

As a Benefits Technologies' client, you enjoy the success that partnering with us and implementing our leading edge technology brings. Share Your Story is an opportunity for you to highlight your company's success. Participating in Share Your Story gives you a platform to showcase and promote your company's strengths as well as your company's position as a leader in your respective industry, while allowing us the opportunity to hold you out as an example to our future clients. In the process, you may realize the following benefits:

- **Promote your organization** – Prospective clients will view you as a committed leader who uses leading edge technologies to find solutions to improve operational efficiency.
- **Gain exposure in the marketplace** – Through a variety of media your company will enjoy some "positive press" that will make your name more familiar to others in the business world.
- **Networking and Relationship Building** - Take advantage of valuable networking with peers in other companies and industries that use your reference input or who may interact with you.

You can participate in a variety of ways:

- **Logo Use & Name Dropping** – Allow us to post your logo on our website and allow our sales representatives to cite you as reference.
- **Case Study** – allow an interview with a writer to highlight the challenges and solutions you experienced during your enrollment experience.
- **Video Testimonial** – allow a film crew to visit you on site to discuss your experience and create documentary footage regarding your enrollment
- **Event or Webinar Speaker** – Participate in webcasts or host a roundtable discussion at a Benefits Technologies sponsored event.

You choose the level and degree of participation. Any materials that reference your firm or use your company name or logo must first be approved by you in writing prior to publication or use. You may choose to not participate at any time by sending us a request in writing, and any references to your company will be withdrawn immediately upon receipt.

Please give your authorization to participate with us by completing the information below.

Company Name: _____

Liason/Contact Name: _____ Contact Phone: _____

(This should be the name of the person most familiar with your enrollment services who can provide reference information)

Signature: _____ Date: _____

