
*** TX REPORT ***

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RECIPIENT ADDRESS 6512663705
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ST. TIME 11/25 10:53
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Edina, MN 55439 USA
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Fax

To: Kathryn Cha / Ramsey County **From:** RICH BEHARE

Fax: 651.266.3705 **Pages:** SIX Includes Cover Sheet

Phone: 651/266-4689 **Date:** 25 NOV 2009

Re: Youa Vang - Employment Status Verify **cc:** Lisa @ 612.395.5574

Urgent For Review Please Comment Please Reply Please Recycle

● **Comments:**

INFO AS REQUESTED!
Rich

Employment Status Verification

DATE: 25 NOV 2009

TO: Employer _____
 Address _____
 City _____

RICHARD BEHARE
PAYROLL ADMINISTRATOR
EMPLOYER SOLUTIONS STAFFING GROUP II
 7301 OHMS LANE, SUITE 405
 EDINA, MN 55439
 952-835-1288 OFFICE
 952-835-4881 FAX
 FEIN #262726508

RE: Employee Youna Vang SSN 474.45.0286 Case # 1254433
 Address 967 Reaney Ave. #1
 City St. Paul State MN Zip 55106

Please complete the employment information, including income and schedule info, and/or termination information requested on the back of this form. This employment information is needed to determine this person's eligibility for services from our agency. As noted below, the employee has authorized you to release this information

REQUESTING AGENCY: Please send the completed form to:

Worker Kathryn Cha Phone # (651) 266-4689 Fax # (651) 266-3105
 Agency Ramsey County Human Services
 Address 160 E. Kellogg Blvd. City St. Paul State MN Zip 55101

Authorization for Release of Information

Giving Permission: I give permission for the above employer to release the requested information to the requesting agency. This information is used to figure my eligibility for services from this agency.

Consequences: State and Federal privacy laws protect my records. I know:

- Why I am being asked to release this information
- I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent.
- That generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it.
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested.
- The person or agency that gets my information may be able to pass it on to others.
- If my information is passed on to others, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

~~Employee Signature~~ Youna Vang Date 11-19-09
 Signature of Spouse/Guardian or Authorized Representative _____ Date _____

EMPLOYMENT DETAILS: **YOUNA VANG**

Job Title: TEMP WORKER Start Date: 09-29-2008 Hourly Pay Rate: \$ 8.00
 Pay Period End Date: 1st Check: 10-5-08 Date Rcvd: 1st Check: 10-10-08 Date Rcvd: 2nd Check: 10-17-08
 This job is (please circle:) Permanent or Temporary Estimated Hours/Week: VARIES
 A typical two-week schedule for this employee is: (please record daily start & end times)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week One							
Week Two							

5:00 AM → 1:30 PM

MEDICAL/DENTAL COVERAGE: NOT ENROLLED - SEE INFO SHEET

Is medical insurance available through your company? Yes No
 Name of Insurer: PAI ESSENTIAL STAFF CARE Group # 219 301-EMP
 Employer # N/A
 What part of the monthly premium does the employee pay? \$ N/A
 Coverage is for (please circle): Employee Spouse Dependents Coverage Start Date: _____

TERMINATION OR LEAVE OF ABSENCE DETAILS: N/A

Termination:
 Date Employment Ended: _____ Date Last Check Rcvd: _____ Amount: \$ _____
 Reason: _____
 Is this employee eligible for re-employment? Yes No If yes, when? _____
 Leave of Absence:
 Date leave began: _____ Expected return date: _____
 Reason for leave: _____
 Any Disability Benefits available while on leave? _____

INCOME VERIFICATION: please list the dates and amounts of all pay checks issued to this employee (or attach a print-out) for the following period: 11/09 through CURRENT.

Date Actually Paid	Pay Period Ending Date	Gross Wages	Tips	Other
	<u>PLEASE</u>			
	<u>SEE</u>			
		<u>FOLLOWING</u>		
			<u>REPORT</u>	

Check here if printout or separate sheet attached:
 Printed Name of Employer Representative: RICHARD BEHARE
 Title PAYROLL ADMIN Phone Number 952/835-1288
 Signature Richard Behare

NOT ENROLLED

KEEP FOR YOUR RECORDS

Group Number 219301 - EMP

Medical/Rx Benefits

Annual Maximum Benefit (per person, all expenses) **\$10,000**
 Annual Outpatient Limit **\$1,500**
 Annual Maximum on Other Hospital Services **\$1,500**
 Co-insurance (in-network or out-of-network) **80%**
 Doctor's Office Visits (deductible does not apply) **100% of bill after a \$15 co-pay (subject to Outpatient Limit)**

Beech Street Network www.beechstreet.com

Individual Annual Deductible **\$200**
 Family Annual Deductible **\$500**
 Daily Room & Board Maximum **\$400**
 Daily ICU Room & Board **\$800**

Prescription Drug Benefits

80% co-insurance
 Subject to Outpatient Limits and Annual Deductible

Caremark Network www.caremark.com

Built In Vision Network

Cole Managed Network www.colemanagedvision.com

Through the Vision One Eyecare Program® under the Cole Managed Vision network, plan members may receive discounts on vision care and prescription eyewear. The national network of providers includes quality locations featuring convenient hours. For discounts, choose Pearle Vision, Sears Optical, Target Optical, JC Penney and thousands of independent optometrists.

Weekly Rates

Employee Only	Employee Plus One	Employee Plus Family
\$18.82	\$38.19	\$51.00

Accidental Death and Dismemberment Benefit (part of the Medical Benefits)

Employee Amount	\$10,000/Reduces to \$7,500 at 65, \$5,000 at age 70
Spouse Amount	\$ 5,000/Reduces to \$3,750 at 65, \$2,500 at age 70
Child Amount (6 months to 24 years old)	\$ 5,000
Infant Amount (15 days to 6 months)	\$ 1,000

Dental Benefits

Annual Maximum Benefit	\$750
<i>Waiting Period</i>	<i>Co-insurance</i>
Coverage A None	100%
Coverage B 3 months	60%
Coverage C 12 months	50%

DenteMax Network www.dentemax.com

Deductible **\$50**
 Exams, Intraoral Films and Bitewings
 Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures
 Periodontics, Crowns, Bridges, Endodontics and Dentures

Weekly Rates

Employee Only	Employee Plus One	Employee Plus Family
\$5.99	\$11.98	\$19.77

Short-Term Disability Benefits

Benefit 60% of salary up to \$150 per week
 Waiting Period and Maximum Benefit Period 7 days / 26 weeks
 Employee Only Weekly Rate **\$4.20**

Term Life Benefits

Employee Amount	\$10,000/Reduces to \$7,500 at 65, \$5,000 at age 70
Spouse Amount	\$ 5,000/Terminates at age 70
Child Amount (6 months to 24 years old)	\$ 5,000
Infant Amount (15 days to 6 months)	\$ 1,000

Weekly Rates

Employee Only	Employee Plus One	Employee Plus Family
\$0.60	\$0.90	\$1.80

MUST BE ENROLLED

Payroll History Listing

Corporation #: 500 Employer Solutions Staffing Group II

From P/E Date: 11/1/2009 To P/E Date: 11/22/2009

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Job Order	Company Name	Check #	Date	Check	Gross Amount	Hours
Employee Code/ Name:	104077 Vang, Youa					
100362	Illume Candles, Inc.	29836	11/6/2009		165.84	20.73
100362	Illume Candles, Inc.	30414	11/13/2009		128.80	16.10
100362	Illume Candles, Inc.	30924	11/20/2009		50.40	6.30
Employee Code/ Name: 104077 Vang, Youa					345.04	43.13
Grand Totals					345.04	43.13

Payroll Register

Corporation #: 500 Employer Solutions Staffing Group II

From P/E Date: 11/1/2009 To P/E Date: 11/22/2009

Sort Code 1: 50	Sort Code 2: CM Corp Mgmt	Pay Description	Hours	Rate	Amount	Tax	Taxable	Tax
Empl Code / Name					Amount	Auth	Wages	Amount
104077	Gross:	165.84 Regular	20.73	8.00	165.84	WH	165.84	0.00
Vang, Youa	Net:	153.16				FICA	165.84	-10.28
Control # 21535	Check #:	29836				MED	165.84	-2.40
P/E Dt 11/1/2009	Chk Dt:	11/6/2009				SWH	165.84	0.00
	Gross:	128.80 Regular	16.10	8.00	128.80	WH	128.80	0.00
	Net:	118.94				FICA	128.80	-7.99
Control # 21556	Check #:	30414				MED	128.80	-1.87
P/E Dt 11/8/2009	Chk Dt:	11/13/2009				SWH	128.80	0.00
	Gross:	50.40 Regular	6.30	8.00	50.40	WH	50.40	0.00
	Net:	46.55				FICA	50.40	-3.12
Control # 21572	Check #:	30924				MED	50.40	-0.73
P/E Dt 11/15/2009	Chk Dt:	11/20/2009				SWH	50.40	0.00

Payroll Register

Corporation #: 500 Employer Solutions Staffing Group II

From P/E Date: 11/1/2009 To P/E Date: 11/22/2009

VANG, YOUA

Grand Totals

Pay Description	Hours	Rate	Amount	Tax Auth	Jur	Taxable Wages	Tax Amount	Ded Description	Amount
Regular	43.13		345.04	WH	US	345.04	0.00		
Total Pay	43.13		345.04	FICA	US	345.04	-21.39		
*** Total # of Checks:		3		MED	US	345.04	-5.00		
*** Total Net of Checks:		318.65		SWH	MN	345.04	0.00		
*** Total Gross of Checks:		345.04		Total Taxes			-26.39		

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