

**SENSITIVE BUT UNCLASSIFIED**

**Department of Homeland Security  
E-Verify**

**Report Prepared: 08/31/2015  
Page: 1 of 1**

**Case Verification Number: 2015243141643PN**

**Case Information:**

**Employee Information:**

Last Name:	LeBeau	First Name:	Serina
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 7180	Date of Birth:	07/23/1997
Citizenship Status:	A citizen of the United States	Email Address:	

**Document Information:**

List B Document:	School ID card	List C Document:	Certification of Report of Birth (Form DS-1350)
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	08/31/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	KRIT3361	Submitted On:	08/31/2015

**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: \_\_\_\_\_  
Closed By: \_\_\_\_\_ Closed On: \_\_\_\_\_

**SENSITIVE BUT UNCLASSIFIED**



employer solutions staffing group.  
Leveraging Resources in a Changing Market

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

## New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name LeBeau First Name Serina Middle Initial S  
Street Address 5370 Audobon Ave Apt/Ste 104  
City/State/Zip Inver Grove Heights Social Security Last Four XXX-XX-7180  
Phone Number 320-444-5626 Email Address Serina.Sky@icloud.com  
Staffing Agency/Recruitment Partner inaby

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

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

### Applicant Certification and Authorization

I authorize Employer Solutions Staffing 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.

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 release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

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.

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

Serina LeBeau  
Name (Print or type)

Serina LeBeau  
Applicant's Signature

8-31-15  
Date

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

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____	ESC Application _____
For ESSG Client Use				
DOH _____	ROP _____	Work Site Loc. _____		WC Code _____



employer solutions staffing group  
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 <b>Serina Sky Lilian LeBeau</b>	SSN# (last 4 digits) <b>7180</b>	Effective Date <b>8-31-15</b>
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**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 **SL** Date **8-31-15**

- To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

**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)

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

Payroll Debit Card Routing # <b>073972181</b>	Payroll Debit Card Account #
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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: Serina LeBeau

Date: 8-31-15

**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: Serina.Sky @ 1cloud.com  
 this information will only be used to send your paystubs electronically

Employee's Signature: Serina LeBeau

Date: 8-31-15

# 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 18, 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 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** 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 dividend income, consider making estimated tax payments. See Pub. 1040-ES, Estimated Tax for Individuals. If you have pension or annuity income, see Pub. 505 to find out if you should claim your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a total number of allowances more than one job, file on all jobs using worksheets from only one Form W-4. Your withholding usually will be most for the highest paying job and zero allowed 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 effect, use Pub. 505 to see how the amount you have withheld compares to your projected 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](http://www.irs.gov).

## 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. 503, Child and Dependent Care Expenses, for details.
  - If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child.
  - 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.
- H 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.)

A 1  
B 1  
C 0  
D 0  
E 0  
F 0  
G 0  
H 2

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.

### Employee's Withholding Allowance Certificate

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

1 Your first name and middle initial: Sevina S

Home address (number and street or rural route): 5370 Audobon Ave Apt 104

City or town, state, and ZIP code: Invergrove heights MN 55076

Last name: LeBeau

2 Your social security number: 504-27-7180

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 0

6 \$0

7 Total number of allowances you are claiming (from line H above or from the following conditions for exemption):

Additional amount, if any, you want withheld from each paycheck

I claim exemption from withholding for 2015, 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.

8 Sevina S LeBeau

Employee's signature

Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

9 Office code

Date

OMB No. 1545-0074  
**2015**



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

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

**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.)

Last Name (Family Name) <b>LeBeau</b>		First Name (Given Name) <b>Serina</b>		Middle Initial <b>S</b>	Other Names Used (if any)	
Address (Street Number and Name) <b>5370 Adobon Ave</b>			Apt. Number <b>104</b>	City or Town <b>Invergrove heights</b>		State <b>MN</b> Zip Code <b>55074</b>
Date of Birth (mm/dd/yyyy) <b>7-23-97</b>	U.S. Social Security Number <b>504-27-7180</b>		E-mail Address <b>Serina.Sky@icloud.com</b>		Telephone Number <b>320-444-5624</b>	

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.

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

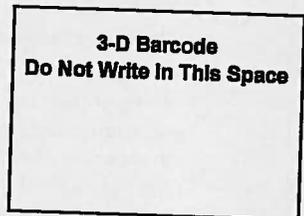
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

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

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_



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

Foreign Passport Number: \_\_\_\_\_

Country of issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of issuance fields. (See instructions)

Signature of Employee: <b>Serina LeBeau</b>	Date (mm/dd/yyyy): <b>8-31-15</b>
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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.

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



Employer Completes Next Page





### 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.)

Employee Last Name, First Name and Middle initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Student ID		Document Title: Certificate of Birth
Issuing Authority:		Issuing Authority: Regina County Education District		Issuing Authority: State of South Dakota
Document Number:		Document Number: 011		Document Number: 140-1007-005780
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 2015		Expiration Date (if any)(mm/dd/yyyy): NA
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode**  
Do Not Write In This Space

### Certification

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.

The employee's first day of employment (mm/dd/yyyy): NA (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Kathleen Ritter</i>		Date (mm/dd/yyyy) 8/31/15	Title of Employer or Authorized Representative Staffing Specialist	
Last Name (Family Name) Ritter		First Name (Given Name) Kathleen	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405			City or Town EDINA	State MN
			Zip Code 55439	

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative)

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

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**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 and to request a copy of your report. Please be 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.

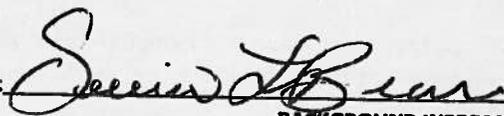
<b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.
<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.
<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.
<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.

**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 this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: Serina.Sky@icloud.com)

Signature:  Date: 8-31-15

**BACKGROUND INFORMATION**

Last Name: L. Beau First: Serina Middle: Sky Lillian  
Other Names/Alias: \_\_\_\_\_  
Social Security #: 504-27-7180 Date of Birth (mm/dd/yyyy)\*: 7-23-97  
Driver's License #: \_\_\_\_\_ State of Driver's License: \_\_\_\_\_  
Present Address: 5310 Holaben Ave Telephone # (Primary): 320-444-5626  
City/State/Zip: Inver-grove heights MN 55076

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

CERTIFICATE OF BIRTH

FILE NUMBER: 140-1997-005784

NAME: SERINA SKY LILIAN LEBEAU

SEX: FEMALE

DATE OF BIRTH: 07/23/1997

FILE DATE: 07/30/1997

COUNTY OF BIRTH: MINNEHATA

MOTHER'S NAME

PRIOR TO FIRST MARRIAGE: HEATHER LYNN PETERSON

FATHER: STANISLAC LEBEAU

This is a true certification of the official Vital Record  
filed in the Department of Health as provided in  
Chapter 34-25 of the SOUTH DAKOTA CODIFIED LAWS

*Mariah R Pokorny*

MARIAH R POKORNY  
STATE REGISTRAR

09/18/2014

DATE ISSUED



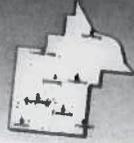
SD1363009



2014-20



Education District



SERINA LEBEAU

011 1107  
20

# ENROLLMENT FORM

ESC UNAV P2M v1

## REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 504-27-7180

Date of Birth 07/23/1997 Sex  M  F

Name Serina LeBeau

Street Address 5370 Andover Ave

City Inver grove heights State MN Zip 55076

Home Phone 320-444-5626

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

Erik Salvador Lopez

RELATIONSHIP

Fiance

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

## OPTION 1

### FIXED INDEMNITY PLAN

Weekly Rate

### SELECT COVERAGE LEVEL

You MUST select a coverage level before adding any benefits. Your coverage level will be identical for each benefit.

- Employee Only  Employee + Family
- Employee + 1  NO to all indemnity benefits

### FIXED INDEMNITY MEDICAL

- YES \$20.91 Employee Only  
\$42.44 Employee + 1
- NO \$56.67 Employee + Family

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

### DENTAL

- YES \$ 6.17 Employee Only  
\$12.34 Employee + 1
- NO \$20.36 Employee + Family

### TERM LIFE

- YES \$0.60 Employee Only  
\$0.90 Employee + 1
- NO \$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.

## OPTION 2

### MEC WELLNESS/PREVENTIVE PLAN

82193010-M-EMP

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 Serina LeBeau

Date 08/31/2015