TPS Group Holdings™

Part-Time Team Member Benefits Payment Authorization Form

(Reverse ACH Authorization – Non-Payroll Deduction)

Purpose

This form authorizes **TPS Group Holdings, LLC (TPS)** to initiate electronic withdrawals from the account identified below for the purpose of collecting benefit premiums (e.g., dental, vision, or voluntary benefits) on a **bi-weekly basis**. These payments are **not** payroll deductions and will be processed by TPS's Accounts Payable Department.

Team Member Information

- **Name:** _____
- **Employee ID (if known):** _____
- **Store/Department:** _____
- **Phone Number:** _____
- **Email:** _____

Bank Account Information

Please indicate the account you would like TPS to use for bi-weekly benefit premium withdrawals:

☐ Checking Account ☐ Savings Account

- **Name(s) on Account:** _____
- **Bank Name:** _____
- **Routing Number (ABA#):** _____
- **Account Number:** _____ *(Attach a voided check or bank letter verifying account information)*

Authorization and Agreement

By signing below, I (we) authorize **TPS Group Holdings, LLC** to initiate **bi-weekly electronic debit entries (reverse ACH withdrawals)** from the account listed above for the purpose of paying my elected benefit premiums. I (we) understand and agree to the following:

- Withdrawals will occur approximately every two weeks, aligned with TPS's payroll schedule.
- These deductions are **post-tax** and **processed outside of payroll**.
- I (we) am (are) responsible for ensuring sufficient funds are available in my (our) account at the time of withdrawal.
- If a withdrawal is returned due to insufficient funds or account error, I (we) may be charged a return fee and must make payment by alternate means.
- This authorization remains in effect until TPS has received written notice via e-mail at hr@thepaperstore.com from me (or either of us) **at least 10 business days** prior to the next scheduled withdrawal.
- TPS reserves the right to terminate this authorization at any time with written notice.

Late/Missed Payments Policy

TPS allows a **30-day grace period** for late benefit premium payments made via **reverse ACH authorization**. If a withdrawal is returned due to insufficient funds or account error, payments by alternate means must be submitted within the 30-day grace period. TPS reserves the right to **cancel your benefit coverage** effective the **last day of the grace period**.

Benefit Premium Rates and Payment Schedule

2026 Bi-Weekly Premium Rates				
Coverage Type	**Employee Only**	**Employee + Spouse**	**Employee + Children**	**Family**
Dental – Low Plan	$8.50	$16.13	$25.08	$29.49
Dental – Mid Plan	$17.13	$31.67	$44.87	$49.35
Dental – High Plan	$19.03	$35.18	$49.85	$54.82
EyeMed – Low Plan	$2.88	$5.46	$5.75	$8.46
EyeMed – High Plan	$5.38	$10.22	$10.75	$15.81

Please note that all elected benefits are subject to a **30-day waiting period** from your date of hire (or eligibility). The **first withdrawal** for your benefit premiums will occur on the **pay cycle following your benefit effective date**. Premium rates are **not pro-rated**; the full bi-weekly premium amount will be withdrawn beginning with your first scheduled payment.

Exception: Team members enrolling during **Open Enrollment** for coverage effective **January 1, 2026** will **not** be subject to an additional 30-day waiting period if they have already been employed for more than 30 days.

Signature

Employees are expected to sign and return this DocuSign Benefits Payment Authorization Form within 5 business days of receipt. If the signed authorization form is not received by the date of the scheduled first withdrawal, TPS Group Holdings, LLC reserves the right to cancel your benefit coverage effective as of the scheduled withdrawal date.

By signing below, I confirm that I am an authorized signer on the account listed above and that I agree to the terms stated in this authorization.

Signature: _____
Date: _____

For TPS Use Only

- **Received By:** _____
- **Date Received:** _____
- **Effective Pay Period:** _____
- **Verified By (AP/HR):** _____
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