

Dental Associates

External Hygiene Referral Program: Terms & Conditions

I. Objective

The External Referral Program is designed to encourage persons unaffiliated with Dental Associates, to help Dental Associates attract, hire, and retain the very best Dental Hygienists in Wisconsin.

II. Eligibility

You must be an individual person (i.e., not a business entity), at least 18 years of age, residing in the United States and have a valid social security number to participate in the Program.

II.a. Individuals not eligible for an external referral payment

The following people/entities are not eligible to participate in this program:

- Current Dental Associates employees and their immediate family members
- Business Partners of Dental Associates
- Staffing/recruiting agencies or consultants, or any employee or consultant of

OBJ Dental Associates is contractually obligated to pay a fee for the hiring of an individual referred by, or working for, such third-party

II.b. Non-eligible candidates

You are not eligible for an external referral payment if the candidate you refer is a:

- Self-referral
- Candidate who has already been referred by a current Dental Associates employee
 - Current applicant to Dental Associates (if they have applied to Dental Associates within the last 12 months)
 - Provider of services to Dental Associates (if they have provided services to Dental Associates any time prior to the referral)
 - Former Dental Associates employee
 - Family member of a current Dental Associates employee

III. Payment terms

If you are eligible to participate in the Program, Dental Associates shall pay you an external referral payment in the amount of **\$2,000.00** for a referral, if the referral results in a successful hire of Dental Associates, and such referred employee:

- Acknowledges he or she was referred by you
- Is in good performance standing and no disciplinary action notices have been issued
- Is actively employed by Dental Associates at the time the external referral payments are to be paid
- Was hired for an external referral program eligible position

***If the candidate you refer results in a successful hire of Dental Associates as a part-time employee, eligibility and amount of the external referral payment will be based upon a proration of the referred employee's amount of authorized and regularly scheduled hours.*

If the referral is successfully hired by Dental Associates, you must provide your current address in order to receive the referral bonus.

Dental Associates will issue the external referral payment within 30 days after the referred employee completes 60 days of employment.

Payment will be made on a 1099 basis via company check from Dental Associates. You will receive a Form 1099 for this payment from Dental Associates for tax reporting purposes. No taxes or other withholdings will be reflected in this payment. You should consult with your tax accountant for additional information.

IV. Process to refer candidates

Dental Associates - External
Referral Request Form (Hygienists)



To be eligible for an external referral payment, you must provide the following at the time of your initial submission:

- Your name and contact information (phone number, address and email address)
- The potential candidate's full name and contact information (phone number and email address)
- Your relationship to the potential candidate

V. Additional information, rules, and guidelines

1. Positions qualified for the Dental Associates External Referral Program include: Hygienists.
2. In the event that more than one external person refers the same candidate and such candidate is hired by Dental Associates, the external referral will be awarded to the first referrer based on the time stamp of the submittal. You must be at least eighteen (18) years old at the time you make a referral to participate.
3. You may make unlimited amount of referrals and subsequently receive an unlimited amount of referral payments.
4. The terms and conditions of this external referral program are subject to change or terminate at any time and at Dental Associates' sole discretion.
5. You agree that Dental Associates' total liability under this agreement for any cause of action relating to the subject matter of this agreement (regardless of the nature of such claim) is the lesser of your actual, direct damages or \$2,000.00.

By submitting a candidate for referral, you are agreeing to the terms and conditions outlined by this program.

Dental Associates is proud to be an equal opportunity and affirmative action employer. We are committed to equal employment opportunity regardless of race, color, ancestry, religion, sex, national origin, sexual orientation, age, citizenship, marital status, disability, veteran status or any other employment classification protected by federal and state laws.