

STUDENT INTERN AGREEMENT

This Student Intern Agreement, made and entered into this ____ day of ____, 2008 by and between Health Care Options, Inc. and _____ whose social security number is (hereinafter called "Student Intern") who both hereby (in consideration of the mutual covenants of this Student Intern Agreement) agree as follows:

1. Term of Student Intern Agreement

This Student Intern Agreement shall begin on the date designated above and shall continue until terminated in accordance with this section. Health Care Options, Inc. and the Student Intern both reserve and shall have the unconditional right to terminate and cancel this Student Intern Agreement at any time by providing written notice to the other party.

2. Services

The Student Intern agrees to provide services as may be requested by the Health Care Options, Inc. _____ Department including the following:

_____.

The Student Intern understands, acknowledges and agrees that he/she will not normally be requested or allowed to work more than 25 hours per week; however, he/she may work up to 40 hours per week during summer, holiday and semester breaks for not more than 5 calendar years. In no event will the intern be allowed to work more than 25 hours per week for more than 20 weeks in any calendar year or more than 40 hours per week for any week except when there is an emergency certified by the department head.

3. Compensation and Status

The sole compensation which shall be due to the Student Intern shall be the amount of \$_____ per hour for each hour worked by the Student Intern pursuant to this Student Intern Agreement. The Student Intern shall be paid on a bi-weekly basis and Health Care Options, Inc. shall deduct from the amount due to the Student Intern any and all amounts required by law to be deducted including any and all amounts required to be deducted for FICA, federal income taxes, and state income taxes. The Student Intern understands, acknowledges and agrees that he/she be entitled to or receive any of the benefits afforded to employees of Health Care Options, Inc.

The Student Intern understands, acknowledges and agrees that he/she must be enrolled in a post-secondary higher educational institution and be considered full-time by that institution and that this condition must apply within 120 days of all times during the appointment. The Student Intern further certifies that in the event the terms of the enrollment change that he/she will immediately notify the department and that such change or failure to report such change may result in the termination of the contract.

4. Invoicing

Time and activity reports shall be submitted to Health Care Options, Inc. on a bi-weekly basis. Payment for services shall be made at the rate set forth above.

5. Travel

The Student Intern shall be reimbursed in accordance with company regulations for local mileage incurred in performance of services pursuant to this Student Intern Agreement. Other travel expenses shall be borne by Student Intern.

6. Confidentiality

Any information in the records and files of Health Care Options, Inc. and records and files of patients/employees shall be considered confidential by law. Student Intern agrees that he/she will be bound by the provisions of company policy and interpretation of those statutes as if he/she were an "employee" under the terms of those policies.

7. Approval

This contract must be approved by Human Resources office.
In order to make this determination the Student Intern must complete an application.

8. Assignment

This Student Intern Agreement shall be binding and shall inure to the benefit of the parties hereto and shall not be assigned or transferred.

9. Non-Exclusive Contract

It is the understanding by the parties here to that this Student Intern Agreement is not an exclusive one, Health Care Options, Inc. reserving the right to assign similar work to other parties if Health Care Options, Inc. so desires.

Student Intern

Senior Management's Name and Department

Executive Management

Approved - Human Resources

Application for Student Internship

Date: _____

Department _____

INSTRUCTIONS: Type or print answers to all questions.

Social Security number _____ - _____ - _____

Name _____
(Last) (First) (Middle)

Address _____
(Number and Street)

City _____ State _____ Zip _____

Drivers License ID _____ State _____ Birthday _____
(Month) (Date) (Year)

Drivers ID expiration date: _____

Home Phone No. _____ Cell No. _____ E-Mail: _____
(Area code) (Area code)

Department/Division in which you are applying to work: _____

Education: High school attending _____

Have you ever been convicted of a crime after your 18th birthday? _____ Yes _____ No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation.

CERTIFICATION: I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith.

SIGNED: _____ DATE: _____