



Agreement & Voluntary Authorization to Reimburse Health Insurance Premiums

I understand and acknowledge Simpson Manufacturing Co., Inc. (the "Company") paid my share of my group health insurance premiums, which includes supplemental coverages if applicable, during my unpaid leave of absence ("Leave"). I acknowledge the amount paid by the Company was for my benefit.

The dates of my Leave were from _____ to _____.

During this time, the amount of premiums the Company paid on my behalf was:

\$_____ total (\$_____ per pay period).

I hereby voluntarily authorize the Company to deduct up to a maximum of \$_____ (which represents up to 50% of the per-pay-period amount due) from my paychecks to repay the Company for my share of the health insurance premiums the Company paid on my behalf during my Leave. I understand a deduction will not be taken if my paycheck net amount is less than \$400, before taking into account this repayment deduction.

I authorize the Company to continue these payroll deductions until the Company is repaid in full for my share of health insurance premiums it paid on my behalf during my Leave. If I leave the Company for any reason before I have repaid the full amount of my debt to the Company, then I further agree to repay the outstanding balance within ten (10) business days of my separation from the Company.

ACKNOWLEDGEMENT

I have read this Agreement, understand it, and am voluntarily signing it.

Employee Printed Name

On behalf of Simpson Manufacturing Co., Inc.

Employee Signature

HR Signature

Dated: _____

Dated: _____