L.I.F.E. NOW Health Solutions, Inc.

Employer Electronic Census Submission Certification

Preventive Care Plan

This Employer Electronic Census Submission Certification ("Certification") is executed by the Employer in connection with the submission of employee census and payroll information for participation in the L.I.F.E. NOW Health Solutions, Inc. Preventive Care Plan.

The undersigned Employer acknowledges and certifies the following:

1. Authority to Submit Information

The Employer certifies that the individual executing this Certification is duly authorized to act on behalf of the Employer and to submit employee census and payroll information for purposes of evaluating eligibility, implementing, administering, and maintaining participation in the L.I.F.E. NOW Health Solutions, Inc. Preventive Care Plan.

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2. Accuracy and Completeness of Information

The Employer certifies that, to the best of its knowledge and after reasonable review, all information submitted through the Electronic Census is complete, accurate, current, and truthful as of the date of submission.

The Employer further certifies that all payroll figures, employee classifications, compensation data, employment status, eligibility information, and other information contained within the Electronic Census accurately reflect the Employer's official payroll and employment records.

The Employer understands that L.I.F.E. NOW Health Solutions, Inc. will rely upon the accuracy of this information for plan administration, eligibility determinations, enrollment processing, employer reporting, and other administrative functions.

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3. Duty to Update Information

The Employer agrees to promptly notify L.I.F.E. NOW Health Solutions, Inc. of any material changes affecting employee eligibility, employment status, payroll information, compensation, terminations, new hires, or other information that may affect administration of the Preventive Care Plan.

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4. Lawful Collection of Information

The Employer certifies that all information submitted has been collected and maintained in accordance with applicable federal and state laws governing employment records, payroll administration, employee privacy, and employee benefit plans.

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5. HIPAA and Privacy Compliance

The Employer acknowledges that employee information submitted under this Certification may be maintained and used solely for authorized plan administration purposes consistent with applicable HIPAA Privacy, Security, and Breach Notification requirements, where applicable.

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6. ERISA Compliance

The Employer understands that information submitted under this Certification may be used for the administration of an employer-sponsored employee welfare benefit plan and agrees to cooperate in providing information reasonably necessary for compliance with applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA), where applicable.

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7. Employer Responsibility

The Employer understands that inaccurate, incomplete, misleading, or intentionally false information may:

- Delay implementation of the Preventive Care Plan;
- Affect employee eligibility or enrollment;
- Result in incorrect payroll calculations or employer reporting;
- Require correction of administrative records; and
- Subject the Employer to applicable contractual or legal remedies.

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8. Certification of Truthfulness

The undersigned hereby certifies, under penalty of perjury and on behalf of the Employer, that the information submitted through the Electronic Census is true, correct, complete, and accurate to the best of the Employer's knowledge, information, and belief after reasonable inquiry.

The Employer further certifies that no information has been knowingly omitted, altered, misrepresented, or falsified and acknowledges that L.I.F.E. NOW Health Solutions, Inc. will rely upon this information in administering the Preventive Care Plan.

The Employer agrees that if any material error, omission, or inaccuracy is discovered after submission, the Employer will promptly provide corrected information and cooperate fully in resolving any resulting administrative issues.

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9. Reliance Upon Certification

The Employer acknowledges that L.I.F.E. NOW Health Solutions, Inc., its affiliates, plan administrators, consultants, and authorized service providers are entitled to rely upon this Certification when establishing eligibility, administering benefits, preparing payroll administration files, and performing other authorized administrative functions.

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10. Electronic Signature

The Employer agrees that an electronic signature, electronic acknowledgment, or electronic submission of this Certification shall have the same legal force and effect as an original handwritten signature to the fullest extent permitted by the Electronic Signatures in Global and National Commerce Act (E-SIGN Act), the Uniform Electronic Transactions Act (UETA), and other applicable laws.

Employer Certification

I certify that I am an authorized representative of the Employer and that I have read, understand, and agree to the certifications contained herein.

Employer Name: _____

Authorized Representative: _____

Title: _____

Email Address: _____

Telephone: _____

Signature: _____

Date: ___

L.I.F.E. NOW Health Solutions, Inc.

Received By: _____

Date Received: _____

Implementation Specialist: _____