or federal health insurance marketplace differ from the plans available through Robert Half?
- Q18.** How does the High-Deductible Medical Plan work?
- Q19.** What happens to my High-Deductible Medical Plan coverage if my hours drop below the average of 30 hours or more per week during 2018?
- Q20.** How can I find out what preventive care services are covered by the Preventive Care Plus Plan?
- Q21.** Will I receive an ID card?
- Q22.** Can I visit any provider for service?
- Q23.** How do I submit a claim?

## PAYING FOR YOUR BENEFITS

- Q24.** How do I pay for my benefits?
- Q25.** How do I pay for missed premiums?

## OTHER

- Q26.** Whom can I contact if I have questions about my benefits?
- Q27.** How do I submit claims after December 31, 2017, for services used in 2017?

## 2018 BENEFITS OPEN ENROLLMENT

### Q1. WHEN IS OPEN ENROLLMENT?

A. The 2018 Open Enrollment period for Robert Half benefits for qualified temporary professionals is **November 20 through December 15, 2017**. Benefits elected during Open Enrollment will be effective January 1, 2018.

### Q2. WHAT BENEFITS DOES ROBERT HALF OFFER?

A. Robert Half offers qualified U.S. temporary professionals and their dependents access to various benefits options through The American Worker.

## Medical plans

Robert Half offers the following medical options for temporary professionals:

- The High-Deductible Medical Plan\* (if eligible)
- The Preventive Care Plus Plan\*

The individual mandate under the Affordable Care Act (ACA) requires you to enroll in health insurance that meets the ACA minimum essential coverage requirements or pay a tax penalty. If you enroll in Robert Half's High-Deductible Medical Plan or Preventive Care Plus Plan, you will satisfy the requirements of the ACA's individual mandate.

*\*Residents of some states may not be eligible to enroll in these plans or they may be subject to a state tax penalty because the plans do not meet state law requirements. Residents of affected states may enroll in medical coverage through their state exchanges.*

NOTE: You also have access to medical coverage through state or federal health insurance marketplaces. We offer facilitated access to the marketplaces through GoHealth at [gohealthcoverage.com/hub](http://gohealthcoverage.com/hub). Plans available through GoHealth aren't connected with Robert Half in any way.

### Other benefits

In addition to these medical plan options, Robert Half offers a variety of voluntary supplemental benefit products\* including:

- Group Hospital Indemnity Plans (fixed-indemnity plans)\*\*
- Dental
- Vision
- Short-Term Disability
- Life and Accidental Death and Dismemberment (AD&D) Insurance
- Critical Illness and Accident Insurance Package
- Commuter Benefits (for those in San Francisco, New York City and Washington, D.C.)
- 401(k) Plan administered by Fidelity Investments\*\*\*

*\*Not all benefit plans/products may be available in all states.  
 \*\*New Hampshire and Vermont residents are not eligible for the Group Hospital Indemnity Plans. Group Hospital Indemnity Plan benefits vary slightly for residents in the state of Washington. A schedule of benefits for Washington residents is available by calling 1.855.495.1192.  
 \*\*\*You may enroll in this plan at any time after you receive your second paycheck from Robert Half. Your enrollment will be effective on the first of the following month after you sign up. To enroll or learn more about the plan, go to [www.netbenefits.com/easyenroll](http://www.netbenefits.com/easyenroll) or call Fidelity at 1.800.835.5097.*

### Q3. WHAT'S CHANGING FOR 2018?

A. Starting with 2018 benefits, we are changing our benefits partner from Benefits in a Card (BIC) to The American Worker, a benefits administrator that specializes in designing and administering benefits programs for temporary professionals. You can enroll in benefits online through The American Worker's easy-to-navigate online portal or contact their call center to speak with a benefits expert during Open Enrollment or throughout the year.

To provide a smooth transition to The American Worker, we are mapping your active enrollment data from Benefits in a Card (BIC) **as of November 10** to similar plans offered through The American Worker.

**We strongly encourage you to review your elections via The American Worker online or by phone (see Q4 for information) to ensure your elections are accurate and meet your needs for 2018.**

For example, if you are enrolled in the Preventive Care Plus Plan with BIC in the Employee + Children tier, you will transition to The American Worker Preventive Care Plus Plan in the Employee + Children tier. Be sure to review your 2018 Benefits Guide for any benefit and premium changes.

### THE FOLLOWING CHART SHOWS THE NEW CARRIERS FOR 2018:

BENEFIT	2017	2018
<b>High-Deductible Medical Plan</b>		
Administrator	Benefits in a Card	The American Worker
Network	Cigna	Cigna
Pharmacy	PharmAvail	FBG Rx
<b>Preventive Care Plus Plan</b>		
Administrator	Benefits in a Card	The American Worker
Network	MultiPlan	First Health
Pharmacy	PharmAvail	FBG Rx
Telehealth	Teladoc	Teladoc
Employee Assistance Program (EAP)	Magellan	Magellan
<b>Dental</b>	Lincoln Financial	Ameritas Life
<b>Vision</b>	Superior Vision	Ameritas Life
<b>Short-Term Disability</b>	American Public Life	Nationwide Life
<b>Life and AD&amp;D Insurance</b>	Lincoln Financial	Nationwide Life
<b>Critical Illness and Accident Insurance Package</b>	American Public Life	Nationwide Life
<b>COBRA Benefits</b>	Benefits in a Card	The American Worker

The following applies to all of the above benefits **except the Critical Illness and Accident Insurance Package**: If you are enrolled in 2017 benefits (as of November 10) with Benefits in a Card, you will automatically be enrolled in the corresponding 2018 plans with the same level of coverage with The American Worker — unless you make a change during Open Enrollment.

**FOR EXAMPLE:**

2017	2018
Group Hospital Indemnity Plan With Employee-Only Coverage	Group Hospital Indemnity Plan With Employee-Only Coverage
Dental With Family Coverage	Dental With Family Coverage

For the Critical Illness and Accident Insurance benefits, these two benefit programs are currently separate but will be combined into one plan in 2018. If you are enrolled in the Critical Illness OR Accident plan for 2017, you will be enrolled in the Critical Illness and Accident Insurance Package for 2018 with the same level of coverage you have today. If you have different coverage levels, you will be enrolled in the highest tier coverage.

**FOR EXAMPLE:**

2017	2018
Critical Illness With Employee-Only Coverage and Accident With Family Coverage	Critical Illness and Accident With Family Coverage
Accident With Employee + Child(ren) Coverage	Critical Illness and Accident With Employee + Child(ren) Coverage

**Q4. WHAT HAPPENS IF I ENROLL IN OR MAKE CHANGES TO MY BENEFITS AFTER THE NOVEMBER 10, 2017, CUTOFF DATE?**

A. If you enroll in or make changes to your 2017 benefits after November 10, 2017, with BIC and do not enroll in or make changes with The American Worker for your 2018 benefits, the elections or changes you made with BIC will not be applied to your 2018 benefits. Be sure to contact The American Worker during Open Enrollment at **1.855.495.1192** or online at **RHAWPbenefits.com** to make sure you have the benefits you want for 2018.

**Q5. HOW CAN I LEARN ABOUT MY BENEFITS AND COSTS?**

A. Visit The American Worker website at **RHAWPbenefits.com** or text RHAWPOE to 24587 to see most benefit costs. The amount you pay depends on the benefit and coverage tier you elect. Your benefit deductions through payroll will be taken on an after-tax basis.

**Q6. WHAT ABOUT COMMUTER BENEFITS?**

A. There is no change to your commuter benefits program. If you work in San Francisco, New York City or Washington, D.C., you will continue to be eligible for commuter benefits. The commuter benefit program allows you to set aside pre-tax dollars through payroll contributions to use for commuting costs, such as public transportation, van pools and parking. These benefits will continue to be administered by Employee Benefit Specialists (EBS). For more information, go to **<https://ebsbenefits.lh1ondemand.com>** or call EBS at **1.888.327.2770**.

**ENROLLING IN BENEFITS**

**Q7. WHO IS ELIGIBLE TO ENROLL?**

- A. Benefits are available to temporary professionals who have worked on a job assignment for Robert Half. Eligibility requirements depend on the plan:
- **High-Deductible Medical Plan:** You and your children are eligible to enroll after you've worked an average of 30 hours per week for 12 consecutive months.
  - **Preventive Care Plus Plan:** You and your children are eligible to enroll within 30 days of the date of your first Robert Half pay statement.
  - **Group Hospital Indemnity Plans (fixed-indemnity plans), Dental, Vision, Short-Term Disability, Life and AD&D Insurance and Critical Illness and Accident Insurance Package benefits:** You, and where applicable, your spouse/domestic partner and your children are eligible to enroll within 30 days of the date of your first Robert Half pay statement.

**Q8. HOW DO I KNOW IF I'M ELIGIBLE FOR THE HIGH-DEDUCTIBLE MEDICAL PLAN?**

A. You are eligible for the High-Deductible Medical Plan in 2018 if you started working for Robert Half **on or before October 16, 2016**, and you worked an average of 30 hours or more per week during the 12-month period ending on October 15, 2017. If you elect to participate during Open Enrollment, your coverage will be effective January 1, 2018. The American Worker enrollment page — **RHAWPbenefits.com** — will show the High-Deductible Medical Plan as part of your options if you are eligible.

If you started working for Robert Half **after October 16, 2016**, your eligibility determination will be based on a 12-month look-back period after you have completed your first full 52 weeks of employment with Robert Half. If you worked an average of 30 hours or more per week during that 12-month period, you will be eligible for the High-Deductible Medical Plan. You will receive a separate email notifying you of your eligibility.

## Q9. WHICH BENEFIT PLANS CAN I ENROLL IN TO COVER MY DEPENDENTS?

A. Your spouse/domestic partner can be covered under the following plans: Group Hospital Indemnity Plans, Dental, Vision, Life and AD&D Insurance and Critical Illness and Accident Insurance Package.

Children up to age 26 can be covered under the following plans: High-Deductible Medical Plan, Preventive Care Plus Plan, Group Hospital Indemnity Plans, Dental, Vision, Life and AD&D Insurance and Critical Illness and Accident Insurance Package.

## Q10. CAN I ENROLL IN BOTH MEDICAL PLANS?

A. No. You cannot enroll in both the High-Deductible Medical Plan and the Preventive Care Plus Plan at the same time. This means that if you enroll in the High-Deductible Medical Plan, you cannot enroll in the Preventive Care Plus Plan and vice versa. You can enroll in one of the Group Hospital Indemnity Plans in addition to either of the medical plans.

## Q11. HOW DO THE MEDICAL PLANS AND GROUP HOSPITAL INDEMNITY PLANS DIFFER?

A. The medical plans satisfy the ACA's individual mandate. The amount the plans pay for covered services is based on a percentage of total charges and varies depending on whether services were provided by an in-network or out-of-network provider.

By contrast, the Group Hospital Indemnity Plans do not satisfy the ACA's individual mandate. The plans pay a fixed amount per day for covered services, regardless of the total charges. The plans pay the same amount for services provided by an in-network or out-of-network provider. The Group Hospital Indemnity Plans pay in addition to other coverage so you can combine them with the High-Deductible Medical Plan to help offset out-of-pocket costs or with the Preventive Care Plus Plan to provide benefits when receiving medically necessary (non-preventive) services due to an accident or illness.

## Q12. WHEN CAN I ENROLL?

A. If you are a new hire, or newly eligible for benefits, you must enroll within 30 days of your eligibility date. You can also enroll during Open Enrollment (November 20 – December 15, 2017). If you choose not to enroll at this time, you will not be eligible to enroll in The American Worker programs until the next Open Enrollment period, or unless you experience a qualified life event (see Q14).

## Q13. HOW DO I ENROLL?

A. You can enroll online, by phone or via text.

### Online:

- Go to **RHAWPbenefits.com**.
- Select "New User?," and enter the following:
  - Your employee ID, which can be found on your paycheck stub or by calling Robert Half Customer Service at **1.888.744.9202**
  - Your last name
  - Your 5-digit ZIP code
  - Group #: 156504

### By Phone:

- Call **1.855.495.1192** Monday through Friday, 5 a.m. – 5 p.m. PT. Please have your Employee ID available when calling.

### Via Text:

- Text RHAWPOE to 24587.

**IMPORTANT:** If you elect, make changes to or voluntarily cancel your 2017 coverage after November 10, 2017, with Benefits in a Card, your changes will not be reflected in The American Worker system. If you wish to apply the changes to your 2018 coverage, you must make the changes with The American Worker during Open Enrollment.

## Q14. WHAT IF I WANT TO MAKE CHANGES TO MY BENEFITS AFTER ENROLLING?

A. As long as you are still in the enrollment window, you can make changes to your benefits elections. For 2018 benefits, you must enroll between November 20 and December 15, 2017. You can make changes to your elections anytime during this enrollment window. Elections you make during Open Enrollment will be effective January 1, 2018, and remain in effect until December 31, 2018, provided premiums are paid timely. In addition, if you decline coverage, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event<sup>†</sup> during the year, you may make changes to your elections at that time.

<sup>†</sup>Qualified life events may include:

- Marriage, divorce or legal separation
- Birth or adoption
- Loss of dependent coverage
- Death of your spouse or one of your children
- Change in work status for you or your spouse or domestic partner

The changes you make must be consistent with the life event, such as adding a dependent in the case of a birth or adoption. It is your responsibility to make changes to your benefit elections by contacting The American Worker at **1.855.495.1192** within 30 days of the event. If you don't, you will not be able to enroll in or make changes to your coverage until the next Open Enrollment period.

If you are newly eligible for benefits, your enrollment window is a 30-day window from your eligibility date. You must enroll within this window. Elections you make when first becoming eligible will remain in effect until the next Open Enrollment period. In addition, if you decline coverage, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event<sup>†</sup> during the year, you may make changes to your elections at that time provided your changes are consistent with the qualified life event.

#### Q15. CAN I CANCEL MY BENEFITS AT ANY TIME DURING THE YEAR?

A. Yes, you may cancel your benefits at any time by contacting The American Worker at **1.855.495.1192** even if you do not have a qualified life event. However, if you decide to cancel your coverage, all benefits in which you are enrolled will be terminated. You are not able to cancel some benefits and keep others. If coverage is cancelled, you can't reenroll until the next Open Enrollment period for coverage effective January of the following year.

## MEDICAL COVERAGE

#### Q16. AM I REQUIRED TO HAVE MEDICAL COVERAGE?

A. Yes. The individual mandate of the Affordable Care Act (ACA) requires most Americans to have medical insurance and imposes tax penalties for failing to have qualifying coverage. To make it easier for you to comply with the individual mandate, Robert Half offers two employer-sponsored plans that satisfy the individual mandate: the Preventive Care Plus Plan and, if you're eligible, the High-Deductible Medical Plan.

You also have access to medical coverage through state or federal health insurance marketplaces. Robert Half offers facilitated access to the marketplaces through GoHealth at [gohealthcoverage.com/hub](https://gohealthcoverage.com/hub). Plans available through GoHealth aren't connected with Robert Half in any way.

#### Q17. HOW DOES A MEDICAL PLAN THROUGH A STATE OR FEDERAL HEALTH INSURANCE MARKETPLACE DIFFER FROM THE PLANS AVAILABLE THROUGH ROBERT HALF?

A. As you think about your medical coverage options, it's important to understand how much coverage you need and if you qualify for a subsidy to help pay for medical care coverage. Here's how the medical plans work:

- **State or federal health care insurance marketplace plans** meet the individual mandate required by the ACA. There are many options to choose from, with a range of comprehensive coverage and pricing. Depending on your financial situation, you may be eligible for a government subsidy to help pay for this coverage.
- **The High-Deductible Medical Plan** is a comprehensive medical plan, unlike the Preventive Care Plus Plan. It is only available to eligible candidates. (See Q8 for eligibility determination.)
  - If you are eligible, because this plan meets the individual mandate required by the ACA, you may not be eligible for a subsidy through a public health insurance marketplace, even if you don't elect this coverage and enroll through a marketplace instead.
  - If you enroll through the federal or state health insurance marketplace and receive a subsidy to pay for your coverage, you may have to pay it back later when the government verifies your eligibility for the High-Deductible Medical Plan under Robert Half and determines that the plan is considered "affordable" per the ACA based on your income.
- **The Preventive Care Plus Plan** provided by Robert Half also meets the individual mandate required by the Affordable Care Act. It offers preventive care benefits only — it is **not** a comprehensive medical plan. You may want to enroll for additional coverage elsewhere. However, if you enroll in this plan, you can't obtain subsidized public health care exchange coverage, even if you qualify.

**IMPORTANT:** Residents of Massachusetts may be subject to a state tax penalty, even if enrolled in the Preventive Care Plus Plan or the High-Deductible Medical Plan (if eligible), because those plans are not considered minimum creditable coverage by the Commonwealth of Massachusetts.

## Q18. HOW DOES THE HIGH-DEDUCTIBLE MEDICAL PLAN WORK?

A. The High-Deductible Medical Plan is a comprehensive medical plan that covers office visits, hospital care, emergency care, prescription drugs and more.

You must first meet a calendar-year deductible for in-network services (\$6,000 for individual coverage in 2018) before the plan begins to pay benefits. For more details, please refer to the High-Deductible Medical Plan Summary of Benefits and Coverage (SBC) or the Benefits Guide found on The American Worker website.

## Q19. WHAT HAPPENS TO MY HIGH-DEDUCTIBLE MEDICAL PLAN COVERAGE IF MY HOURS DROP BELOW THE AVERAGE OF 30 HOURS OR MORE PER WEEK DURING 2018?

A. If you enrolled in the High-Deductible Medical Plan, your coverage will remain active for 12 consecutive months from the effective date even if your hours go below 30 hours per week, provided that you continue to work for Robert Half. For example, if you are eligible for the High-Deductible Medical Plan effective February 1, 2018, and enroll, your coverage will be active for the 12 months following your effective date even if your work hours are less than 30 provided you continue to work for Robert Half and pay for your share of the premiums.

However, if you go four consecutive weeks without pay, your coverage will be terminated. You will be able to continue your coverage through COBRA. For more information, call The American Worker at **1.855.495.1192** Monday through Friday, 5 a.m. – 5 p.m. PT, or visit **RHAWPbenefits.com**.

## Q20. HOW CAN I FIND OUT WHAT PREVENTIVE CARE SERVICES ARE COVERED BY THE PREVENTIVE CARE PLUS PLAN?

A. For plan details, visit The American Worker website at **RHAWPbenefits.com** or call **1.855.495.1192**. For a current and complete list of covered services, including all requirements such as age, gender and/or health conditions for services to be covered, visit **healthcare.gov/preventive-care-benefits**.

## Q21. WILL I RECEIVE AN ID CARD?

A. A welcome package will be mailed to your home address, including information on the benefits you enrolled in. ID cards are only available for your medical benefits (the High-Deductible Medical Plan and Preventive Care Plus Plan) and the Group Hospital Indemnity Plans. You will **not** receive ID cards for the Dental, Vision, Disability, Life and Accidental Death and Dismemberment (AD&D) Insurance and Critical Illness & Accident Package benefits. For Dental and Vision, you need only to provide your Social Security number to your providers.

## Q22. CAN I VISIT ANY PROVIDER FOR SERVICE?

A. Your ability to visit your choice of providers varies by plan:

- **High-Deductible Medical Plan:** This plan does not require you to use Cigna network providers; however, you will receive substantial discounts by utilizing doctors within their network. To locate a Cigna network provider, visit **MyCigna.com**.
- **Preventive Care Plus Plan:** This plan requires you to use only First Health network providers. If you use an out-of-network provider, you will not receive coverage. To locate a First Health network provider, visit **FirstHealthLBP.com**.
- **Group Hospital Indemnity Plans (fixed-indemnity plans):** These plans do not require you to utilize network providers. For more information, visit **RHAWPbenefits.com**.
- **Dental:** This plan does not require you to use network providers, but in general, you will receive substantial discounts by utilizing Ameritas network providers. To locate providers in your area, visit **Ameritas.com** and select “Find a Provider.” Then select “Dental,” click on “Network Provider” and choose the “Classic (PPO)” network.
- **Vision:** This plan does not require you to use network providers, but in general, you will receive substantial discounts by utilizing Ameritas network providers. To locate providers in your area, visit **Ameritas.com** and select “Find a Provider.” Then select “Vision: VSP,” click on “Look up VSP providers” and choose the “Choice” network.

## Q23. HOW DO I SUBMIT A CLAIM?

A. At the time of service, present your medical ID card and ask the provider to file the claim directly. (For Dental and Vision, you need only provide your Social Security number.) If a non-network provider is unwilling to file the claim on your behalf, you may need to pay upfront and submit the claim yourself for reimbursement. Please note that if you use a non-network provider, the plan will only pay up to the usual and customary charge. No claims will be paid for any service charges incurred prior to your effective date or for any week that premiums are not paid.

## PAYING FOR YOUR BENEFITS

### Q24. HOW DO I PAY FOR MY BENEFITS?

A. Premiums will be paid through after-tax payroll deductions on a weekly basis. Your coverage will continue uninterrupted as long as premiums are deducted from your paycheck.

### IMPORTANT for all plans EXCEPT the High-Deductible

**Medical Plan:** If you receive a paycheck without a premium deduction, your benefits will be suspended. Coverage will remain suspended until you receive your next paycheck with a premium deduction, unless you make a premium payment for the missed deduction. To avoid suspended coverage, you must make a missed premium payment every time a deduction is not processed from your paycheck. You can make a missed premium payment for up to four consecutive weeks. (See Q25 for more information.)

### Q25. HOW DO I PAY FOR MISSED PREMIUMS?

A. This depends on your plan:

#### For all plans EXCEPT the High-Deductible Medical Plan:

- You have four weeks from the date of your paycheck without a deduction to make a missed premium payment. If you do not pay for the missed premium deduction within that time frame, you will not be able to pay for that coverage period at a later date and you will not have coverage for that missed week.
- You can pay for missed premium deductions online, over the phone or by mail using an electronic or physical check, credit or debit card or money order. You can also authorize an automatic payment to be processed every time a premium is not deducted from your paycheck. Should you wish to stop your automatic payment, you are responsible for contacting The American Worker to cancel. If you do not cancel your automatic payment, and your account has been charged for coverage, you will not receive a refund.

#### For the High-Deductible Medical Plan ONLY:

- If you miss a paycheck or didn't see a deduction, you can ensure your coverage continues by sending a payment. Send your payment directly to Robert Half. Contact Robert Half at **1.888.677.6613** or **benefits@roberthalf.com** for instructions on how to make a payment.
- You can make up to four direct payments to Robert Half while not on assignment to prevent a lapse in coverage.

## OTHER

### Q26. WHOM CAN I CONTACT IF I HAVE QUESTIONS ABOUT MY BENEFITS?

A. Contact The American Worker at **1.855.495.1192** Monday through Friday, 5 a.m. – 5 p.m. PT.

### Q27. HOW DO I SUBMIT CLAIMS AFTER DECEMBER 31, 2017, FOR SERVICES USED IN 2017?

A. For 2017 claims, contact Benefits in a Card at **1.866.372.3980**.

Copyright ©2017 Robert Half. All rights reserved. Printed in the United States. October 2017. Restricted Rights.

An Equal Opportunity Employer M/F/Disability/Veterans.  
The information contained in this document is proprietary and confidential to Robert Half.

This is not a legal document. Please refer to the applicable summary plan description for detailed information. This document is not intended to cover every option detail. Complete details are in the legal documents, contracts and administrative policies that govern benefit operation and administration.

If there is any discrepancy between the information presented here and the applicable official plan document, the official plan document will govern how your benefits are determined and administered.

Robert Half reserves the right to terminate, suspend, withdraw or modify the benefits described in this document, in whole or in part, at any time. No statement in this or any other document, and no oral representation, should be construed as a waiver of this right.