

Name: JAVIER SILVA ACOSTA /DOH:

12/2/11

PT-FT

Phone

Number: 303-710-5047

/CLIENT:

BC

DAY/NIGHT

NEW HIRE APPLICATION

1. I-9
2. Affirmation of Legal Work Status
3. W-4
4. Application
5. 8850 Pre Screen
6. Youth Self-Attestation Form
7. Work Opportunity Tax Credit
8. Background Release Form
9. Injury Management Program release form
10. Emergency Contact
11. Unemployment Acknowledgement
12. Direct Deposit Form
13. Stop Payment Check Fee Release
14. Health Insurance

OFFICE USE ONLY:

1. E-Verify
2. Scan info. send / Kristin
3. Scan Ins. Form / Valerie
4. Scan attach/CMG Time
5. Drug Screen Auth.
6. Background Auth.
7. Mail originals/ESG



**Employer
Solutions
Staffing
Group LLC**

New Hire Application

7301 Ohms Lane / Suite 405
Edina, MN 55439
T:952.835.1288 / F:952.835.4881

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name SILVA ACOSTA First Name JAVIER Middle Initial A
Street Address 1555 BROADWAY ST APT #130
City/State/Zip BOULDER, CO, 80302
Home Phone 303-710-5047 Cell / Message Phone 303-710-5047
Company/Employer _____

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.



Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4

DATE 12/2, 11

Name SILVA ACOSTA, JAVIER
Last First Middle Maiden

Social Security No. 523 - 75 - 3522

Telephone (303) 710-5047

If under 18, please list age _____

Referred by CRAIGSLIST

Position applied for (1) _____

Days/hours available to work
No Pref _____ Thur 7-4

and salary desired (2) \$10.00
(Be specific)

Mon 7-4 Fri 7-4

Tue 7-4 Sat 12-8

Wed 7-4 Sun 12-8

How many hours can you work weekly? 32-40

Can you work nights? YES

Employment desired ^{35 or} FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? 12/2/11

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? CAR

Driver's license number _____ State of issue _____

Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? Yes No

If so, how many? _____

Have you had any moving violations during the past three years? Yes No

If so, how many? _____

OFFICE USE ONLY

Typing Yes No

_____ WPM

Personal Computer Yes No

_____ PC _____ Mac

10-key Yes No

Word Processing Yes No

_____ WPM

Other _____

Skills _____

Please list two references other than relatives or previous employers.

Name GUSTAVO QUINTERO

Position SOCCER COACH

Company OME BANJOS

Address _____

Name EDNA CAMARGO

Position TEACHER

Company MONTESSORI SCHOOL OF LAKEWOOD

Address _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>JAVIER SILVA ACOSTA</u> Position <u>STUDENT ASSISTANT</u> Company <u>UNIVERSITY OF COLORADO</u> Address <u>914 N. BROADWAY ST.</u> Telephone <u>(303) 492-6225</u>	Supervisor name <u>MARY-ANNE PUELAS</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Employment dates <u>08/09</u></td> <td style="width: 50%;">Pay or salary <u>DETAILED</u></td> </tr> <tr> <td>From <u>08/09</u></td> <td>Start <u>9.00</u></td> </tr> <tr> <td>To <u>05/11</u></td> <td>Final <u>9.75</u></td> </tr> <tr> <td colspan="2">Your last job title <u>STUDENT ASSISTANT</u></td> </tr> </table>	Employment dates <u>08/09</u>	Pay or salary <u>DETAILED</u>	From <u>08/09</u>	Start <u>9.00</u>	To <u>05/11</u>	Final <u>9.75</u>	Your last job title <u>STUDENT ASSISTANT</u>	
Employment dates <u>08/09</u>	Pay or salary <u>DETAILED</u>								
From <u>08/09</u>	Start <u>9.00</u>								
To <u>05/11</u>	Final <u>9.75</u>								
Your last job title <u>STUDENT ASSISTANT</u>									
Reason for leaving (be specific) <u>SCHOOL YEAR WAS OVER</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>I ANSWERED THE PHONE, ORGANIZED MAIL, RAN ERRANDS, MADE SPREADSHEETS, AND WORD DOCUMENTS.</u>									

Name <u>JAVIER SILVA ACOSTA</u> Position <u>STUDENT ASSISTANT</u> Company <u>C.D. ATHLETIC OFFICE</u> Address <u>914 N. BROADWAY ST.</u> Telephone <u>(303) 282-8337</u>	Supervisor name <u>JESSICA SPORANO</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Employment dates</td> <td style="width: 50%;">Pay or salary</td> </tr> <tr> <td>From <u>08/08</u></td> <td>Start <u>10.00</u></td> </tr> <tr> <td>To <u>12/08</u></td> <td>Final <u>10.00</u></td> </tr> <tr> <td colspan="2">Your last job title <u>STUDENT ASSISTANT</u></td> </tr> </table>	Employment dates	Pay or salary	From <u>08/08</u>	Start <u>10.00</u>	To <u>12/08</u>	Final <u>10.00</u>	Your last job title <u>STUDENT ASSISTANT</u>	
Employment dates	Pay or salary								
From <u>08/08</u>	Start <u>10.00</u>								
To <u>12/08</u>	Final <u>10.00</u>								
Your last job title <u>STUDENT ASSISTANT</u>									

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Employer Solutions Staffing Group LLC., (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or

omission of any material fact may cause for dismissal at any time without any previous notice. I hereby give the

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
SILVA ACOSTA	JAVIER	A	
Address (Street Name and Number)	Apt. #	Date of Birth (month/day/year)	
1555 BROADWAY ST. A	130	01/29/1990	
City	State	Zip Code	Social Security #
BOULDER	CO	80307	523-75-3522

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year) 01/29/90

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.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

University of Colorado at Boulder

Buff OneCard



JAVIER ALEXIS SILVA ACOSTA

STUDENT

6014235004298075

ISSUED: 07/29/2011

EXPIRES 5 YEARS AFTER ISSUE

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

STATE OF COLORADO
CERTIFICATE OF LIVE BIRTH

105

00644

STATE FILE NUMBER

1. CHILD-NAME (First, Middle, Last) Javier Alexis SILVA ACOSTA		2. DATE AND HOUR OF BIRTH (Month, Day, Year, Hour) Jan. 29, 1990 0211
3. SEX Male	4. CITY, TOWN, OR LOCATION OF BIRTH Denver	5. COUNTY OF BIRTH Denver
6. PLACE OF BIRTH: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____		7. FACILITY NAME (if not institution, give street and number) Denver General Hospital
8. I certify that this child was born alive at the place and time and on the date stated. Signature Nadine Burrington 1-29-90		9. DATE SIGNED (Month, Day, Year) 1-29-90
11. CERTIFIER'S NAME AND TITLE (Type/Print) Name Nadine Burrington <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hospital Admin. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other (Specify) _____		10. ATTENDANT'S NAME AND TITLE (if other than Certifier) (Type/Print) Name _____ <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. 13. Other (Specify) _____
13. REGISTRAR'S SIGNATURE Cssie J. Coak, Deputy		14. DATE FILED BY REGISTRAR (Month, Day, Year) FEB - 6 1990
15. MOTHER-NAME (First, Middle, Last (Maiden)) Edna Vianey Acosta-Camargo		17. BIRTHPLACE (State or Foreign Country) Mexico
16. DATE OF BIRTH (Month, Day, Year) Feb. 21, 1967		18a. CITY, TOWN OR LOCATION Denver
18b. COUNTY Denver		18c. ZIP 80204

INFANT

ATTENDANT

MOTHER

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 12/02/2011
Page: 1 of 1

Case Verification Number: 2011336175654TE

Case Information:**Employee Information:**

Last Name: SILVA ACOSTA
 Middle Initial: A
 Social Security Number: *** ** 3522
 Citizenship Status: A citizen of the United States

First Name: JAVIER
 Maiden Name:
 Date of Birth: 01/29/1990

Document Information:

List B Document: School ID card

List C Document: U.S. birth certificate (original or certified copy)

Alien Number:

I-94 Number:

Additional Information:

Hire Date: 12/02/2011
 Three-Day Rule Reason:
 Submitted By: MFON4558

Employer Case ID:
 Three-Day Rule - Other:
 Submitted On: 12/02/2011

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:

Referred On:

Case Referred to SSA (after SSA Tentative Nonconfirmation):



Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: SILVA ACOSTA JAVIER A 01/29/1996
Last First Middle Date of Birth

Social Security Number: 523 - 75 - 3522 Date of Hire: ~~02/02~~ 12/2/14

In accordance with § 8-2-122, C.R.S., within twenty days after hiring the new employee listed above,

I affirm all four of the following:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

- | | | | |
|---|---|---|-------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A | 1 |
| B | Enter "1" if:
<ul style="list-style-type: none"> • 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. | B | _____ |
| 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.) | C | _____ |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D | _____ |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E | _____ |
| F | Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit | F | _____ |

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name JAVIER SILVA ACOSTA Social security number ▶ 523-75-3522

Street address where you live 1555 BROADWAY ST. APT #130

City or town, state, and ZIP code BOULDER, CO, 80302

County BOULDER Telephone number (303) 710-5047

If you are under age 40, enter your date of birth (month, day, year) 01/29/90

- 1 Check here if you are completing this form **before August 28, 2009**, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.



U.S. Department Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: November 30, 2011

YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: JAVIER SILVA ACOSTA

Social Security Number: 523-75-3522 Date of Birth: 12/2/11

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: _____

Please check all the statements that apply to you. Sign and date this form where indicated below.

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations

Form A (revised 07/09)

WORK OPPORTUNITY TAX CREDIT

PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name JAVIER SILVA AROSIA
Address 1555 BROADWAY ST APT #130
City BOULDER State CO Zip 80302 Social Security # 523-75-3522
Date of Birth 01/29/90 Age 21

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes No
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes No
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes No
4. Are you part of the Ticket to Work program? Yes No

5. Name of person who received benefits _____
Relationship _____ City & State where benefits received _____

6. Are you a veteran? Yes No and Disabled due to service? Yes No
Service Dates: From: _____ To: _____ Branch: _____

7. Have you been unemployed at any time during the last 12 months? Yes No

Background Investigation Information Release Form

Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of:

and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

INJURY MANAGEMENT PROGRAM

Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Colorado workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

RESPONSIBILITIES OF THE INJURED WORKER:

- **I have been hurt on the job, what do I do?**

If you experience a life or limb threatening injury on the job, seek immediate medical attention at the nearest emergency room and then notify your supervisor in writing. A life or limb threatening injury means an injury that you believe threatens a portion of your body or your life in such a way that immediate medical care is needed to prevent your death or serious damage. In all other instances, notify your employer or supervisor that you have been injured before obtaining any medical care. All injuries, no matter how small, should be reported to your employer.

appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. Colorado rules requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

Notify your employer immediately of any new injuries or conditions that impact

**EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION**

Name: JAVIER SILVA ACOSTA

Address: 1555 BROADWAY ST APT #150

Home Phone: 303-710-5047

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: GUSTAVO SILVA

Phone (work): 303-449-0149

Phone (home): 303-296-9914

2. Name: RUBEN ACOSTA

Phone (work): 303-294-8102



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



To: All Employees

Quien: Todos Empleados

From: Corporate Management Group & Employer Solutions Group

De: Corporate Management Group y Employer Solutions Group

Re: Stop Payment Check Fee

Re: Tarifa de cheque parado

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo denuevo.*

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be issued. A fee

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - 10k PLAN

USE BLACK or BLUE INK ON

Social Security Number --

Date of Birth // Sex M F

Name JAVIER SILVA ALCOST

Street Address 1555 BROADWAY ST. Apt #123

City BALTIMORE State Zip

Home Phone --

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. _____
4. _____

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

BENEFIT SELECTION

Weekly Rates

MEDICAL

- \$20.91 Employee Only
- \$42.44 Employee + 1
- \$56.67 Employee + Family
- NO to MEDICAL, TERM LIFE, and STD benefits .

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number --

Date of Birth // Sex M F

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

AM

Order calls

Business Solutions

Permanent Schedule

Day	Thursday	Friday	Saturday
	7-3	7-3	

CMG _____

Date: _____

Date: _____

Date: 12/2/11

Day	Thursday	Friday	Saturday
	12/8	12/9	
	9-3	9-3	