



Importante/Importante

LOST OR STOLEN PAYCHECKS

If a paycheck is **lost** (*missing, misplaced, destroyed, lost in the mail, etc.*), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between \$25-\$35.

If your paycheck was **stolen**, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the policy report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

CHEQUES DE PAGO PERDIDOS O ROBADOS

Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre \$ 25 - \$ 35.

Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

—AGREED/SE ACUERDA—

Name/Nombre (con letra de molde):

Heidi Goeringer

Signature/Firma:

**Notification of Colorado Law Requirement –
Unemployment Acknowledgement**

According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

It is your responsibility to contact or notify ESSG (For example, by calling 303-920-1425, or using another means of contact) once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify ESSG once an assignment ends. I also acknowledge that I have received a separate copy of this form. HG (Initial)

Employee Signature: _____
 Employee (please print your name here) Heidi Goerz
 Date: 11/25/2014

EMPLOYEE INFORMATION (Must Be Filled Out) ENROLLMENT FORM - PLAN 2

Do you or any dependents have Medicare? Yes No If Yes: Medicare Health Insurance Claim Number (HICN) _____ Medicare Effective Date _____

- Names of Covered Person(s) _____
- _____
- _____

Social Security Number 213-39-9785
 Date of Birth 04/14/1993 Sex M F
 Name Heidi L Goeringer
 Street Address 9789 Allison Way
 City Westminster State CO Zip 80021
 Home Phone 303-505-4375

BENEFIT SELECTION



Weekly Rates

- NO to MEDICAL, TERM LIFE, and STD benefits.
- \$20.91 Employee Only
 \$42.44 Employee + One
 \$56.67 Employee + Family

DENTAL



- \$5.99 Employee Only
 \$11.98 Employee + One
 \$19.77 Employee + Family
- NO

TERM LIFE



- \$0.60 Employee Only
 \$0.90 Employee + One
 \$1.80 Employee + Family

SHORT-TERM DISABILITY



- YES
 NO \$4.20 Employee Only

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

Signature

[Handwritten Signature]

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

Date

11/25/2014

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

Accidental Death & Dismemberment is part of the Term Life Benefit.

REQUIRED DEPENDENT INFORMATION

You MUST enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

Name _____
 Social Security Number _____
 Date of Birth _____ / _____ / _____ Sex M F
 Relationship: Spouse Child Domestic Partner

Name _____
 Social Security Number _____
 Date of Birth _____ / _____ / _____ Sex M F
 Relationship: Spouse Child Domestic Partner

Name _____
 Social Security Number _____
 Date of Birth _____ / _____ / _____ Sex M F
 Relationship: Spouse Child Domestic Partner

STOP Employer Completes Next Page STOP

Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)		First Name (Given Name)		
Signature of Preparer or Translator:		Date (m/d/yyyy):		

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

Signature of Employee:	Date (m/d/yyyy):
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance:

Foreign Passport Number:

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

2. Form I-94 Admission Number:

OR

1. Alien Registration Number/USCIS Number:

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

(See instructions)

An alien authorized to work until (expiration date, if applicable, m/d/yyyy). Some aliens may write "N/A" in this field.

A lawful permanent resident (Alien Registration Number/USCIS Number):

A noncitizen national of the United States (See instructions)

A citizen of the United States

I attest, under penalty of perjury, that I am (check one of the following):

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Date of Birth (m/d/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number	
Last Name (Family Name)		First Name (Given Name)		Middle Initial		Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number		City or Town		State	
Zip Code		City or Town		State		Zip Code	

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

SOCIAL SECURITY

HEALTH & HUMAN SERVICES
DEPARTMENT OF THE TREASURY
213-39-9785

THIS NUMBER HAS BEEN ESTABLISHED FOR
HEIDI LYNN GOERINGER

Heidi Lyn Goeringer
SIGNATURE

Colorado
Driver License

08-204-0313 Expires: 04-14-2019
Class: R Issued: 07-28-2014
DOB: 04-14-1993
End: Rest: Previous Type: M
Ht: 5'04" Wt: 110 Eyes: GRN Sex: F



HEIDI LYNN GOERINGER
9885 W 97TH DRIVE
WESTMINSTER, CO 80021

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security E-Verify Report Prepared: 11/26/2014 Page: 1 of 1

Case Verification Number: 2014330112452JF

Case Information:

Employee Information:

Last Name:	Goeringer	First Name:	Heidi
Middle Initial:	L	Other Names Used:	
Social Security Number:	*** ** 9785	Date of Birth:	04/14/1993
Citizenship Status:	A citizen of the United States	Email Address:	hlgoeringer@gmail.com
Document Information:			
List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	04/14/2019
Alien Number:		I-94 Number:	
Additional Information:			
Hire Date:	11/25/2014	Employer Case ID:	
Three-Day Rule Reason:	ACH6751	Three-Day Rule - Other:	
Submitted By:		Submitted On:	11/26/2014

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:

Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By:

Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.
ACHE6751
Closed On: 11/26/2014

SENSITIVE BUT UNCLASSIFIED