Side 1



# EMPLOYEE DISCOUNT REWARD PROGRAM

Household Registration Form
New 
Update 
Update

| Please I | Print Clearly                      | 1,1011       |  |
|----------|------------------------------------|--------------|--|
|          | ,                                  |              | Phone Number   |
|          |                                    |              |  |
|          |                                    |              |  |
| Status:  | Full Time Part Time                | Date o       | f Hire   |
|          | Store                              | _ Dept       | Email  |
| 2<br>3   |                                    | Relationship | Gold Card number, if any.  Gold Card Number, if applicable |
|          | *Updates-Any new go<br>must comple |              | change in household members end to Main Office.            |

| •,       | rrity's supermarkets      | EMPLO      | Household Reg    | T REWARD PROGRAM GISTRATION FORM Update | Side 1   |
|----------|---------------------------|------------|------------------|---|----------|
|          | Print Clearly             |            |                  |   |          |
| Name     |                           |            | Phon             | e Number                                |          |
| Street A | Address                   |            |                  |   |          |
| City     |                           | Zip _      |                  |   |          |
| Status:  | Full Time Part Time       |            | Date of Hire     |   |          |
|          | Store                     | Dept       | Em               | aail                                    |          |
|          | Number of members in hous | sehold—ple | ease list name a | nd gold card number, if any             |          |
| Name     |                           | Relations  | ship             | Gold Card Number, if ap                 | plicable |
| 1        |                           |            |                  |   |          |
|          |                           |            |                  |   |          |

\*Updates-Any new gold card number(s) or change in household members must complete updated form and send to Main Office.

**CONTINUED ON REVERSE SIDE** 

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## Rules:

- Employees will be eligible for the reward program after 90 days of employment.
- Employees must be employed at date of issuance in order to receive the reward coupon.
- Employment Status must be "active" to receive reward.
- The coupon will be equal to 5% of the prior quarter qualified purchases\* from Gerrity's up to pre-established ceiling targets based on \$50 per household member (4 for full-time; 2 for part-time employees).
- To participate, an employee must have a gold card and must complete a registration form.
- The program is non-transferable: Friends, extended family and those not living in an employee's household are not eligible to receive the reward or contribute purchases. Abuse of this policy will be considered "reward theft" and will result in disciplinary action up to and including termination.
- The coupon will expire if not used within 3 months (90 days) from date of issuance.
- Lost or stolen coupons will not be replaced or reissued.

## \* Exclusions:

- Milk, cigarettes, lottery tickets and other items prohibited by law are excluded.

\*\*\*\*\*\*

| Employee acknowledgment | <b>Emple</b> | ovee | acknov | vledg | ment |
|-------------------------|--------------|------|--------|-------|------|
|-------------------------|--------------|------|--------|-------|------|

| (signature)                         | (date)                                   |
|-------------------------------------|--|
| nanager review:                     |  |
| To the best of my knowledge, the ab | ove information is accurate and correct. |

Side 2

### Rules.

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- Employees must be employed at date of issuance in order to receive the reward coupon.
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\*\*\*\*\*\*

| Empl | loyee | acknow | led | lgment | t |
|------|-------|--------|-----|--------|---|
|------|-------|--------|-----|--------|---|

| (signature)                      | (date)                                     |  |
|----------------------------------|--|--|
| anager review:                   |  |  |
| To the best of my knowledge, the | above information is accurate and correct. |  |

For Office Use Only:

Number of Household Members

Number of Household Members