



EMPLOYER SURVEY

Today's progressive, growing companies understand the wisdom of including credit union membership in their benefits package. Kinecta Federal Credit Union is simply one of the best. Thank you for your interest.

You're Worth More Here.

TO ENSURE QUICK PROCESSING OF YOUR REQUEST, PLEASE RETURN THE COMPLETED SURVEY AND THE FOLLOWING DOCUMENTS:

1. SELECT EMPLOYER AGREEMENT AND LETTER REQUESTING BENEFITS
2. SAMPLES OF COMPANYWIDE EMPLOYEE COMMUNICATIONS (NEWSLETTERS, ETC.)
3. CORPORATION ANNUAL REPORT AND YEAR-END FINANCIAL STATEMENTS

HOW CAN KINECTA FEDERAL CREDIT UNION SERVE YOUR COMPANY NEEDS BEST? PLEASE HELP US GET ACQUAINTED WITH YOUR COMPANY AND YOUR EMPLOYEES BY ANSWERING THE FOLLOWING QUESTIONS:

- a) What is your Company name: _____
- b) Describe Company's type of business or industry: _____

- c) In what year did the business begin? _____
- d) Is the business currently profitable? _____
Dun & Bradstreet, financial rating or sales trend _____
- e) In which city, state is your Company headquartered? _____
- f) In which city, state are Human Resource matters administered? _____
- g) In which city, state is the Company's payroll administered? _____
- h) Is payroll processing centralized for all locations? _____
- i) Does your Company provide direct deposit (ACH) of paychecks to your employees? _____ How often is your regularly scheduled payday? (check one)
Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____
- j) Please provide the following information about your employee population.
Attach a separate sheet if necessary.

# of Employees	Street Address, City, State, Zip	Contact Name	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of employees: _____

k) Please estimate the percentage of employees interested in Credit Union benefits _____ %.

l) Please estimate the following information about your employees:

Average Age (% breakdown):

_____ % 18 to 29 _____ % 30 to 39 _____ % 40 to 49 _____ % 50 to 65

Profile:

_____ % Professional _____ % White Collar / Administrative _____ % Blue Collar/ Retail

Average Annual Salary (% breakdown):

_____ % up to \$20,000 _____ % \$20,000 to \$39,999 _____ % \$40,000 to \$59,999
_____ % \$60,000 to \$99,999 _____ % \$100,000 + _____ % Earning Sales Commission

Annual employee turnover rate: _____ % Average Annual New Hires: _____ #

m) Is your Company currently affiliated with another Credit Union? _____ If yes, since (year): _____

If yes, name of credit union _____ Location: _____

n) Employee benefits currently offered:

_____ 401K	Other _____
_____ Medical/Dental	Other _____
_____ Vision	Other _____
_____ Life Insurance	Other _____
_____ Pension	Other _____
_____ Financial Planning	Other _____
_____ Wellness or "Work & Family" Programs	Other _____
_____ Employee Publications	Other _____
_____ Educational Reimbursement	Other _____

o) Does your Company conduct: (check all that apply)

_____ New Employee Orientations How Often? _____

_____ Open Enrollment for Employee Benefits How Often? _____

_____ Benefits Fairs How Often? _____

p) Who may we contact regarding your potential affiliation with Kinecta Federal Credit Union?

Name

Title

(_____) _____
Phone

Best hours to reach

Thank you for taking the time to answer this questionnaire.



AGREEMENT

Our membership privileges assist employees of select quality companies in advancing their personal financial goals. Employers who share Kinecta Federal Credit Union's corporate commitment to human resource development are invited to apply for credit union membership.

You're Worth
More Here.

YOUR CREDIT UNION PARTNERSHIP AGREEMENT

EXCLUSIVE MEMBERSHIP PRIVILEGES

- Kinecta Federal Credit Union (Credit Union) is a federally chartered, federally-insured non-profit financial cooperative and a separate entity from all employers served.

In accordance with credit union policy and regulatory agency laws and regulations, the Credit Union will provide benefits to Employer's current employees, former employees who were members of the Credit Union when they ceased employment, retired employees and relatives and household members of employees who are members.

- The Credit Union will assist Employer in facilitating dual charters with other credit unions who currently serve company employees. On the consent of the current credit union provider, these employees may gain membership eligibility to Kinecta Federal Credit Union.

PAYROLL DEPOSIT CONVENIENCE

- The Credit Union will provide Employer with technical assistance in establishing the required automatic employee payroll deposit program.

Employees must have access to payroll deduction and net payroll deposit through an automated method of payroll deposit, by magnetic tape and/or ACH Direct Deposit. Payroll funds received by the Credit Union will be distributed to one or more employees or related accounts as authorized by the employee.

- Employer should reach mutual agreement with the Credit Union before reversing or adjusting payroll deduction deposits. The Credit Union can not assume responsibility for retrieval.

By performing the payroll deduction service requested by employee, the Employer acts as sole agent for employees. Employer should advise employees that in performing payroll deduction services it is acting as the exclusive agent for the employee.

QUALITY EMPLOYER SUPPORT

- In addition to corporate contacts for human resources/payroll matters, Employer will assign a Human Resources Contact at work locations with 25 or more employees, and facilitate the implementation of a Credit Union e-mail link.

Employer's human resources department and/or regional contact will provide ongoing support for distributing new hire packets, quarterly mailings/distributions and other employee benefit materials provided by the Credit Union at no charge.

- Employer agrees to verify employment, including but not limited to, salary and length of employment.

The Credit Union will not disclose confidential information about the employee except to the extent legally permissible to perform services requested by the Employer.

EMPLOYER SUPPORT REQUIREMENTS

- Credit Union membership will be provided at no cost to Employer and employees. Costs and/or subsidies as associated with ATM and branch installations at employee work sites, will be identified during a joint implementation process.
- Employer will promote Credit Union membership as an employee benefit and a convenience for all employees.
- Employer will provide management representation on a Joint Implementation Team. The Implementation Team will act as a liaison between Employer and Credit Union, will be authorized to identify actions and a timeline required to carry out this Agreement, subject to the approval of both the Credit Union and Employer.
- The Credit Union will hold the Employer harmless from any claim or demand made by an employee regarding an alleged wrongful payroll deduction requested by the Credit Union. In addition, each party agrees to indemnify, defend and hold harmless the other party from any and all losses caused by the acts or omissions of the other.

The Credit Union or Employer may terminate this partnership upon written notice. Changes to this employee benefit relationship must be made in writing and agreed to by both sides.

REQUEST FOR EMPLOYEE BENEFIT

- By signing below, Employer requests complete access to the Credit Union membership benefits offered by Kinecta Federal Credit Union. Employer agrees to support regulatory requirements by providing a complete list of all work location addresses, employee counts, contact information, and a letter, written on company letterhead, requesting Credit Union benefits.
- This agreement is contingent on the approved addition of Employer to the Credit Union's Field of Membership by the Credit Union's Board of Directors and the National Credit Union Administration (NCUA). The approval process takes approximately 30 days after receipt of all signed documents and must be completed before Credit Union benefits may be introduced to employees.

Employer Group

Signature

(Please Print Name) By

Title

Date

Address

City:

State:

ZIP: