

The Employee Stock Purchase plan (ESPP)

Allows eligible associates to purchase CBIZ, Inc. common stock at a 15% discount, within an established annual limit, through payroll deduction. Before enrolling in the plan, please read the Plan Prospectus and Plan Document carefully, both are posted at www.cbizesc.com and may be printed for convenience.

Eligibility	<ul style="list-style-type: none"> • An employee of CBIZ Inc, or any parent or participating subsidiary; • Customarily work more than five months per calendar year and for more than 20 hours per week (or have been hired to work this schedule or more); • Have been employed by the Company for at least 90 days prior to the beginning of a purchase period or were already participating in the Stock Investment Plan when the plan was replaced with the ESPP; • Do not own 5% or more of the total voting power or value of the Company, any parent or subsidiary of the Company.
Enrollment	<ul style="list-style-type: none"> • After achieving eligibility, you may logon at www.cbizesc.com to print plan materials and the CBIZ ESPP Election Form. • If you wish to enroll in the Plan, you must complete and submit the CBIZ ESPP Election Form to your Payroll Specialist. Please contact your HR Contact if you need assistance with the Form. • Every effort will be made to begin your payroll deduction for a specific payroll cycle if your Form is received by your Payroll Specialist at least seven business days prior to the end of the payroll period. • You may enroll anytime after achieving eligibility.
Confirmation of Enrollment	<ul style="list-style-type: none"> • Upon receipt of your Election Form, the Payroll Specialist will verify your eligibility. • The Payroll Specialist will confirm your hire date and actual working hours over the past six month period. If you have only achieved 90 days of service with CBIZ, the Payroll Specialist will verify the work schedule you have been assigned with the Human Resources Contact for your location. • If you have not achieved 90 days of service or are not scheduled to work at least five months, you will be notified by the Payroll Specialist that you are ineligible to participate. • You are required to submit a new Election Form if/when you achieve eligibility.
Employee Contributions	<ul style="list-style-type: none"> • You may contribute at least \$25 of each paycheck on an after-tax basis. You may increase or decrease your contribution only once during a "Purchase Period". • Your total maximum contribution in any one calendar year is \$25,000. CBIZ pays the discounted portion, included in the maximum, so the employee contribution maximum is \$21,250.
Increasing or Decreasing Contributions	<ul style="list-style-type: none"> • You may change your contribution amount by completing a new Election Form and returning the form to your Payroll Specialist. • The change will be processed as soon as administratively possible after receipt; every effort will be made to orchestrate this change before the next payroll if your Election Form is received by your Payroll Specialist at least seven business days prior to the end of the payroll period. • You may change your contributions only once per "Purchase Period".
Selling Shares and Disqualifying Dispositions	<ul style="list-style-type: none"> • There is a mandatory holding period of one year on any purchase of discounted shares. • If you choose to sell shares before a two year period from the date of purchase, any earnings achieved through that sale are considered taxable income. Your W-2 will reflect these earnings under Box 1 in the tax year your shares were sold. • Any fees associated with transferring your shares or selling your shares are paid by the participant.

*Effective August 15, 2007, the CBIZ Employee Stock Investment Plan was replaced with the CBIZ Employee Stock Purchase Plan or ESPP. The CBIZ Employee Stock Investment Plan terminated on 8/14/2007.

Updated: 1.31.2011 CBIZ, INC.

Employee Stock Purchase Plan (ESPP)*
ELECTION FORM

Please print all items except signatures.

NAME: _____

DATE OF HIRE: _____

A. ENROLLING IN THE PLAN: (complete sections A, E and F)

I AM A CURRENT REGISTERED STOCKHOLDER – My 10-digit Stockholder Account No. is

I AM A CURRENT REGISTERED STOCKHOLDER but do not have my account number.

I am a current Stockholder and wish to enroll in the Plan and have \$_____ (\$25 minimum) automatically withdrawn as a payroll deduction each pay period effective _____ (date).**

I am a current stockholder, am enrolled in the Plan, and wish to make additional cash investment of \$_____ (\$100 minimum). I have included a check made payable to "Computershare Investor Services as Agent for CBIZ ESPP." Cash investments do not need to be submitted to your Payroll Specialist, rather cash investments can be mailed directly to Computershare at the following addresses: STANDARD DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, P.O. Box 43021, Providence, RI 02940, OVERNIGHT DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, 250 Royall Street, Canton, MA 02021.

I am a current stockholder, am not enrolled in the Plan, and wish to make additional cash investment of \$_____ (\$100 minimum). I have included a check made payable to "Computershare Investor Services as Agent for CBIZ ESPP." Cash investments do not need to be submitted to your Payroll Specialist, rather cash investments can be mailed directly to Computershare at the following addresses: STANDARD DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, P.O. Box 43021, Providence, RI 02940, OVERNIGHT DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, 250 Royall Street, Canton, MA 02021.

** I agree to the deduction for the purpose of purchasing CBIZ, Inc. common stock as defined by the terms and conditions of the Plan. This authority remains in effect until I cancel it in writing. **Please verify authorization by signing below in Section F.**

I AM NOT A CURRENT REGISTERED STOCKHOLDER (For new investors or investors that have stock held by a Broker)

I am not a current Stockholder and wish to enroll by having \$_____ (\$25 minimum) automatically withdrawn as a payroll deduction each pay period.**

I am not a current stockholder, am not enrolled in the Plan, and wish to make a cash investment of \$_____ (\$100 minimum). I have included a check made payable to "Computershare Investor Services as Agent for CBIZ ESPP." Cash investments do not need to be submitted to your Payroll Specialist, rather cash investments can be mailed directly to Computershare at the following addresses: STANDARD DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, P.O. Box 43021, Providence, RI 02940, OVERNIGHT DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, 250 Royall Street, Canton, MA 02021.

** I agree to the deduction for the purpose of purchasing CBIZ, Inc. common stock as defined by the terms and conditions of the Plan. This authority remains in effect until I cancel it in writing. **Please verify authorization by signing below in Section F.**

B. CHANGE OF CURRENT ELECTION:

I am currently a Stockholder making payroll contributions, and want to increase or decrease my current election. I wish to change my election to \$_____ (\$25 minimum) automatically withdrawn as a payroll deduction each pay period.**

** I agree to the deduction for the purpose of purchasing CBIZ, Inc. common stock as defined by the terms and conditions of the Plan. This authority remains in effect until I cancel it in writing. **Please verify authorization by signing below in Section F.**

C. TERMINATION OF PLAN PARTICIPATION: (complete sections C and F)

I am a current Stockholder and wish to stop automatic payroll deductions in the Plan effective _____ (date).

D. ACCOUNT REGISTRATION AND MAILING ADDRESS/TYPE OF ACCOUNT:

(Choose Only One) – Provide all requested information. Corporation, Partnership, or other Entity: Please contact Computershare Investor Services if you have questions regarding proper registration.

Joint Will be presumed to be joint tenants unless restricted by applicable state law or otherwise indicated. Only one social security number is required for tax reporting.

Custodial A minor is the beneficial owner of the account with an adult Custodial managing the account until the minor reaches legal age, as specified in the Uniform Gift to Minor's Act or Uniform Transfer to Minor's Act. If the state of residence is New Jersey, it must be specified which Uniform Act is to be used.

Trust: Account is established in accordance with the provisions of a trust agreement.

E. ACCOUNT ADDRESS AND TELEPHONE NUMBERS:

Street or PO Box

Apartment, Building or Suite Number

City State Zip

Please provide your day and evening phone numbers to assist
us in processing your enrollment:

Daytime Phone: (____) _____

Evening Phone: (____) _____

I am a citizen of: () the United States
() **Other** _____

For payroll deduction or cash investment	Cash Investments ONLY		
() Individual/Joint	() Custodial	() Trust	() Corporation, Partnership or Other Entity
Owner's MI Last Name First Name (employee name must be 1 st if from payroll)	Custodian's MI Last Name First Name	Trustee Name	Business Name
Joint Owner's MI Last Name First Name	Minor's MI Last Name First Name	Date of Trust (MM/DD/YY)	
Joint Owner's MI Last Name First Name	Minor's State of Residence For New Jersey residence only, please specify () Uniform Gift to Minor's Act, or () Uniform Transfer to Minor's Act	Trust Name	
Social security number (of the 1 st owner's name)	Social security number (of the Minor's)	Tax Identification number for the Trust	Tax Identification number for the Corporation, Partnership or Other Entity

F. SIGNATURES

IMPORTANT: ALL JOINT OWNERS MUST SIGN

By completing and signing this form, I certify that I have received and read the Prospectus describing the CBIZ Employee Stock Purchase Plan (ESPP) and hereby request that the above account be enrolled in the Plan. I understand that participation is subject to the terms and conditions of the Plan as set forth in the Prospectus and that enrollment may be discontinued at any time in accordance to the Plan.

Under penalties of perjury, I certify that: A.) The number shown in Section E of this form is the correct Social Security Number or Tax ID Number; B.) I am not subject to backup withholding, either because (1) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (2) the IRS has notified me that I am no longer subject to backup withholding.

Stockholder Signature **Date**

2nd Stockholder Signature **Date**
(If joint ownership)

3rd Stockholder Signature **Date**
(If joint ownership)

This form is for CBIZ purposes. Please complete, sign, date and forward to the Payroll Specialist for your location. If enrolling for the first time, this form will authorize a deduction to be established in Payroll. If you are changing or stopping your election, upon receipt by your Payroll Specialist, this form will authorize your change to be executed in Payroll. Completed Computershare forms are retained in your Personnel File. Please contact the Employee Service Center with further questions at 1-877-227-4372.

Agent contact information:

Computershare Investor Services
(866) 278-0291