

Benefits, inc.

RELEASE OF LIABILITY AND AGREEMENT TO HOLD HARMLESS

In exchange for the ability to use and access software owned and maintained by Benefits, Inc. known as Employee Navigator/BenefitsLinc, ("the software"), on behalf of Town of Ashland City, "the company", do hereby agree to the following:

1. The company hereby releases and discharges Benefits, Inc., its employees, agents, and owners from any liability whatsoever from any injuries or damages that may arise through the Company's use or access of the software, *as permitted by law.*
2. In the event, Benefits Inc., its employees, agents or owners enters information into the software provided by the company, then no person affiliated or associated with Benefits, Inc. shall be responsible for ensuring the accuracy or correctness of the information provided, as Benefits, Inc. is not independently verifying that any information provided by the company is correct.
3. The company further agrees to indemnify, hold harmless and defend Benefits, Inc. against any and all claims, causes of action, damages, judgments, costs, or expenses, including attorney's fees, and other costs of litigation which may arise in any way, through the company's use of the software, *as permitted by law.*

Steve Allen

Printed Name

1-12-2021

Signature

Date

Town of Ashland City Mayor

Company Name

Title

2020 Service Fees (Pricing and Services are subject to change)

Service	1-50	51-100	101-250	251-500	501-1000	1001+
Federal E-file & Print/Mail	\$5.80	\$4.83	\$3.86	\$3.06	\$2.21	\$1.73

**Employee Navigator Pricing Schedule. Benefits, Inc. does not charge any additional amount above and beyond that of Employee Navigator. *Peak pricing one day only, occurs on the print deadline.*

ACA Reporting 2020

Part I: Employer Info

While we may have this information on file, we are asking that you please provide this to ensure the 1094-C populates correctly.

Company Legal Name	Town of Ashland City
Company Mailing Address	101 Court Street; P.O. Box 36 36 Ashland City, TN 37015
Employer ID Number (FEIN)	62-6000239
Company Contact Person	Gayle Bowman
Contact's Phone Number	(615)792-4211

Part II: Data Validation

*Please choose **one** option below.*

Option 1



I would like Benefits, Inc. to provide me with a data extract (excel spreadsheet) that contains all of our employee data currently on file. I will look through the data and add missing employees that were employed in the year 2020 and I will also provide termination dates for employees that are no longer active. I will return this excel spreadsheet for Benefits, Inc. to upload to the system.

Option 2



I would like to send my own excel spreadsheet, matching the format of the provided census template. This spreadsheet will contain all employees that were employed at any time during the calendar year 2020, including terminations. (e.g. Payroll report, HRIS extract)