



NEW HIRE CHECKLIST
Que Bueno Mexican Grille



EMPLOYEE INFORMATION

First Name _____ Middle Name _____

Last Name _____

Company _____ Store Location _____ Date of Hire _____

Hiring Manager Name _____

Hiring Manager Phone Number _____

HUMAN RESOURCE PAPERWORK	Hiring Manager SIGNATURE
All documents and items in this box are REQUIRED and must be turned in to HR along with this checklist page.	
• New Hire Information (<i>Use On-line Form, Must be typed and printed</i>)	
• Work Opportunity Tax Credit forms (<i>To be completed by candidate</i>)	
• W-4	
• I-9 (<i>Must be signed by hiring Manager</i>)	
• <i>Copies of 19 required documents (ex: Driver's License, Social Security Card, Birth Certificate, Passport)</i>	
• Company Property Form	
• Mission Yogurt Code of Conduct	
• Team Member Handbook, On-the Job Injury, Drug Policy, Footwear Policy, Transit Form	
• Benefits Enrollment Form, Mission Cares Voluntary Enrollment Form	
• Colorado Legal Work Status	

HOME STORE PAPERWORK	Hiring Manager SIGNATURE
All documents in this box must be filled out and kept in the Home Store's Team Member Action Log.	
• Team Member Coaching Log	
• Attendance Policy and Availability	
• Mission Yogurt Code of Conduct and/or Specific Store Policies-Procedures	
• Other:	

EMPLOYEE NOTICES	Hiring Manager SIGNATURE
All documents in this box must be given to the new Team Member.	
• Mission Yogurt, Inc. Employee Resource Webpage Guide	
• Mission Yogurt, Inc. Company Information	
• Health Insurance/Benefits Enrollment Information	
• Specific Store Training/Initial Schedule & Fact Sheet	
• Other:	

By signing below, I confirm that I have received all of the above employee notices.

Team Member Signature:



NEW HIRE INFORMATION FORM

PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____

Primary Phone _____ Alternate Phone _____

Email _____

Address _____

City _____ State _____ Zip Code _____

Social Security _____

Gender _____ Marital Status _____ No. Dependents _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone _____

Emergency Contact Address _____ City _____ State _____ Zip Code _____

COMPANY INFORMATION

Start Date _____

Company **Que Bueno Mexican Grille**

Store Name _____

STATUS: FULL TIME PART TIME

Primary Job Title _____

Additional Job Title _____

Primary Job Payrate _____

Additional Job Payrate _____

Secondary Job Title _____

Additional Job Title _____

Secondary Payrate _____

Additional Job Payrate _____

ADDITIONAL INFORMATION

REFERRING EMPLOYEE: _____

EMPLOYEE REFERRAL: YES NO

REFERRING EMPLOYEE'S HOME STORE: _____

Employment History Bureau WOTC Questionnaire

Company: Mission Yogurt Inc.

Location: Que Bueno Mexican Grille - Colorado

As an employer we participate in the Work Opportunity Tax Credit (WOTC) program, and various State Tax Credit Programs. Please help us by completing the following questionnaire to determine your eligibility for these programs.

Please complete all questions. Your answers will be kept strictly confidential and WILL NOT influence your employment with us, affect your personal taxes, or any government assistance you or your family may be receiving.

First Name (please print)		Last Name		Social Security #	
Date of Birth	Home Zip Code & County		Start Date	Hourly Rate	Job Position
<input type="checkbox"/> Check if you have worked for this company before? If yes, when ___/___/___			Driver's License #	State Issued	

- Yes No Not Sure
1. Have you received unemployment compensation in the last year? If yes, beginning _____ ending _____
2. Have you **OR** any member of your household received Food Stamps (SNAP) or Medicaid in the last 2 years?
3. Have you **OR** any member of your household received TANF, AFDC, Welfare or any government assistance in the last 3 years, including Medicaid?
4. Are you currently in **OR** have you ever been in a Vocational Rehabilitation program?
5. Are you a veteran of the United States Military? Military Service # _____
 Branch of Service: _____ Enlisted Date: _____ Discharge Date: _____
6. Are you a veteran who has been unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the last year?
7. Are you a veteran who has been unemployed for a period or periods totaling at least 6 months in the last year?
8. Are you entitled to compensation for a service-connected disability and discharged or released from active duty in the last year?

If you answered "Yes" or "Not Sure" to any of the questions above please complete the following.

Full Name of Primary Recipient	Relationship to You	S.S. # of Primary Recipient	
Agency Name	City / State Benefits Received	Caseworker's or Counselor's Name (circle one)	
Agency Address, City, State, Zip Code	Agency Phone Number ()	Date Benefits Began	Date Benefits Ended

- Yes No Not Sure
9. Have you received Supplemental Security Income-SSI (not retirement or Survivor benefits) at any time in the last 3 months?
 City & State where benefits were received _____

- Yes No Not Sure
10. Have you been convicted of a felony **OR** released from prison for a felony conviction in the last 12 months?

If the answer is "Yes" or "Not Sure" please complete the following.

State ___ or Federal ___ Conviction?	Parole or Probation Officer's Name & Address (Circle one)	Parole or Probation Officer's Phone Number ()	
City & County of Conviction / Incarceration	State	Date Convicted	Date Released

IMPORTANT-PLEASE READ, SIGN AND DATE

I hereby authorize the Dept. of Social Services, Social Security Administration for Supplemental Security Income, Military Records, Vocational Rehabilitation, Veterans Administration, or Dept. of Corrections to provide the verification or information requested by Employment History Bureau (EHB) or State Workforce Agencies (SWA) and release the information to those entities as requested. This information will be used for the sole purpose of determining my eligibility for Federal and State Tax Credits, including the Work Opportunity Tax Credit Program. If my employer or EHB determines in its discretion, based on any such information or documents, that any statement on my IRS Form 8850 is in error, I hereby authorize my employer or EHB to correct any such errors or omissions and to submit the IRS Form 8850. Under penalties of perjury, I declare that the above information is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶ H _____	H _____

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

..... Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2016	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]	E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

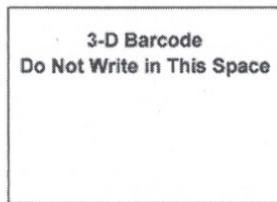
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Hire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



COMPANY PROPERTY FORM

Issued	N/A	Check all that apply in the first box to the left. If it does not apply to the Team Member, please check N/A. All Company Property issued must include a description in the box.	<i>HM/HR SIGNATURE</i>
		<u>AIRPORT BADGE:</u> Number _____	
		<u>PARKING:</u> <i>Bus Pass Reimbursement</i> <i>Monthly Parking Permit</i> <i>Other</i>	
		<u>UNIFORM:</u>	
		<u>KEYS:</u>	
		<u>EMAIL:</u>	
		<u>COMPUTER:</u>	
		<u>PHONE:</u>	
		<u>OTHER:</u>	
		<u>OTHER:</u>	

I acknowledge receipt of the company-owned equipment listed above. I agree to maintain the equipment in good condition and to return it when I cease working for the company or earlier on request. I promise to report any loss or damage immediately. I further agree to use said property only for work-related purposes. Electronic equipment, including but not limited to computers, telephones, pagers, printers and fax machines, used or owned by the company and all information stored on this equipment is company property. ***Company reserves the right to review and disclose any information sent, received or stored on this equipment.*** Finally, I acknowledge if Company Property is not surrendered upon termination of my employment, reimbursement may be deducted from my final paycheck.

Team Member Print Name _____ Signature _____



As a Company, we must work together to create a pleasant and desirable environment for all our Team Members and Guests. Please remember that the rules we have exist to protect your rights and the rights of others, and the interests and safety of all Team Members and Guests. We expect our Team Members to follow these rules of conduct in order to promote a positive and productive workplace environment and provide our Guests with amazing and remarkable experiences.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace, but those listed below are examples of conduct that may result in disciplinary action, up to and including termination of employment. This Code of Conduct is meant to provide our Team Members with a quick reference of the policies and procedures outlined in the Mission Yogurt, Inc. Team Member Handbook. For a full explanation of any of the following rules of conduct, please reference your Team Member Handbook.

GROSS MISCONDUCT

The Company considered the following violations Gross Misconduct, and due to their severity, the employee may be subject to dismissal.

1. Discrimination or harassment against a guest or fellow employee because of race, color, creed, sex, national origin, or handicap.
2. Falsifying company records or information.
3. Gossiping/harmful rumors which may cause embarrassment, humiliation or is considered slanderous to a person's reputation.
4. Falsely "clocking in" or "out" on the time system or allowing another employee to clock you "in" or "out."
5. Not reporting to work as scheduled and failing to notify the Manager on duty prior to your shift.
6. Theft or Dishonesty.
7. Walking off the job or job abandonment (no call/unexcused absence).
8. Fighting, intimidating, or threatening customers or co-workers.
9. Immoral and/or illegal conduct on the job.
10. Use, possession, solicitation or distribution of illegal drugs, drug paraphernalia or alcoholic beverages on Company property.
11. Coming to work or working under the influence of an illegal drug, alcoholic beverage or in an intoxicated condition.
12. Arrest and conviction of a felony offense.
13. Disclosing or careless handling of confidential Company information and/or client's assets.
14. Possession of firearms, knives, or other weapons on Company property.
15. Reporting absent in order to work another job or giving false reason for absence.
16. Removal of Company property from the premises without prior authorization.
17. Deliberately abusing, damaging, or defacing Company property.
18. Refusal to follow instructions.
19. Not qualified for current position within the orientation period.
20. Inability to perform job duties.
21. Unexcused absence.
22. Delivering of food and/or drinks to guests without ringing in the order prior to delivery or immediately after delivery.
23. Work Authorization invalid (I-9).
24. Excessive warnings-written (three infractions in six months).
25. Using another employee or manager code on the register to make an un-authorized transaction.
26. Profanity or unprofessional language or complaining in earshot of guests including discussion of gratuity.
27. Falsifying accident reports or workman's compensation claims.

OTHER OFFENSES

These violations are considered cause for a corrective interview, whereby the employee will receive a form of written, verbal or suspension notice to correct such conduct. The Company will consider severity and frequency before dismissal.

1. Excessive unexcused tardiness (more than three times in two months).
2. Failure to meet job description requirements and deadlines.
3. Failure to report defective equipment or safety hazards.
4. Parking in unauthorized areas.
5. Failure to meet the Company dress code policies and/or personal appearance/hygiene standards.
6. Use of unauthorized store exits and entrances.
7. Causing bodily injury to another employee or yourself, resulting in lost time, due to a violation of Company safety rule or normal safety procedures.
8. Failure to report an injury or accident immediately.
9. Loafing.
10. Sleeping on the job.
11. Excessive unexcused absenteeism (more than three times in two months).
12. Violations of Company policies and procedures as outlined in the Team Member Handbook or by note or memo.
13. Smoking or eating while on the clock without Management's permission.
14. Using a cell phone or Company phone while on shift.
15. Leaving the property while clocked in for a shift without Management's permission.
16. Walking into "Employee Only" areas while not scheduled or after clocking out.
17. Removal or altering Company notes or schedules or altering of aforementioned.
18. Violation of the Company social media policy.

THEFT

Theft in any form will not be tolerated.

RUDE & OFFENSIVE BEHAVIOIR

We expect all our Team Members to treat guests and fellow Team Members with courtesy and respect. We can justifiably expect the same in return. However, if a situation occurs whereby you are having a problem with a disorderly or rude guest, report it at once to a Manager. Similarly, if you are having a problem with rudeness or discourtesy from another Team Member, immediately walk away from any possible confrontation and find a Manager.

DRUGS AND ALCOHOL

Drinking any alcoholic beverage while on duty is forbidden, and along with reporting for work intoxicated, will result in your immediate dismissal. You should also not drink any beverage, alcoholic or not, while in view of the guest. In addition, the use of drugs, in any form, are forbidden in the workplace. Reporting for work under the influence of drugs or alcohol will result in dismissal and possible prosecution.

TARDINESS

It is the responsibility of the employee to be at work according to his/her assigned work schedule. If you find you are going to be late for your scheduled shift, you must immediately take the time to call the Manager on Duty. However, this will not automatically excuse your tardiness.



CODE OF CONDUCT

As a Company, we must work together to create a pleasant and desirable environment for all our Team Members and Guests. Please remember that the rules we have exist to protect your rights and the rights of others, and the interests and safety of all Team Members and Guests. We expect our Team Members to follows these rules of conduct in order to promote a positive and productive workplace environment and provide our Guests with amazing and remarkable experiences.

This Code of Conduct is meant to provide our Team Members with a quick reference of the policies and procedures outlined in the Mission Yogurt, Inc. Team Member Handbook. For a full explanation of any of the following rules of conduct, please reference your Team Member Handbook.

I have read the Mission Yogurt, Inc. Code Of Conduct and fully understand and consent to the policy.

Team Member Name _____ Date Accepted _____

Signature Of Team Member _____

Hiring Manager Name _____ Date Witnessed _____

Signature Of Hiring Manager _____



MISSION YOGURT, INC.

ACKNOWLEDGMENT OF REVIEW OF TEAM MEMBER HANDBOOK

Please read the Team Member Handbook and fill out and return this page to your Manager.

I acknowledge that I have thoroughly reviewed a copy of the Company's Team Member Handbook and that I have read and understand its contents. I understand the statements contained in the Team Member handbook do not create any contractual or other legal obligations. I also understand that the Company may modify or rescind any policy, benefit or practice described in the Team Member Handbook at any time without prior notice.

I further understand that my employment is terminable at will and may be terminated by me or the Company with or without cause and without prior notice. Any contract or covenant to terminate employment only for cause may be made only in writing signed by the President of the Company. Absent a written contract, this paragraph contains the entire understanding of the Company and me with respect to my employment by the Company. Any contrary terms or covenants, express or implied, are null and void.

Team Member Printed Name

Team Member Signature

Date



ACKNOWLEDGMENT OF EMPLOYEE RESPONSIBILITIES
IN THE EVENT OF AN ON-THE-JOB INJURY

If I am injured on the job, I understand I must do the following:

1. Notify my shift manager or supervisor immediately if possible **but no later than 24 hours** after the accident.
2. Give my shift manager or supervisor a complete written statement outlining the following:
 - (a) The date of the accident;
 - (b) The time of the accident;
 - (c) A description of the accident; and
 - (d) The names, addresses and phone numbers, if known, of any witnesses to the accident.

I understand that failure to do so may result in the denial of my claim.

I further understand that all employees are required to obtain treatment of work-related injuries and illnesses from a treating physician listed by the Company's worker's compensation insurance carrier on its current Colorado Preferred Provider List. A copy of the current Colorado Preferred Provider List is available from the Company.

I understand that in the event of a life threatening or limb threatening emergency, I will be sent to the nearest emergency medical facility. However, follow-up care must be provided by one of the treating physicians identified on the Colorado Preferred Provider List or other medical care provider authorized by the Company or my medical insurance company. I understand that if I am treated by an unauthorized medical provider, I will be responsible for pay for said treatment.

Finally, I understand that a falsification or misrepresentation of a workplace injury in order to collect benefits to which I am not entitled will result in my immediate termination with the Company.

I have read and understand and hereby agree to abide by my responsibilities in the event of a work-related injury or illness.

Team Member Printed Name

Team Member Signature

Date



**ACKNOWLEDGMENT OF REVIEW OF THE DRUG
AND ALCOHOL TESTING POLICY**

I acknowledge that I have reviewed the Company’s Drug and Alcohol Testing Policy and understand its contents. I understand that I have access to review this policy on the Company’s website at any time. I also understand that the Company may modify or rescind any policy at any time without prior notice.

I acknowledge that Employees of the Company and applicants for employment with the Company are subject to drug and alcohol testing as a condition of employment and continued employment. Drug and alcohol testing may be administered whenever the Company determines that such testing is appropriate, although such testing will most commonly be administered in the following circumstances:

1. **Pre-Employment Testing.** Applicants for employment are subject to drug and alcohol testing in connection with their application process.
2. **Post-Accident Testing.** All employees of the Company are subject to drug and alcohol testing whenever they have been involved in a work-related accident or incident that resulted in personal injury or property damage. Any employee who fails to report such an accident or incident immediately to the Company will be subject to disciplinary action, up to and including immediate termination of employment.
3. **Reasonable Suspicion Testing.** All employees of the Company are subject to drug and alcohol testing whenever reasonable suspicion exists.
4. **Random Testing.** All employees of the Company are subject to random testing. Details of the random selection process, such as the frequency of such testing, the method by which names are chosen, and the number of employees to be tested, shall be determined by the Company.

I acknowledge that I have been instructed to read the Drug and Alcohol Policy and that I am expected to comply with this policy as a condition of employment.

I acknowledge that the Drug and Alcohol Policy does not alter my status as an “at will” employee.

Employee Signature

Employee Name (PRINT)

Date



FOOTWEAR POLICY

Due to the nature of our work, slips, trips and falls are a major concern and can cause severe injury. In order to minimize the risk of an injury, we want to re-address the Team Member handbook footwear policy for the benefit of Team Member Safety.

GUIDELINES

- All Team Members' shoes shall be identified by the manufacturer as "slip-resistant"
 - Random sole patterns and patterns perpendicular to the direction of travel are most slip-resistant
 - Shoes with too much grip or tacky surfaces will impede forward-travel and are not recommended

RESPONSIBILITIES

Team Member:

- Wear the proper footwear as part of your daily uniform
- Inspect your shoes daily for cleanliness, presence of liquid or solid contaminants wedged in the treads, and wear and tear

This policy has been established to minimize injury and promote a safe workplace. Your participation is essential to the success of our safety program and is also a condition of employment. If you have any questions, please contact your supervisor for assistance.

I have read and understand the established footwear policy. I also understand that failure to comply will result in appropriate disciplinary procedures.

FULL NAME PRINTED: _____

SIGNATURE: _____

STORE: _____



Transit Benefit Policy

Full Time Team Members, upon hiring, have a choice of receiving an onsite parking permit, or an RTD Eco Pass. Either option will be at no cost to the Team Member.

Parking at the Airport

Upon selecting the parking pass option, the Team Member must visit to the DIA Parking Office. This is located in the Main Terminal West, on the six floor. The Team Member must have an ID, Security Badge, and the car's license plate number. A purchase of a \$35.00 parking tag is necessary. This receipt must be texted to 720-666-7967 with the name of the Team Member and badge number. The reimbursement for the \$35.00 will appear on the next paycheck. The hardcopy of the receipt will then be given to the Team Member's Manager, within the store. From that month on, Mission will pick up the fee. No need to return to the Parking Office.

As Mission Yogurt will pay each month to park in the employee lot, no garage parking will be compensated. Upon the separation of employment, you are required to turn-in your tag along with your DIA security badge. This is a condition of employment that your badge and parking tag must be turned in immediately or within 24 hours after separation. Any fraud will result in disciplinary action up to and including termination. The Eco Pass is the property of Denver International Airport, and must be surrendered upon the request of airport security.

Mass-Transit to the Airport

Upon selecting the Train/Bus pass option, Full Time Team Member will receive their Transit Benefit application with their first paycheck. This application, when signed by a Manager, can be taken to any RTD service offices to be issued a Mission Yogurt Eco Pass. There are many RTD offices across the city. Visit www.RTD-Denver.com to find locations. There is a RTD office inside the Airport, West Terminal, Level 5. The Team Member must have an ID, Security Badge, and the Transit Application to obtain passes.

If the Eco Pass is lost or stolen, the fee from RTD to replace the Eco Pass will be responsibility of the Team Member. The Eco Pass is non-transferable. It is the Team Members responsibility to renew their pass annually. Any fraud will result in disciplinary action up to and including termination. The Eco Pass is the property of Mission Yogurt and must be surrendered upon the request of Management. The Train or Bus policy is for Full Time Team Members only. This requires an average of 30 hours worked weekly over a twelve-month cycle. See an Operations Manager, or Human Resources for details. There will no compensation for the use of mass transit before the Team Members first paycheck.

_____ I have selected the parking pass option and will visit the parking office within the Main Terminal.

_____ I have selected the Mass Transit option and request an RTD application to come upon my first paycheck.

_____ I have declined the Transit Benefit.

Team Member name (print-clearly)

Store

Badge Number

Hire Date

(Manager) _____ I have verified that this Team Member is a FULL TIME / PART TIME

Hiring Manager (print – clearly)

March, 2016

This form cannot be used for employees hired prior to September 1, 2014.



Revision Date: 09/01/14
Expiration Date: 10/01/17

Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: _____
Last First Middle Date of Birth

Social Security Number: _____ Date of Hire: _____(MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 calendar days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative)

Official Title

Signature of Employer (or Designated Representative)

_____(MM/DD/YYYY)
Date Signed by Employer

Business or Organization Name

Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This mandatory affirmation is provided by the Colorado Division of Labor. Visit www.colorado.gov/cdle/evr for more information.



Availability and Attendance Form

Team Member Name _____ Date Submitted _____
Primary Phone _____ Email Address _____ Store _____

CONFIRMED AVAILABILITY

Please use the following form to write in the times you are available to work throughout the week. Please be specific as possible. For instance, you may be available in the morning & then later in the evening on the same day. If you are available for the entire shift write "open." All full time hourly staff are allowed 40 hours max and part time hourly staff are allowed 30 hours max.

Monday: Earliest Start Time _____ Maximum Closing Time _____
Tuesday: Earliest Start Time _____ Maximum Closing Time _____
Wednesday: Earliest Start Time _____ Maximum Closing Time _____
Thursday: Earliest Start Time _____ Maximum Closing Time _____
Friday: Earliest Start Time _____ Maximum Closing Time _____
Saturday: Earliest Start Time _____ Maximum Closing Time _____
Sunday: Earliest Start Time _____ Maximum Closing Time _____

CONFIRMED UNAVAILABILITY

Please use the following form to specify any times that you are unavailable to work throughout the week. Please be specific and list the actual hours that you will not be available and a valid reason why. For instance: 3-5pm on Mondays *reason:* "class"

Monday: _____ *reason:* _____
Tuesday: _____ *reason:* _____
Wednesday: _____ *reason:* _____
Thursday: _____ *reason:* _____
Friday: _____ *reason:* _____
Saturday: _____ *reason:* _____
Sunday: _____ *reason:* _____

- This availability form should accurately reflect when the employee is available to work. Weekly schedules are produced based on the information provided on this form.
- Part-Time Employees must be available to be scheduled for a minimum of 20 hours per week and a maximum of 30 hours per week. Full Time Employees must be available to be scheduled for a minimum of 30 hours per week and a maximum of 40 hours per week.
- Employees may increase their availability at any time but it does not guarantee movement to full time status if previously classified as part-time.
- Availability may not be decreased or changed within the first four months of employment unless employee is a student and a semester begins/ends. In such a case, the employee will be required to submit a copy of their class schedule.
- **After four months changes to availability may be requested, however, all availabilities are subject to approval. Your current availability stays in effect if a new availability is not approved. Approval is based on the needs of the company in order to meet shift requirements.** If requested changes to availability do not fall within the parameters of the company's needs, the employee may not qualify for continued employment.
- Mission Yogurt will make every effort to accommodate employee preferences, but preferences are never guaranteed and employees are required to work their shifts as scheduled.
- All Requests for time off and vacation days must be made with Store Management and within store's specific policies.
- No Call, No Shows are considered abandonment of position and subject to immediate termination.
- You are required to disclose if you have a secondary employment, especially if it conflicts with your position with this company, which could make you ineligible for continued employment.

I understand my work schedule will be based on the days and times that I have indicated above. I also understand and agree to all the availability policies listed above.

Team Member Signature _____ Date _____

Manager Signature _____ Date _____ Approved: YES NO

Employee Status: Full Time - Part Time - Exempt



EMPLOYEE RESOURCES WEBPAGE GUIDE

We are delighted you have chosen to join the Mission Yogurt Team.

In an effort to always provide the most updated and accurate information to all of our employees concerning policies, procedures and other relevant company information, we have put together Mission Yogurt, Inc. Employee Resource Webpage.

Here you will find:

- The most current version of our Team Member Handbook
- Health Insurance Information
- Change of Personal Information Form
- Important Company Wide Communication and Notices
- and many other useful resources!

TO ACCESS THE MISSION YOGURT'S EMPLOYEE RESOURCE PAGE PLEASE VISIT:

www.missionyogurt.net

Click on the Employee Resources Tab

Password for all employee pages and documents: employee



COMPANY INFORMATION

OUR VISION

Our primary goal is always to provide the BEST customer service and the BEST guest experiences. We can achieve our goals by making sure each of us makes a diligent effort to be our personal BEST at all times!

OUR HISTORY

Founded more than 25 years ago by Denver-native Rod Tafoya, Mission Yogurt, Inc. began as a single yogurt shop in Arvada, Colorado, and has grown to a total of thirteen airport operations (ten at Denver International Airport, one at San Jose International Airport, two at San Diego International Airport) plus one off-airport operation in Westminster, CO for a total of fourteen. Mission Yogurt, Inc. currently employs more than 400 people.

OUR BRAND

Early restaurant openings included Sara Lee Sandwich Shop and DIA's first authentic Mexican restaurant, Tafoya's original concept, Que Bueno! Mexican Grille. The company expanded to include acclaimed national brands such as Taco Bell Express, Kentucky Fried Chicken, Pizza Hut and Haagen Daaz, while simultaneously adding original and local-market offerings such as Timberline Steaks & Grille, Einstein Bros. Bagels, San Jose Joe's, Itza Wrap! Itza Bowl!, and others. As the company has grown, it has also evolved its focus to include healthy and chef-driven brands, such as Root Down and Udi's Café & Bar, making low fat, vegan, vegetarian and gluten-free options available to travelers.

OUR LEADERSHIP

Rod Tafoya, President/Owner, rod@missionyogurt.com, 720-346-8926

Reyes Tafoya, Owner/Corporate Treasurer, reyes.tafoya@missionyogurt.com, 303-944-5846

Mark Schafer, Director of Operations, mark@missionyogurt.com, 303-944-5845

~Asset Management, Sales Compliance and Reporting, Business Management

Mai Chhor, Senior Operations Manager, mae@missionyogurt.com, 303-994-6960

Einsteins, Taco Bell, KFC-Pizza Hut, Sara Lee and Columbo

~Customer Service Management, Daily Operations Supervision, Manager Supervision

Zsolt Baranyai, Business Analysis Manager, zsolt@missionyogurt.com, 303-944-6005

~Technology Integration and Implementation, Sales Performance Measurement and Reporting, COGS and Vendor Management

Kathleen Schafer, Director of Business Development, kathleen@missionyogurt.com, 720-939-1159

~Infrastructure Management, New Business Development, Performance/Strategic Planning

Human Resources, HR@missionyogurt.com, 303-725-2326

~HR Training/Development/Compliance, Recruiting and Hiring, Insurance and Benefits Administration, Payroll Management

Kathy Gountanis, Operations Manager, kathy@missionyogurt.com, 720-227-3064

Root Down and Etais

~Customer Service Management, Daily Operations Supervision, Manager Supervision

Roger Kerns, Operations Manager, roger@dia-food.net, 720-470-6507

Timberline and Que Bueno

~Customer Service Management, Daily Operations Supervision, Manager Supervision



BENEFIT ENROLLMENT INFORMATION

As a benefit to our Team Members, Mission Yogurt, Inc. provides a company sponsored insurance program that all Full Time team members are eligible to participate and enroll. These health benefits programs are available after 90 days of employment.

Why enroll?

Everyone needs a health plan. It's the law. Mission Yogurt has researched the best plans to ensure the good health and well-being of its team. The difference between enrolling in Mission's sponsored health plan verses publicly-financed healthcare (like Medicaid) is simply... Access.

- With your company sponsored health insurance, besides carrying the effective prestige that you have a job with benefits, you are going to be afforded greater access to physicians and providers.
- This is a direct result of provider reimbursement being significantly higher with a company plan than with Medicaid. Although there is a law to protect the access to doctors using Medicaid, there is no law requiring family doctors to accept Medicaid.

When are health insurance benefits effective for new Team Members?

You may enroll for company sponsored insurance programs on the 1st of the month following 60 days of employment.

How will new Team Members be notified of their eligibility for benefits?

A Human Resources Representative will contact the Team Member before the 90 day anniversary date.

Benefits FAQ

How do I enroll?

Speak to Mission's HR Coordinator , or follow the steps on www.missionyogurt.net Click on the "Current Employee Resources" then "Health Insurance Forms" to login and enroll. Follow the tutorial on establishing your ID and Password.

Who should I call if I have specific questions regarding the benefits plans coverage?

Contact Human Resources at 303-252-7500, Craig Gilbert at 303-455-3414 (Craig.Gilbert@benefitriver.com) or through the Missionyogurt.net website.



Mission

BENEFIT ENROLLMENT INFORMATION

What if I do not enroll within the 30 days of my eligibility date, but decide at a later date that I would like to enroll?

If you do not enroll at the time you are eligible you will have another chance to enroll until next year's Open Enrollment period, unless you request to enroll within 60 days of experiencing a Qualified Status Change. Information on Qualified Status Changes is available by contacting Human Resources.

When will my new deductions appear on my check?

Generally, your new deductions will appear on the first paycheck after you complete your enrollment. Please note that although you have 30 days from your eligibility date to enroll, you will owe benefits premiums back to 2 weeks prior to your benefits start date. Once you have enrolled, review your check stubs to insure premiums are being deducted correctly.

When will I receive my ID cards?

You should receive your new medical, pharmacy and dental ID cards 7-10 business days following your online enrollment. If you have not received your ID cards, contact our vendors directly. Contact information is posted on MissionYogurt.net or by contacting Human Resources. The most common reason for a Team Member not to receive an insurance card is due to an incorrect address. Please make any necessary correction to your contact information by contacting Human Resources.

What if I lose my medical or dental ID Cards, or need a duplicate copy of my ID cards?

You can obtain a duplicate or temporary ID card by contacting our providers directly. Contact information is posted on MissionYogurt.net, or by contacting Human Resources.

Will an ID card be issued to me for the Vision Plan?

The Vision Plan does not issue ID cards. Simply tell your doctor that you are covered under a plan and the Doctor's office will obtain authorization directly.

When is the annual Open Enrollment period?

Mission Yogurt's Open Enrollment period to change, enroll, or decline coverage typically takes place in May. The changes you make during Open Enrollment will go into effect the first of July.

New Employee Enrollment



As an employee of Mission Yogurt we are pleased to offer you a full selection of benefits. You are eligible for medical, dental, vision, and life insurance.

*Per federal regulations all employees are required to have health insurance or pay a federal fine (with some exceptions). You are required to enroll during your initial enrollment period or else you will not be able to enroll in these benefits until the next open enrollment (May 2016) or a qualified life event. **You have 60 days from your hire date to enroll in benefits.***

Two Medical Plans



Select One Option!		
2015 MEDICAL (In Network Summary)	Copay Plan	Health Savings Account
Preventative / Wellness Copay	\$0	\$0
Primary / Specialist Copay	\$30 / \$50	70% after deductible
Urgent Care / Emergency Room Copay	\$75 / \$300	70% after deductible
Prescription Drugs	\$10 / \$20 / \$40 / 20%	70% after deductible
Deductible (individual / family)	\$1,500 / \$3,000	\$5,000 / \$10,000
Out-of-Pocket maximum (individual / family)	\$6,000 / \$12,000	\$6,350 / \$12,700
Coinsurance	80% after deductible	70% after deductible
Outpatient Facility Deductible	\$500	\$0
Out-of-Network Coverage	Yes (refer to SBC)	Yes (refer to SBC)
Amount Per Pay Check		
Employee Only	\$65.00	\$30.00
Employee + Spouse	\$242.54	\$168.32
Employee + Children	\$210.26	\$143.17
Employee + Family	\$387.81	\$281.50

**Two Dental Plans
One Vision Plan
One Life Insurance Plan**



Select One Option!		
2015 DENTAL (In Network Summary)	Basic	Enhanced
Cleanings 2x per Year	\$0	\$0
Deductible (individual / family)	\$50 / \$150	\$50 / \$150
Basic Services	80%	90%
Major Services	50%	60%
Annual Maximum	\$1,000	\$1,000
Out-of-Network Coverage	No	Yes (90% UCR)
	Amount Per Pay Check	
Employee Only	\$9.93	\$18.90
Employee + Spouse	\$20.63	\$39.23
Employee + Children	\$23.26	\$44.11
Employee + Family	\$35.57	\$67.47

Please visit www.principal.com to find a dentist or optometrist near you

2015 Vision (In Network Summary)	Vision
Exam Copay (1x every 12 months)	\$10
Lenses (1x every 12 months)	\$25
Retail Frame Allowance (1x every 12 months)	\$150
Covered Selection Contacts (1x every 12 months)	\$150
	Amount Per Pay Check
Employee Only	\$4.31
Employee + Spouse	\$9.00
Employee + Children	\$9.49
Employee + Family	\$15.47

Voluntary Life Insurance benefits and rates are available at www.missionyogurt.net then “Current Employee Resources” then “Health Insurance Forms”



MISSION YOGURT INC. ACKNOWLEDGEMENT OF BENEFITS AND HEALTH INSURANCE WAIVER

I acknowledge that I will be offered the opportunity to purchase health coverage from Mission Yogurt Inc. provided by Cigna© Health Insurance. Upon meeting with a Mission Yogurt Inc. health care representative, I may waive my coverage due to the following situations:

_____ I am currently covered by my Parents/ Legal Guardian’s coverage.

Carrier name/ID _____

_____ I am covered by my Spouse/Domestic Partner’s group coverage.

Carrier name/ID _____

_____ I am enrolled in another insurance carrier’s plan.

Carrier name/ID _____

_____ I am covered by Medicare and/or Medicaid.

You will have the opportunity to speak to a Human Resources Representative to compare Medicare/Medicaid to Mission Yogurt’s privately sponsored health plan.

_____ Other. Reason _____

Notification to Enroll

_____ I acknowledge that a Human Resources Representative will contact me before the 1st of the month following 60 days of employment to speak about coverage.

Rights to Coverage

If you choose to decline enrollment for yourself or dependents (including spouse) because of other health care coverage, you may enroll yourself, or your dependents in any one of Mission Yogurt’s plans prior to open enrollment period (under certain circumstances please contact Human Resources for a full description of circumstances. To do this, you must have involuntarily lost your other coverage and Mission Yogurt must receive your enrollment application within 10 days after your other coverage ended. Additionally, if you have new dependents as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and dependence. This is providing we receive your completed enrollment application within 30 days after the event.

FULL NAME PRINTED: _____

SIGNATURE: _____

HIRE DATE: _____

STORE: _____



MISSION CARES

Mission Cares (MY Cares) is a group within Mission Yogurt Inc. who are dedicated to enhancing the well-being of fellow employees and our communities by bringing support in times of need. Mission Cares is dedicated and driven to being a support mechanism for fellow Team Members in practicing employee engagement and integration of team-spirit and support when times of crisis arise.

What is Mission Cares?

Team Members who join the cause, by simply choosing an amount they want to contribute to the Care Fund, are part of the Mission Cares Team. This means that each team member is contributing to a fund that can be used when emergencies strike any of the Mission Yogurt family.

Whom is Eligible to Donate?

This amount is completely decided upon by each member whom decides to join MY Cares team. The amount chosen will be deducted each payroll cycle. The program is an opportunity to “pay it forward” in helping fellow Mission Yogurt Team Members. This is an assistance fund to step forward during times of crisis with issues and struggles fellow Team Members may have.

Why Joining Pays Off

Having a support mechanism in times of crisis means a lot. MY Cares is here to assist you. The program is truly preventative maintenance. It is peer support, and makes it clear that everyone who donates a small portion via payroll deduction is saying “I want to help!” When you do, you step up and know that your donated funds will go directly to your co-work in their time of need.

How it works

The fund is completely grown through Team Member’s contributions. When a crisis arises, any Team Member, regardless to whether they contribute to the fund, would be able to request funds for issues related to a documented crisis. It’s like “passing the hat” to collect for anything needed during, or after the time of need. Medical assistance, clothing, food, and bereavement are some examples. The fund, since it is sponsored by the Team, is completely transparent, and quarterly statements will be disclosed. Individual requests for fund liquidity will also be available upon request.

How and when are care funds used?

A peer-reviewed process is established for the purpose of maintaining the charitable contributions and distribution during emergency crisis within the company. Peer-reviewed guidelines are set to determine the qualifications of requested need, its verifications and needed purpose. Strict guidelines are in place to ensure the verification of the need, and how the funds are best utilized. A distribution matrix document on how any funds would be utilized.



Guidelines

Our hope is to offer a service to the Mission Yogurt Inc. communities with support for years to come. In order to do so, our sustainability is critical. Thus, we do have guidelines in place to help us reach our goal of supporting members of the Mission Yogurt family with dignity.

There is no suggested donation, as the amount you give each paycheck reflects the amount we can cover in case of needs that arise in the future. We ask that those who are able contribute any amount do so.

For Team Members who cannot give a pre-scheduled donation amount or donate their fair share, we ask that you consider scheduling a donated amount in the future.

The funds collected will be available to any Mission Yogurt Team Member regardless of their ability to contribute.

All Mission Cares program documentation, other than the contributing amounts, will completely transparent and quarterly statements will be disclosed. Individual requests for fund liquidity is available upon request.



**Acknowledgement of Enrollment in
Mission Cares Voluntary
Payroll Deduction Program**

I have been given the Mission Yogurt Inc. Mission Cares (MY Cares) directives and program information. I understand that I have volunteered to help the Mission Cares employee assistance program.

The amount donated per paycheck is chosen completely by each Team Member whom decides to join Mission Cares team. The amount chosen will be deducted each payroll cycle. Each donated dollar will be used 100% in the assistance of a Team Member during times of crisis.

Team Members have a right to know how MY Cares funds are maintained and distributed. All documents, policies, and distribution policies are available for review on MissionYogurt.net under the employee tab. MY Cares volunteers work to vet each request for need to ensure all criteria are met, and continue working closely together throughout the granting cycle with continual monitoring, and reporting.

Yes! I would like \$_____ to be deducted from each paycheck to go to this fund. I understand that I may cancel this deduction at any time.

FULL NAME PRINTED: _____

SIGNATURE: _____

STORE: _____

Talent *Knows* Talent

Employee Referral Program



As a valued Team Member, you know what it takes to work in high volume environment. Refer a friend or previous coworker and receive –**\$150**

How It Works

- ☺ Let a friend know about the job opportunities and connect them with your Hiring Manager.
We are always looking for: *Line Cooks, Servers, Smoking Lounge Servers, quick-serve Counter Attendees, Dishwashers, Hosts and Food Runners/Back Servers.*
- ☺ Let the Hiring Manager know that you have referred a friend. Be sure to have their first and last name.
- ☺ If the Referral is hired, gets their badge and starts their first day of work, you will be rewarded with \$50 on your paycheck.
- ☺ After 3 months, if your Referral is still employed, you will receive an additional \$100 on your paycheck.

The Fine Print

- You must notify your Hiring Manager who you are referring prior to the employee going through the badging process
- First bonus will be paid out the first payroll after the referred employees first day of work
- The Referred Employee must be employed for 3 full months before the \$100 bonus is awarded on your paycheck
- Employee must remain employed to receive bonuses on your paycheck.

