



employer solutions staffing group^{LLC}

Leveraging Resources in a Changing Market

**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. MVA (Initial)

Mary Anne V. Dagata
Employee Signature:

12-03-2014
Date:

MARY ANNE V DAGATA
Employee (please print your name here)

ENROLLMENT FORM

ESC NAV*SAD P2M v15.0

REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 046-50-3790
 Date of Birth 11/28/1953 Sex M F
 Name Mary Anne D'Agata
 Street Address 10376 Philippi Way
 City Danmont State CO Zip 80503
 Home Phone 303-356-2277

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 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
- 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 Rates

- \$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 Mary Anne D'Agata Date 12/03/2014



Case# 201433 + 152950AU
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) DAGATA		First Name (Given Name) MARY ANNE		Middle Initial V	Other Names Used (if any) MARY ANN D'AGATA	
Address (Street Number and Name) 10370 PHILIPPI WAY		Apt. Number	City or Town LONGMONT		State CO	Zip Code 80503
Date of Birth (mm/dd/yyyy) 11-28-1953	U.S. Social Security Number 046-50-3790		E-mail Address			Telephone Number

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):

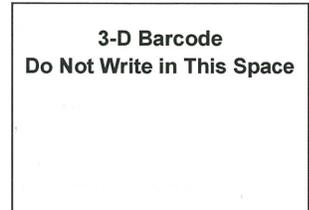
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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: Mary Anne V Dagata	Date (mm/dd/yyyy): 12-03-2014
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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

STOP Employer Completes Next Page **STOP**



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: Dagata, Mary Ann

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Drivers License</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>State of Colorado</u>		Issuing Authority: <u>Dept. Health & Human Servs.</u>
Document Number:		Document Number: <u>94-077-1390</u>		Document Number: <u>046-50-3790</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>11-28-2016</u>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				3-D Barcode Do Not Write in This Space
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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): 12/3/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) <u>12/3/2014</u>	Title of Employer or Authorized Representative <u>On-Site Representative</u>	
Last Name (Family Name) <u>Chezum</u>		First Name (Given Name) <u>Amy</u>		Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			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):

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):

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:

Colorado
Driver License

94-077-1390 Expires: 11-28-2016
 Class: R Issued: 07-22-2011
 End: : DOB: 11-28-1953
 Rest: V Prelic Type: A
 Ht: 5'05" Wt: 220 Eyes: BRO Sex: F
 Vctor:

Mary Ann D'Agata



MARY ANN VIRGINIA DAGATA
 10370 PHILIPPI WAY
 LONGMONT, CO 80503

SOCIAL SECURITY

DEPARTMENT OF HEALTH & HUMAN SERVICES
 MARY ANN VIRGINIA DAGATA
 THIS NUMBER HAS BEEN ESTABLISHED FOR

94-077-1390

Mary Ann D'Agata
 SIGNATURE

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 12/03/2014
Page: 1 of 1

Case Verification Number: 2014337152750AU

Case Information:**Employee Information:**

Last Name:	Dagata	First Name:	Mary Anne
Middle Initial:	V	Other Names Used:	Mary Ann D'Agata
Social Security Number:	*** ** 3790	Date of Birth:	11/28/1953
Citizenship Status:	A citizen of the United States	Email Address:	

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:	11/28/2016
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	12/03/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ACHE6751	Submitted On:	12/03/2014

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.
Closed By: ACHE6751 Closed On: 12/03/2014

SENSITIVE BUT UNCLASSIFIED