

DENDERA HR & BENEFITS Insurance Services

714.550.9366 Ph. ♦ 714.550.9355 Fax ♦ CA Lic. OD58506 • <u>www.denderagroup.com</u>

SERVICES AGREEMENT

This agreement dated "[Enter Date]" is made By and Between Dendera HR & Benefits, AND "[Enter Company Name]", referred to as "Client" Client agrees to name Dendera HR & Benefits as their Broker of Record in regards to their group health benefits, effective as of "[Enter Effective Date]", and Dendera HR & Benefits agrees to include the complimentary services indicated below as value-added broker services.

Client:				
Contact:				
Address:				
City:		Zip:		
Telephone:		Fax:		
E-Mail:				
Services				
		_		
☐ HR Pract	tices Assessment	Estima	ated Completion Date:	
☐ Customized Employee Handbook		Estimated Completion Date:		
☐ Review C	Current Employee Handbook	Estima	ated Completion Date:	
☐ Training	- Sexual Harassment	Estima	ated Completion Date:	
☐ Training	g – Performance Reviews Estimated Completion Date:		ated Completion Date:	
☐ Training – Supervisory Training		Estimated Completion Date:		
☐ Training	- Other [Please Specify] Estimated Completion Date:			
□ Compensation Program Development Estimated Completion Date:				
☐ Compens	on Program Review Estimated Completion Date:			
☐ HR Hotlir	ne & HRTips	☐ 1 hour ☐ Monthly	□[<u>Enter #]</u> hours □Bi-monthly □Quarterly	
This agreement is entered into and agreed upon by the undersigned. Either party may sever the relationship with 30 -days notice. However, the client will pay the prorated cost of services if the relationship is cancelled prior to the completion of a consecutive 12-month period.				
"[Company Name]"		Dende	Dendera HR & Benefits	
Print Name		Print N	Print Name	
Signature		Signature		
Date		 Date	3	