

**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.

Closed By:

RMJ/R3676

Closed On:

02/04/2015

**SENSITIVE BUT UNCLASSIFIED**

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
 Report Prepared: 02/04/2015  
 Page: 1 of 1

Case Verification Number: 2015035120321MA

**Case Information:**

**Employee Information:**

Last Name: La  
 First Name: Bill  
 Middle Initial:  
 Social Security Number: \*\*\* \*\* 4683  
 Citizenship Status: A citizen of the United States  
 Document Information:  
 List B Document: Driver's license or ID card issued by a U.S.  
 Document Name: Driver's license  
 State or outlying possession:  
 Document State: Minnesota  
 Document Expiration Date: 06/10/2016  
 Alien Number:  
 Additional Information:  
 Hire Date: 02/04/2015  
 Three-Day Rule Reason: RBUR3676  
 Submitted By:  
 Initial Case Result:  
 Employment Authorized

**Employee Referred to SSA:**

Referred By:  
 Case Result:  
 Case Result from SSA (after SSA Tentative Nonconfirmation):  
 Response Date:

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

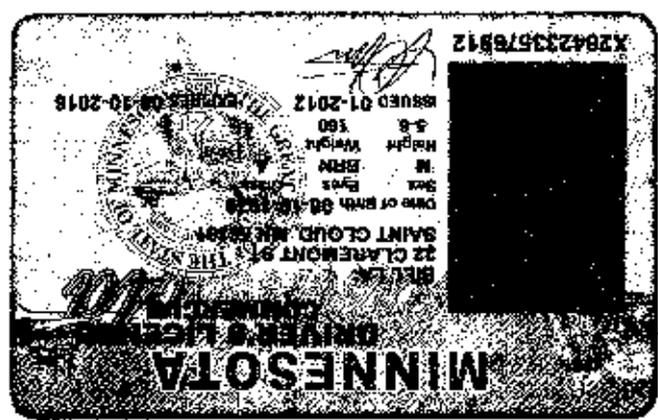
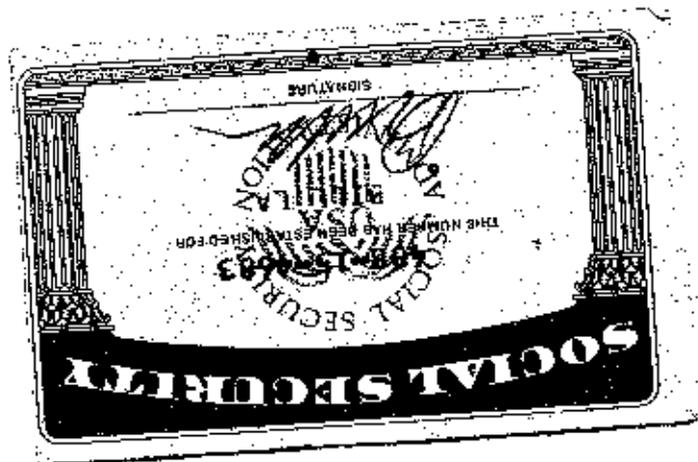
First Name:  
 Middle Initial:  
 Social Security Number:  
 Resubmitted By:  
 Resubmitted On:  
 Case Result:  
 Case Result from SSA (after Resubmission):

**Request Name Review:**

Comments:  
 Submitted On:  
 Case Result:  
 Case Result from DHS (after DHS Verification in Process):  
 Response Date:  
 Employee Referred to DHS:  
 Referred By:  
 Case Result:  
 Case Result from DHS (after DHS Tentative Nonconfirmation):  
 Response Date:

**Photo Matching Results:**

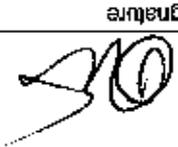
Determination:



DOH _____		ROP _____	Work Site Loc. _____	WC Code _____
<b>For ESSG Client Use</b>				
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____	ESC Application _____
DOH _____	NHW _____	1-9 _____	8850 _____	WA _____
<b>For ESSG Office Use Only</b>				

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

Name (Print or type) Bill

Applicant's Signature 

Date 2/4/15

If hired, I agree to abide by the policies and procedures of ESSG.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I authorize Employer Staffing Solutions Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

**Applicant Certification and Authorization**

Are you legally authorized to work in the United States of America?  YES  NO

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Staffing Agency/Recruitment Partner \_\_\_\_\_

Phone Number 320-223-5560 Email Address vabipih@gmail.com

City/State/zip Walter Park Mn 56301

Street Address 22 Clarence St Apt/Site \_\_\_\_\_

Last Name Bill First Name Bill Middle Initial \_\_\_\_\_

Personal Data - PLEASE PRINT LEGIBLY IN INK

**New Hire Application**

7301 Ohms Lane Suite 405  
Edina, MN 55439  
Tel: 952.835.1288 • Fax: 952.835.1255  
www.esgstaffingsolutions.com

employer solutions staffing group  
Leveraging Resources in a Changing Market



1 Your first name and middle initial: **Bill**  
 Last name: **Law**

2 Your social security number: **488-15-7683**

3  Single  Married  Married, but withhold at higher Single rate  
 Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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.

5 Total number of allowances you are claiming (from line 4 above or from the applicable worksheet on page 2): **5**

6 Additional amount, if any, you want withheld from each paycheck: **0**

7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption:  
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and  
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. **7**

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: **[Signature]**  
 (This form is not valid unless you sign it.)

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)

**Form W-4**  
 Department of the Treasury  
 Internal Revenue Service

**Employee's Withholding Allowance Certificate**

OMB No. 1545-0074  
**2014**

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.

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

- For accuracy, complete all worksheets that apply.**
- If you plan to **renize 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.
- Enter "1" if you are **single and have only one job**; or  
 • You are **married, have only one job, and your spouse does not work**; or  
 • You are **single and have only one job**; or  
 • You are **married, have only one job, and your spouse does not work**; or  
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
- 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.)
- Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return.
- Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above).
- 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.)
- Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than \$65,000 (\$95,000 if married), enter "2" if you have seven or more eligible children; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
- If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.
- 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.)

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

**A** Enter "1" for yourself if no one else can claim you as a dependent.

**B** Enter "1" if:  
 • You are single and have only one job; or  
 • You are married, have only one job, and your spouse does not work; or  
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

**C** 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.)

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return.

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above).

**F** Enter "1" if you have at least \$2,000 of **child or dependent care expenses** for which you plan to claim a credit.

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

If your total income will be less than \$65,000 (\$95,000 if married), enter "2" if you have seven or more eligible children; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.

If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.

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.)

**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 2014. See Pub. 505, especially if your earnings exceed \$170,000 (single) or \$180,000 (married).

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

**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 dependent(s) 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**. See Pub. 505 for information on converting your other credits into withholding allowances.

**Exemptions.** An employee may be able to claim an 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.

**Note:** If neither person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If neither person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exemptions.** An employee may be able to claim an 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.**

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

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances your 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 dependent(s) 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**. See Pub. 505 for information on converting your other credits into withholding allowances.

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



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 (mm/dd/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 (mm/dd/yyyy):
------------------------	--------------------

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: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

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

- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_ Some aliens may write "N/A" in this field. (See instructions)
- A lawful permanent resident (Alien Registration 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 (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address	Telephone Number
06/10/79	88-15-4683	lvubipvt@gmail.com	320-993-5760
Address (Street Number and Name)		Apt. Number	City or Town
88 Lakewood St			Wheat Park
Last Name (Family Name)		First Name (Given Name)	Middle Initial
Lv		Bill	
Other Names Used (if any)		State	Zip Code
		MN	56301

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

**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.

**START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.



Signature of Employer or Authorized Representative:	Date (m/d/yyyy):	Print Name of Employer or Authorized Representative:
---	------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) appear to be genuine and to relate to the individual.

Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
-----------------	------------------	--------------------------------------

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (m/d/yyyy):

**Section 3: Verification and Rehire (To be completed and signed by employer or authorized representative.)**

Employer's Business or Organization Name	City or Town	State	Zip Code
Burns	EDINA	MN	55439
First Name (Given Name)	Date (m/d/yyyy)	Title of Employer or Authorized Representative	
Renet	02-04-2015	on site coord.	
Last Name (Family Name)	Signature of Employer or Authorized Representative		
Burns	[Signature]		
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	Zip Code
7301 CHIMMS LANE SUITE 405	EDINA	MN	55439

The employee's first day of employment (m/d/yyyy): 02-04-2015 (See instructions for exemptions.)

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**Certification**

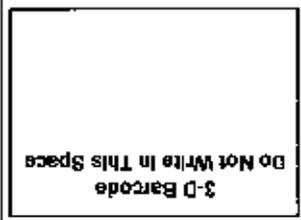
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Driver License	X2642335769B	06-10-2016
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Social Security Card	488-15-4683	
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Social Security Administration		

Identity and Employment Authorization AND List B OR List A AND List C Employment Authorization

Employee Last Name, First Name and Middle Initial from Section 1: Ln, B:ll

**Section 2: Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the Lists of Acceptable Documents on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)



**DISCLOSURE AND AUTHORIZATION [IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report obtained with regard to applicants for employment advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orangetreescreening.com](http://www.orangetreescreening.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p><b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p><b>New York applicants or employees only:</b> Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p><b>Washington state applicants or employees only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION AND A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orangetreescreening.com](http://www.orangetreescreening.com), another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. **Minnesota and Oklahoma applicants or employees only:** Please check the box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: markp14@gmail.com)

Signature: [Signature] Date: 2/14/15

**BACKGROUND INFORMATION**

Last Name: Bo First: BILL Middle: \_\_\_\_\_

Other Names/Alias: 488-15-4683

Date of Birth (m/d/yyyy): 06/10/79

Driver's License #: X864833576912

State of Driver's License: MN

Present Address: 29 Claremont St

Telephone # (Primary): 320-823-5560

City/State/Zip: Watepark, MN 56301

*\*This information will be used for background screening purposes only and will not be used as hiring criteria.*

### 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: BILL SSN# (last 4 digits): 216P3 Effective Date: 2/1/15

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

#### SECTION 4: PAYROLL DEBIT CARD (GLOBAL CASH CARD)

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

#### CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Street Address (PO BOX NOT ACCEPTABLE): \_\_\_\_\_  
 Social Security#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone (mobile): \_\_\_\_\_

**GET TEXT ALERTS**, when your paycheck is deposited on your card!  
 Yes, sign me up, for text alerts  
 My mobile service provider is: \_\_\_\_\_

**RECEIPT OF PAYROLL DEBIT CARD** (to be completed when you pick up your Payroll Debit Card)  
 Payroll Debit Card Routing #: 073972181  
 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: Wabip14@gmail.com

This information will only be used to send your pay stubs electronically

Employee's Signature: Bill  
 Date: 2/1/15

### ENROLLMENT FORM

FSC NAV#SAD P2M \*15.0

**OPTION 1**  
**FIXED INDEMNITY PLAN**  
 Weekly Rates

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  
 \$0.90 Employee + 1  
 \$1.80 Employee + Family

NO  
 \$4.20 Employee Only

**OPTION 2**  
**MEDICAL/ACCIDENTAL DEATH PLAN**  
 Monthly Rates

\$58.87 Employee Only  
 \$87.73 Employee + 1  
 \$186.99 Employee + Family  
 NO to MRC Wellness/Preventive Plan

**REQUIRED EMPLOYEE INFORMATION**  
 PRINT USING BLACK OR BLUE INK

(Must Be Filled Out)  
 Social Security Number 488-15-4683  
 Date of Birth 06/16/1979 Sex  M  F  
 Name BILL  
 Street Address 82 Cleveland St  
 City Waltham State MA Zip 02350  
 Home Phone 320-2235560

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.

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 declaration of coverage.

Date 02/04/2015 Signature [Signature]