

# ENROLLMENT FORM

## REQUIRED EMPLOYEE INFORMATION

**PRINT USING BLACK or BLUE INK  
(Must Be Filled Out)**

Social Security Number 483-15-7619

Date of Birth 01/14/1989 Sex  M  F

Name Taylor Kreider

Street Address 701 3rd St.

City St. Paul Park State MN Zip 55071

Home Phone 651-815-1636

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)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## REQUIRED DEPENDENT INFORMATION

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

## 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.

## OPTION 1

### FIXED INDEMNITY PLAN

Weekly Rate

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

### FIXED INDEMNITY MEDICAL

\$20.91 Employee Only

\$42.44 Employee + 1

\$56.67 Employee + Family

NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

### DENTAL

\$5.99 Employee Only

\$11.98 Employee + 1

\$19.77 Employee + Family

NO

### TERM LIFE

YES \$0.60 Employee Only

YES \$0.90 Employee + 1

NO \$1.80 Employee + Family

### SHORT-TERM DISABILITY

YES

\$4.20 Employee Only

NO

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

## OPTION 2

82193010-M-EMP

### MEC WELLNESS/PREVENTIVE PLAN

Monthly Rate

\$58.87 Employee Only

\$87.73 Employee + 1

\$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan

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.

Signature Taylor Kreider

Date 07/10/2015

# Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

|          |   |          |          |
|----------|---|----------|----------|
| <b>A</b> | Enter "1" for yourself if no one else can claim you as a dependent . . . . .  | <b>A</b> | <u>1</u> |
| <b>B</b> | Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>  | <b>B</b> | <u>0</u> |
| <b>C</b> | Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .   | <b>C</b> | <u>0</u> |
| <b>D</b> | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> | <u>0</u> |
| <b>E</b> | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .   | <b>E</b> | <u>0</u> |
| <b>F</b> | Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .  | <b>F</b> | <u>0</u> |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul> | <b>G</b> | <u>0</u> |
| <b>H</b> | Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶   | <b>H</b> | <u>0</u> |

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

|   |  |   |   |  |
|---|--|---|---|--|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service   |  | <b>Employee's Withholding Allowance Certificate</b> |   | OMB No. 1545-0074<br><b>2015</b>             |
| ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.   |  |   |   |  |
| 1 Your first name and middle initial<br>Taylor M.   |  | Last name<br>Kreider                                |   | 2 Your social security number<br>483-15-7619 |
| Home address (number and street or rural route)<br>701 3rd St   |  |   | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |  |
| City or town, state, and ZIP code<br>St. Paul Park MN, 55071  |  |   | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>   |  |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  |  |   |   | 5 <u>0</u>                                   |
| 6 Additional amount, if any, you want withheld from each paycheck   |  |   |   | 6 \$ <u>0</u>                                |
| 7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ |  |   |   | 7 <u>0</u>                                   |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.   |  |   |   |  |
| Employee's signature<br>(This form is not valid unless you sign it.)  |  |   |   | Date ▶ 02/10/15                              |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)   |  | 9 Office code (optional)                            |   | 10 Employer identification number (EIN)      |



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Leveraging Resources in a Changing Market

## Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.  
If you do not provide a written election, wages will be paid by Payroll Debit Card.

### SECTION 1 BASIC INFORMATION

|  |                      |                |
|--|----------------------|----------------|
| Employee Name<br><b>Taylor Kreider</b> | SSN# (last 4 digits) | Effective Date |
|--|----------------------|----------------|

### SECTION 2 PAYROLL ELECTION

- Direct Deposit (Please complete Sections 3 and 5 below)
- Payroll Debit Card (Please complete Sections 4 and 5 below)

### SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name: \_\_\_\_\_

Routing#: \_\_\_\_\_

Account#: \_\_\_\_\_

Account Type:  Checking  Savings  Other \_\_\_\_\_

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial \_\_\_\_\_ Date \_\_\_\_\_

- To help us avoid making an error, please at \_\_\_\_\_
- If you change banks, do not close your old \_\_\_\_\_ (deposit slip will not work) \_\_\_\_\_ which may take 2 pay periods.

### SECTION 4 PAYROLL DEBIT CARD

Federal law requires all financial institutions request a Payroll Debit Card for you, we may request you do not submit a Direct Deposit/Payroll Card to pay your wages. For your protection, we will verify your identity.

Except for the routing and account number transactions. On your first payday, you will then sign acknowledging that you received wages.

Same cash Global Card Gregory's

person who opens an account. In order to request a Payroll Debit Card, you must provide identification information to identify you. If you do not provide identification information, we will not issue you a Payroll Debit Card. You will be responsible for all of the terms and conditions. You will be reloaded on each payday you receive wages.

### CARDHOLDER INFORMATION (as of \_\_\_\_\_)

|  |             |                        |
|--|-------------|------------------------|
| First Name _____                             | M.I. _____  | Date of Birth _____    |
| Street Address (PO BOX NOT ACCEPTABLE) _____ |             | Social Security# _____ |
| City _____                                   | State _____ | Zip _____              |

GET TEXT ALERTS, when your paychecks are deposited into your account, we will text you. All we need to know your cell phone service provider and mobile number above. Service provider is: \_\_\_\_\_

### RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

|  |                                    |
|--|------------------------------------|
| Payroll Debit Card Routing #<br><b>073972181</b> | Payroll Debit Card Account # _____ |
|--|------------------------------------|

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). \* E-mail is required for pay stub information.

\*E-mail: \_\_\_\_\_@\_\_\_\_\_ this information will only be used to send your paystubs electronically

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_