


GRIFFIS  BLESSING
EMPLOYEE PERKS



Dear New GB Employee:

We are excited to welcome you to the Griffis/Blessing team and we look forward to helping you grow your career with us. We are committed to helping our employees enrich their lives through personal growth, professional development, and a healthier way of life. Our benefits package and additional perks as a GB employee, we believe reflects our support of you.

Within this document you will find health care plans that offer flexible options, information on supplemental add-ons, our 401K and furthering education programs, as well as PTO and ways to "Cash In" with GB!

We care about your health and well-being and we hope with the support of our benefits packages you'll stay healthy and active.

We are all in this together, One Team, One Goal!

Be well,

A handwritten signature in black ink, appearing to read "William J. Hybl Jr.", written in a cursive style.

William "B.J." Hybl Jr.,
Chief Operating Officer

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MEDICAL INSURANCE

Griffis/Blessing offers a variety of options through United Healthcare for our employee benefits program after 60 days of employment.

The plans have in-network and out of network coverage options depending on what meets your needs and range in price point for the individual employee and their family. Griffis/Blessing pays \$600* per month toward medical, dental and/or vision programs.

We hold an open enrollment in November with Questco Colorado, who explains each of the plans below in depth and will answer any questions you may have. For further information and detailed brochures describing insurance coverage, please contact Questco's Benefit Coordinator.

*subject to change



Don't pay more than you have to!

A freestanding healthcare facility is one that is not integrated with, or a department of, a hospital. When you choose a freestanding facility rather than a hospital for radiology and/or outpatient surgery, you will pay less — and you won't have a copay.

Good to Know: Health Insurance Terms

In-Network: Providers who are in the health plan's network and who have contracted with the health care plan for reimbursement at a negotiated discounted rate. Participants in the plan pay less using an in-network provider because of the contract terms with the physicians and facilities.

Coinsurance: The percentage amount the plan pays for covered eligible expenses under the group health plan after the deductible has been met.

Out-of-Network: Providers who have not contracted with the health plan for reimbursement at a negotiated rate. Participants may pay more out of pocket with an out-of-network provider, and may have more of an administrative burden, such as filing claims. Reimbursement is based on reasonable and customary charges; any amount above the allowed charges is paid by the participant.

Copay: The amount paid at the time of service by the participant.

Deductible: The amount of money an individual/family must pay for covered health expenses in a calendar year before the health plan covers the costs.

Out-of-Pocket Maximum: The maximum amount that an individual/family pays for expenses covered under the plan. Once the maximum amount is reached, the plan pays 100% for eligible covered expenses for the remainder of the calendar year.

Griffis Blessing, Inc - Medical Insurance

UnitedHealthcare Choice Premier \$2,500

UnitedHealthcare Primary Advantage \$1,000 (20%)

Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$2,500	\$5,000	\$1,000	\$5,000
Family	\$5,000	\$10,000	\$2,000	\$10,000
Coinsurance				
Member %	20%	50%	20%	50%
Out of Pocket Maximum				
Single	\$6,000	\$10,000	\$6,500	\$10,000
Family	\$12,000	\$20,000	\$13,000	\$20,000
Commonly Used Services				
Primary Care Physician Office Visit	\$30 copay	50% coinsurance	\$0 copay	50% coinsurance
Specialist Office Visit	\$60 copay	50% coinsurance	\$100 copay	50% coinsurance
Urgent Care	\$75 copay	50% coinsurance	\$50 copay	50% coinsurance
Emergency Room	\$250 copay + 20%	\$250 copay + 20%	\$250 Copay + Deductible + 20%	\$250 Copay + Deductible + 20%
Preventive Care				
Preventive Services	No Charge%	50% coinsurance%	No Charge	50% coinsurance
Major Medical Expenses				
Outpatient Surgery	Deductible + 20%	Deductible + 50%	Deductible + 20%	Deductible + 50%
Inpatient Hospitalization / Surgery	Deductible + 20%	Deductible + 50%	Deductible + 20%	Deductible + 50%
CT scan, PT scan, MRI	Deductible + 20%	Deductible + 50%	Deductible + 20%	Deductible + 50%
Prescription Drug Coverage				
Prescription Deductible	None	None	\$250 / \$500 (Tier 3 & 4)	\$250 / \$500 (Tier 3 & 4)
Generic (Tier 1)	\$15 copay	\$15 copay	\$0 copay	\$0 copay
Brand Name (Tier 2)	\$40 copay	\$40 copay	\$50 copay	\$50 copay
Non-Preferred (Tier 3)	\$75 copay	\$75 copay	\$100 copay	\$100 copay
Specialty (Tier 4)	\$200 copay	\$200 copay	\$250 copay	\$250 copay
Mail Order - 90 day Supply	2X Tier Cost	N/A	2X Tier Cost	N/A
Plan Information				
Plan Year	01/01/2023 - 12/31/2023		01/01/2023- 12/31/2023	
Deductible Period	01/01/2023 - 12/31/2023		01/01/2023- 12/31/2023	
Deductible Explanation	Embedded		Embedded	
Network Type	BCYG		ANDI	
Network Name	Choice Plus		Choice Plus	
Member Website	www.myuhc.com		www.myuhc.com	
Customer Service Phone Number	800.782.3740		800.782.3740	

DISCLAIMER: The content reflected here is based on information from various summary plan descriptions and benefit information. While every effort was taken to reflect benefit data accurately, discrepancies or errors are always possible. In case of a discrepancy between this booklet and the actual plan documents, the actual plan documents will prevail.

Deductions taken on a 24-deduction cycle

Employee Only	\$49.57	\$53.03
Employee + Spouse	\$469.06	\$476.66
Employee + Child(ren)	\$346.71	\$353.10
Family	\$818.63	\$829.68



Shots: Don't let the flu get you! Griffis/Blessing provides for its' employees flu shots through medical benefits or reimbursement every year.

Additionally, Hepatitis B Series vaccinations are available for any employee who may have exposure to bodily fluids when working on plumbing, cleaning, etc. Either Griffis/Blessing or the site will pay for the series of three shots.

Griffis Blessing, Inc - Medical Insurance

UnitedHealthcare Primary Advantage \$2,000

UnitedHealthcare HSA \$3,000 0%

Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$2,000	\$5,000	\$3,000	\$5,000
Family	\$4,000	\$10,000	\$6,000	\$10,000
Coinsurance				
Member %	20%	50%	0%	30%
Out of Pocket Maximum				
Single	\$6,500	\$10,000	\$4,000	\$10,000
Family	\$13,000	\$20,000	\$8,000	\$20,000
Commonly Used Services				
Primary Care Physician Office Visit	\$0 copay	50% coinsurance	\$0 copay after deductible	30% coinsurance after deductible
Specialist Office Visit	\$100 copay	50% coinsurance	\$0 copay after deductible	30% coinsurance after deductible
Urgent Care	\$50 copay	50% coinsurance	\$0 copay after deductible	30% coinsurance after deductible
Emergency Room	\$250 copay; Deductible + 20%	\$250 copay; Deductible + 20%	\$0 copay after deductible	\$0 copay after deductible
Preventive Care				
Preventive Services	No Charge	50% coinsurance	No Charge	30% coinsurance after deductible
Major Medical Expenses				
Outpatient Surgery	Deductible + 20%	Deductible + 50%	\$0 copay after deductible	30% coinsurance after deductible
Inpatient Hospitalization / Surgery	Deductible + 20%	Deductible + 50%	\$0 copay after deductible	30% coinsurance after deductible
CT scan, PT scan, MRI	Deductible + 20%	Deductible + 50%	\$0 copay after deductible	30% coinsurance after deductible
Prescription Drug Coverage				
Prescription Deductible	\$250 / \$500 (Tier 3 & 4)	\$250 / \$500 (Tier 3 & 4)	Applies to MED Deductible	Applies to MED Deductible
Generic (Tier 1)	\$0 copay	\$0 copay	\$10 copay	\$10 copay
Brand Name (Tier 2)	\$50 copay	\$50 copay	\$35 copay	\$35 copay
Non-Preferred (Tier 3)	\$100 copay	\$100 copay	\$60 copay	\$60 copay
Specialty (Tier 4)	\$250 copay	\$250 copay	N/A	N/A
Mail Order - 90 day Supply	2X Tier Cost	N/A	2X Tier Cost	N/A
Plan Information				
Plan Year	01/01/2023 - 12/31/2023		01/01/2022 - 12/31/2022	
Deductible Period	01/01/2023 - 12/31/2023		01/01/2022 - 12/31/2022	
Deductible Explanation	Embedded		Embedded	
Network Type	ANDJ		AE3K	
Network Name	Choice Plus		Choice Plus	
Member Website	www.myuhc.com		www.myuhc.com	
Customer Service Phone Number	800.782.3740		800.782.3740	

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Deductions taken on a 24-deduction cycle

Employee Only	\$28.56	\$37.09
Employee + Spouse	\$422.82	\$441.59
Employee + Child(ren)	\$307.83	\$323.61
Family	\$751.37	\$778.67

DENTAL PROGRAMS

Griffis/Blessing is proud to offer you a choice between three dental programs.



Griffis Blessing, Inc - Dental Insurance

	MetLife High Plus		MetLife High		MetLife Low	
Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$25	\$25	\$100	\$100	\$100	\$100
Family	\$75	\$75	\$300	\$300	\$300	\$300
Maximum the carrier will pay						
Annual Maximum	\$2,500	\$2,500	\$5,000	\$5,000	\$1,200	\$1,200
Frequencies						
Cleaning	1 in 6 months		1 in 6 months		1 in 6 months	
Exam	1 in 6 months		1 in 6 months		1 in 6 months	
Dental Coverage						
Cleanings	100%	100% of 90 UCR**	100%	100% MAC fee**	100%	100% MAC fee**
Exams	100%	100% of 90 UCR**	100%	100% MAC fee**	100%	100% MAC fee**
X-Rays	100%	100% of 90 UCR**	100%	100% MAC fee**	100%	100% MAC fee**
Sealants	80%	80% of 90 UCR**	80%	80% MAC fee**	80%	80% MAC fee**
Fillings	80%	80% of 90 UCR**	80%	80% MAC fee**	80%	80% MAC fee**
Simple Extractions	80%	80% of 90 UCR**	80%	80% MAC fee**	80%	80% MAC fee**
Root Canal	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**
Oral Surgery	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**
Crowns	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**
Dentures	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**
Bridges	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**
Implants	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**
Orthodontia	50%	50% of 90 UCR**	50%	50% MAC fee**	N/A	N/A
Orthodontia Lifetime Maximum	\$1,500 per person		\$1,000 per person		N/A	
Orthodontia Maximum Age	Dependent children up to age 26. Age limitations may vary by state.		Dependent children up to age 26. Age limitations may vary by state.		N/A	
Out of Network Explanation						
**90th UCR = "Usual, Customary, and Reasonable" fee, 90% of the average rate charged by dentists in a geographic area. **MAC Fee = "Maximum Allowable Charge" fee, based on dentist's geographic area for the same or similar services as determined by MetLife. Out of network dentists are NOT contracted with your dental insurance carrier. After you pay for the service based on your benefit plan, the insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist. In most cases, the out of network dentist does not consider this as payment in full (like an in-network dentist would) and may "Balance bill" you. That is, they may ask you to pay the difference.						
Plan Information						
Waiting Period for Major Services	None		None		None	
Plan Year	01/01/2023 - 12/31/2023		01/01/2023 - 12/31/2023		01/01/2023 - 12/31/2023	
Network Name	PDP Plus		PDP Plus		PDP Plus	
Member Website	https://www.metlife.com/		https://www.metlife.com/		https://www.metlife.com/	
Customer Service Phone Number	800.275.4638		800.275.4638		800.275.4638	

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Deductions taken on a 24-deduction cycle

Employee Only	\$19.85	\$15.39	\$8.66
Employee + Spouse	\$41.08	\$31.84	\$17.91
Employee + Child(ren)	\$45.15	\$35.00	\$19.69
Family	\$64.33	\$49.87	\$28.05

VISION INSURANCE

We are proud to offer you a vision plan.

Superior Vision: Through this plan and their routine vision care products, you now have access to quality care through a diverse network of eye care professionals, including independent vision care locations, and leading retail optical chains including LensCrafters, Target Optical, Pearle Vision, Costco, Walmart, Sam's Club Optical, and many more.



Griffis Blessing, Inc - Vision Insurance

MetLife Vision Plus

MetLife Vision

Vision Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam	\$0 copay	\$45 allowance	\$20 copay	\$45 allowance
Single Vision Lens	100% after \$0 eyewear copay	\$30 allowance	100% after \$25 eyewear copay	\$30 allowance
Lined Bi-Focal Lens	100% after \$0 eyewear copay	\$50 allowance	100% after \$25 eyewear copay	\$50 allowance
Lined Tri-Focal Lens	100% after \$0 eyewear copay	\$65 allowance	100% after \$25 eyewear copay	\$65 allowance
Lenticular Lens	100% after \$0 eyewear copay	\$100 allowance	100% after \$25 eyewear copay	\$100 allowance
Contact Lens Allowance	\$200 allowance (100% if medically necessary)	\$105 allowance (\$210 allowance if medically necessary)	\$100 allowance (100% if medically necessary)	\$80 allowance (\$210 allowance if medically necessary)
Frame Allowance	\$200 allowance after \$0 eyewear copay	\$70 allowance	\$100 allowance after \$25 eyewear copay	\$55 allowance
Frequencies				
Exam Frequency	Once every 12 months		Once every 12 months	
Lens Frequency	Once every 12 months		Once every 12 months	
Frame Frequency	Once every 12 months		Once every 12 months	
Out of Network Explanation				
You pay for services and then submit a claim for reimbursement. The same benefit frequencies for in-network benefits apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.				
Plan Information				
Plan Year	01/01/2023 - 12/31/2023		01/01/2023 - 12/31/2023	
Network Name	VSP		VSP	
Member Website	https://www.metlife.com/		https://www.metlife.com/	
Customer Service Phone Number	800.275.4638		800.275.4638	

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Deductions taken on a 24-deduction cycle

Employee Only	\$6.80	\$3.78
Employee + Spouse	\$11.50	\$6.39
Employee + Child(ren)	\$12.14	\$6.75
Family	\$19.18	\$10.66

SUPPLEMENTAL INSURANCE OPTIONS

THRIVEPASS – FLEXIBLE SPENDING ACCOUNTS

Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take home pay all

with the convenience of a prepaid card. This plan follows the “use it or lose it” rule which states funds must be spent by the participant within the FSA plan year. Unused funds at the end of the plan year are forfeited to the plan.

- A Healthcare FSA (FSA) allows reimbursement of qualifying out-of-pocket medical expenses.
- A Limited Purpose Medical FSA (LPFSA) works with a qualified high deductible health plan (HDHP) and Health Savings Account (HSA). A limited FSA only allows reimbursement for vision and dental expenses.
- A Dependent Care FSA (DCFSA) allows reimbursement of dependent care expenses, such as daycare) incurred by eligible dependents.
- A Commuter FSA (Parking/Transit) allows you to set aside pre-tax funds in separate accounts to pay for qualified mass transit and parking expenses associated with your commute to work.

THRIVEPASS – HEALTH SAVINGS ACCOUNT

An HSA works with a high deductible health plan (HDHP) and allows you to use before-tax dollars to reimburse yourself for eligible out-of-pocket medical expenses for you, your spouse and your dependents which in turn saves you on taxes and increases your spendable income.

APL - GAP

GAP coverage is typically referred to as insurance for your insurance. GAP insurance may cover out-of-pocket expenses not paid by your major medical plan such as deductibles, co-pays and coinsurance.

CHUBB - ACCIDENT

You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. An injury that hurts an arm or a leg can hurt your finances too. That's where Chubb Accident can help. Let Chubb Accident help take care of your bills so you can take care of yourself and your family.

- Chubb Accident pays cash benefits directly to you or anyone you choose regardless of any other coverage you have. Chubb Accident pays extra benefits for injuries resulting from participating in organized sports.

CHUBB - CRITICAL ILLNESS

No one plans on getting sick, but just in case, we've got you covered.

- Guaranteed issue with no health questions.
- You can choose a Face Amount of up to \$30,000.
- Employee, spouse and child coverages are available. Spouse coverage and child(ren) coverage is 50% of the employee face amount.

CHUBB - DISABILITY

Disability insurance helps replace a portion of your income if you are unable to work due to an accident or sickness.

- You can elect a monthly benefit amount up to the lesser of \$5,000 or 60% of your income subject to a monthly minimum benefit of \$200 in increments of \$100.
- Monthly benefit amounts up to \$5,000 are available on a guaranteed issue basis.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

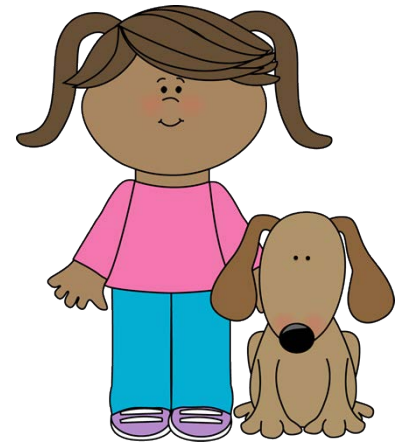
Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Healthcare FSA: Unused funds up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will NOT be returned to you or carried over to the following year.

SUPPLEMENTAL INSURANCE OPTIONS

PET BENEFIT SOLUTIONS – PET PROGRAM

Your pets are part of your family, and you'll do anything to keep them happy and healthy. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!



ESPYR – EMPLOYEE ASSISTANCE PROGRAM

Questco believes the health and wellbeing of all our employees is of critical importance. Our Employee Assistance Program (EAP) offers many services to employees including:

- 24/7 access to services
- A large variety of on-line resources and programs
- No-cost counseling and referral services
- TalkNow® for immediate support from a licensed professional
- Work/Life services including no-cost consultations with attorneys, financial professionals, child and eldercare services specialists and others



Family and Medical Leave Act

Employees who have worked for ERC for at least 12 months and at least 1,250 hours during the prior 12 months may be eligible for an unpaid leave under the Family and Medical Leave Act (FMLA) for the following reasons:

MEDICAL LEAVES

Employee's serious health condition or pregnancy related disability

FAMILY LEAVES

Father's attendance at birth of child

Parent's care of child following birth

Placement of a child with employee for adoption or foster care

Serious health condition of employee's child under 18 years, or older child if disabled

Serious health condition of employee's spouse or parent

A Family or Medical Leave may be taken for up to a maximum of 12 weeks in a 12-month period. ERC uses the "rolling" 12-month period method to calculate the employee's leave year. This means that the first time the employee takes FMLA leave, the employee's leave year begins. Thereafter, each time the employee requests additional FMLA leave, ERC will look backward 12 months and determine how much FMLA leave has been used during that time and how much FMLA leave remains.

Supplemental Life/AD&D (Employee-paid)

Griffis/Blessing offers life and accident insurance employee-paid benefits, which provide a degree of financial support for your family in the event of your serious injury or death. It is important that you name at least one beneficiary for your life and AD&D coverage.

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. You may purchase additional coverage for yourself and your eligible family members.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.



Life Insurance / AD&D (Accidental Death & Dismemberment Insurance)

Employee optional group term life and optional AD&D rates - Guarantee Issue (GI) of \$150,000 to max of \$500,000 or 5x annual salary
Spouse GI is \$50,000 ~GI has one time modified open enrollment for current participants

AGE	Monthly Rate per \$1,000 of coverage	AGE	Monthly Rate per \$1,000 of coverage
<25	\$0.08	50-54	\$0.23
25-29	\$0.08	55-59	\$0.34
30-34	\$0.08	60-64	\$0.48
35-39	\$0.09	65-69	\$0.80
40-44	\$0.12	*70-74	\$1.71
45-49	\$0.16	*75+	\$2.76

Spouse optional group term life rates – BASED ON EMPLOYEE'S AGE & AT 100% OF EMPLOYEE'S ELECTION - GI \$50,000 - Max Amount \$250,000

AGE	Monthly Rate per \$1,000 of coverage	AGE	Monthly Rate per \$1,000 of coverage
<25	\$0.05	50-54	\$0.20
25-29	\$0.05	55-59	\$0.31
30-34	\$0.05	60-64	\$0.45
35-39	\$0.06	65-69	\$0.77
40-44	\$0.09	*70-74	\$1.68
45-49	\$0.13	*75+	\$2.73

Child optional group term life - \$10,000 face amount = \$2.40/month

~Maximum child coverage is \$10,000 regardless of number of children covered

*Benefit reduction schedule of 35% at age 70 and 50% at age 75.



Life is unpredictable. You never know what's around the corner. LegalShield gives you the confidence of knowing whatever comes your way, your provider law firm is there when you need it.

Legal Shield Pre-Paid Legal

Individual Monthly Premium: \$16.95 | Family Monthly Premium: \$18.95

IDShield is the only identity theft protection company armed with a team of licensed private investigators on call to restore your identity.

Employees Can Call Their Provider Law Firm

One of the most important and valuable benefits of the membership is the ability to talk with a lawyer about any personal legal issue employees might encounter.

- Any Personal Legal Matter
 - Phone Call Made On Their Behalf
 - Letter Written On Their Behalf
 - Review A Contract Or Legal Document
 - Will Prepared
 - Assistance With Traffic Citations
 - 24/7 Emergency Access For Covered Situations
 - 25% Preferred Member Discount
- ...and more!

IDShield

Individual Monthly Premium: \$8.95 | Family Monthly Premium: \$18.95

Coverage the will help Protect Against, and Resolve, Identity Theft Issues:

- Identity Theft Advisor
- Credit Report Review
- Consultation/Advice
- Credit Monitoring
- Restoration Services
- Monday - Friday 7am - 7pm CT
- 24/7 Emergency Access for Covered Situations

401-K: How easy is it to make more than just a paycheck, but an investment for the future using G/B's money?

Employees are eligible after 90 days of employment and can put up to 14% of their wages in the 401(k). Participation is optional. Matching contributions are as follows:

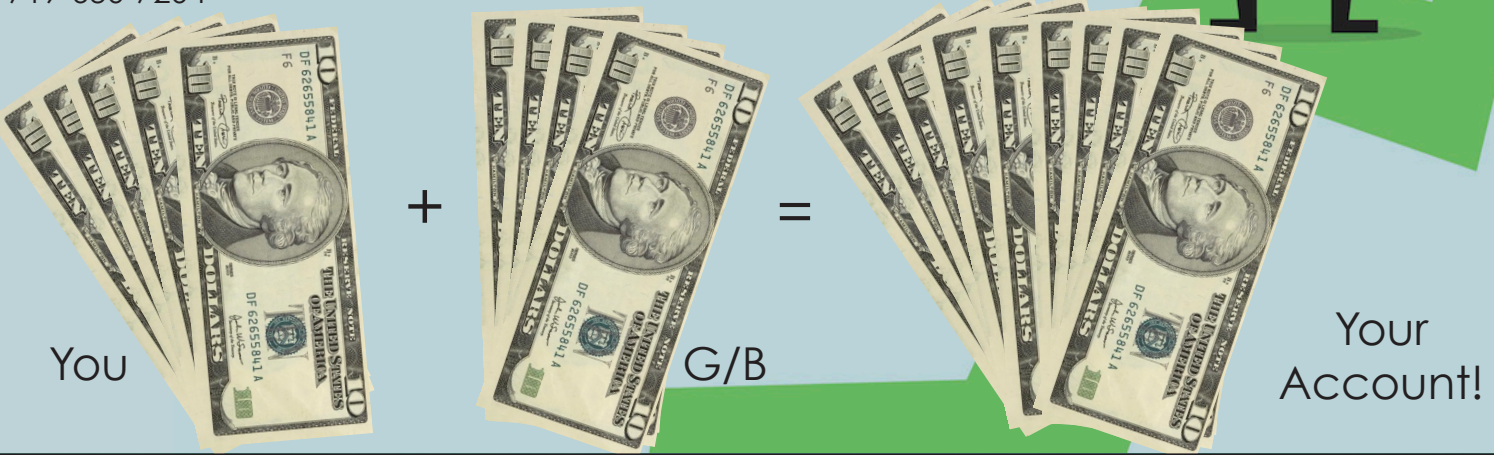
- 3% of salary contributed is matched at 100% dollar-for-dollar
- Next 2% of contributed salary is matched at 50%

This money is not taxed until they take it out in retirement.

For example, if your salary is \$1,000 each pay period and you contribute 5% to the 401(k) Plan (\$50), G/B will contribute (or match) 4% (\$40). In one year, your contributions will equal \$1,300 and GB's match totals \$1,040!

We have an investment advisor that will meet with employees for FREE and at our offices/locations.

Steve Dierks
719-630-7204



TUITION REIMBURSEMENT

Reflecting a commitment to employee-career development, Griffis/Blessing provides a tuition reimbursement program to help employees pay for courses which will benefit their current positions or future positions at Griffis/Blessing.

Education tuition reimbursement is \$1,250 for all full-time employees.

Courses do not have to be directly related to any employee's current job but must be related to Griffis/Blessing's operations.

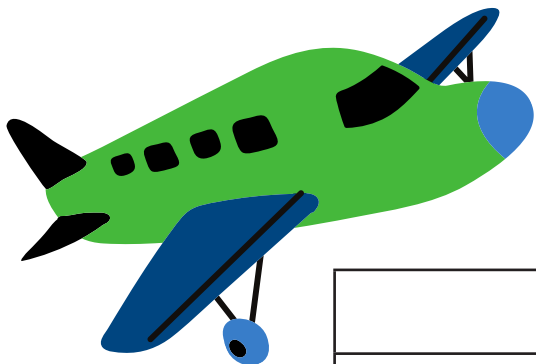
In order to be eligible for the benefit, you must get approval from your supervisor before enrolling in any course if requesting the tuition reimbursement benefit along with documentation detailing the cost of the course(s). Completed courses must earn a "C" or an equivalent satisfactory evaluation to be considered successfully completed.



TIME OFF

Griffis/Blessing offers full and part time employees who work 30 or more hours a week paid time off. Employees can use their time in a variety of ways:

- Enjoy time away from work
- Volunteer
- Take care of themselves when they are sick
- Celebrate their birthday in a special way
- Observe non-company holidays throughout the year



This is how time is accrued and earned depending on your tenure with GB:

	GB Employee Leave Per Year	Accrual Per Hour Worked	Bi-Weekly Accrual
Day 1 - 35 Months	120 Hours	0.05769 Hours	4.62 Hours
Months 36-107	160 Hours	0.07691 Hours	6.15 Hours
Months 108-239	200 Hours	0.09612 Hours	7.69 Hours
Months 240+	240 Hours	0.11538 Hours	9.23 Hours

HOLIDAYS

In addition to PTO, Griffis/Blessing rewards employees with ten* paid holidays:

- New Year's Day (January 1)
- President's Day*
- Memorial Day (May)
- Juneteenth (June 19)**
- Independence Day (July 4)
- Labor Day (September)
- Veterans Day***
- Thanksgiving Day (November)
- Friday after Thanksgiving*
- Christmas Eve/Day (December 24–25)

* President's Day & the day after Thanksgiving: Corporate Office is closed and Properties will be open with a skeleton staff. Employees may use a floating holiday within the two weeks' pay period of the holiday if not able to take holiday off.

**Juneteenth (June 19th): Corporate Offices and Properties will be open with a skeleton staff. Employees may use a Floating holiday within the two-week pay period of the holiday if not able to take the holiday off.

*** Veteran's Day: For all veterans who provide a copy of their DD214.

Multifamily sites are closed on Easter Sunday; however, this is not a paid holiday.



LET US SHOW YOU THE MONEY!!

Cash In with G/B: Griffis/Blessing offers employees the opportunity to receive cash by referring potential tenants, residents, and clients to G/B properties and services:

- **Rental Referrals:** \$50 to the G/B employee for the referral. Give your card to any apartment prospect when you are not at work.
- **Employee Referrals:** Up to \$500 to the G/B employee for a referral who is hired. See your supervisor for details.
- **Construction Referral:** Dependent on the value of the construction fee.
- **Management (Commercial or Residential) Business Referral:** Up to \$1,000.

G/B Anniversary Recognition: Employees receive a Visa gift card every year on their company anniversary.

Longevity Bonuses: Each December, Griffis/Blessing rewards employees with longevity bonuses of \$100 for each full year of employment. Griffis/Blessing also has special recognition for employment milestones. The values of the special anniversary bonuses are as follows:

- **5-Year Recognition: \$500**
- **10-Year Recognition: \$1,500**
- **15-Year Recognition: \$2,500**
- **20-Year Recognition: \$3,500**
- **25-Year Recognition: \$5,000**
- **30-Year Recognition: \$7,500**

