



## CMG APPLICATION FOR EMPLOYMENT

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED**

**PLEASE COMPLETE PAGES 1-5** DATE July 30-2015

Name Stephanie Areola  
Last First Middle Maiden

Present address 5400 N Sheridan Blvd Apt 275  
Number Street  
Arvada CO 80002  
City State Zip

Social Security No. 524 - 97 - 5066

Telephone 303-415-6382 E-Mail perer2\_598@garco.com

If under 18, please list age \_\_\_\_\_ Referred by \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Shift available to work  
 and salary desired (2) \_\_\_\_\_  
 (Be specific) 1<sup>st</sup>   
2<sup>nd</sup> \_\_\_\_\_  
3<sup>rd</sup> \_\_\_\_\_

How many hours can you work weekly? 40 Can you work nights? Yes

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? July 30

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 No  Yes If so, please explain \_\_\_\_\_

Do you anticipate any absences from work on a regular basis?  
 No  Yes If so, please explain \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Northridge</u>	<u>Arvada, CO</u>	<u>4</u>	
College		<u>Grizzly Dr. Greeley, CO</u>		
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

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? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name Angel Marquez Name Bryan Virula

Position packaging handler Position Crew Member

Company Walmart Distribution Company Mc Donald's

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone (970) 518-3763 Telephone (970) 829-7123

## APPLICATION FOR EMPLOYMENT

### MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD?  Yes  No

Branch \_\_\_\_\_ Specialty \_\_\_\_\_

Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

### 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>StarTek</u> Position <u>ITech support</u> Company <u>Comcast</u> Address <u>1250 H St. Greeley CO</u> <u>80631</u> Telephone <u>(970) 346-5300</u>	Supervisor name <u>Jennifer</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>March 2015</u></td> <td>Start <u>10.50</u></td> </tr> <tr> <td>To <u>July 13</u></td> <td>Final <u>10.50</u></td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From <u>March 2015</u>	Start <u>10.50</u>	To <u>July 13</u>	Final <u>10.50</u>	Your last job title _____	
Employment dates	Pay or salary								
From <u>March 2015</u>	Start <u>10.50</u>								
To <u>July 13</u>	Final <u>10.50</u>								
Your last job title _____									
Reason for leaving (be specific) <u>Moved city.</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>troubleshoot modems, assist customers in fixing issues with wifi</u>									

Name _____ Position <u>sales associate</u> Company <u>Walmart</u> Address <u>3103 S 23rd ave</u> <u>Greeley CO</u> Telephone <u>(970) 330-1452</u>	Supervisor name <u>Nicky</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>Oct. 2014</u></td> <td>Start <u><del>8.20</del> 8.20</u></td> </tr> <tr> <td>To <u>Dec. 2014</u></td> <td>Final <u>8.20</u></td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From <u>Oct. 2014</u>	Start <u><del>8.20</del> 8.20</u>	To <u>Dec. 2014</u>	Final <u>8.20</u>	Your last job title _____	
Employment dates	Pay or salary								
From <u>Oct. 2014</u>	Start <u><del>8.20</del> 8.20</u>								
To <u>Dec. 2014</u>	Final <u>8.20</u>								
Your last job title _____									
Reason for leaving (be specific) <u>Family emergency, left country.</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>assist customers in locating items within the store, ensure all departments had full amount of products.</u>									

**APPLICATION FOR EMPLOYMENT**

**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>Cashier</u>	Supervisor name <u>Patricia</u>	
Position <u>Maintance</u>	Employment dates	Pay or salary
Company <u>Panaderia La Mexicana</u>	From <u>Oct. 2013</u>	Start <u>8:00</u>
Address <u>2018 11th Ave, Evans, CO 80620</u>	To <u>Dec. 2014</u>	Final <u>8:00</u>
Telephone <u>(970) 351-8204</u>	Your last job title <u>Cashier</u>	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Bake bread and display accordingly, Cash register, assist customers and maintain store clean.</u>		

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From _____	Start _____
Address _____	To _____	Final _____
Telephone (____) _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact your present employer?  Yes \_\_\_ No

Did you complete this application yourself  Yes \_\_\_ No

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

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 Corporate Management Group, Inc. (CMG), 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 an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG 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 facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. 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 CMG policies.

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

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant

Stephanie Arceola

Date:

July 30 2015

PAYROLL CARD DIRECT DEPOSIT AGREEMENT

ABA ROUTING NUMBER	073972181
PAYCARD ACCOUNT NUMBER	4853 4001 1429 8334
CARDHOLDER NAME	
SOCIAL SECURITY NUMBER	524 - 97 - 5066

I AUTHORIZE OMG TO INITIATE CREDIT ENTRIES AND, IF NECESSARY, TO INITIATE ANY ACTIONS TO REVERSE OR CORRECT AN ERRONEOUS CREDIT ENTRY TO MY PAY CARD ACCOUNT AT META BANK, FOR THE PURPOSE OF AUTOMATICALLY DEPOSITING FUNDS INTO MY ACCOUNT.

I UNDERSTAND THAT THIS AUTHORIZATION REPLACES ANY PREVIOUS AND WILL REMAIN IN FULL FORCE AND EFFECT UNTIL THE AFOREMENTIONED COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE AFOREMENTIONED COMPANY AND US BANK A REASONABLE OPPORTUNITY TO ACT ON IT.

SIGNATURE Stephanie Corrochano  
DATE 07/30/15

PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR EMPLOYER.

TARJETA DE PAGA (NOMINA) ACUERDO DEPÓSITO DIRECTO

ABA ROUTING NUMBER	073972181
NUMERO DE TARJETA (DE PAGA)	_____
SU NOMBRE	_____
NUMERO DE SEGURO SOCIAL	_____ - _____ - _____

POR FAVOR MARQUE AL 1-866-395-9200

YO AUTORIZO \_\_\_\_\_ INICIAR CUALQUIER CRÉDITO DE PAGA O DEPOSITO, Y SI ES NECESARIO, TAMBIÉN QUE SE INICIE CUALQUIER ACCIÓN PARA INVERTIR O CORREGIR UN CRÉDITO DE PAGA O DEPOSITO ERRÓNEO A M CUENTA.

ENTIENDO QUE ESTA AUTORIZACIÓN REEMPLAZA CUALQUIER AUTORIZACIÓN PREVIA Y SE QUEDARA EN EFECTO HASTA QUE LA COMPAÑÍA REFERIDA RECIBIDO LA NOTIFICACIÓN ESCRITA DE MI DE ESTA TERMINACIÓN TAL TIEMPO Y EN TAL MANERA COMO PROPORCIONAR LA COMPAÑÍA REFERIDA Y META BANK PARA DARLE OPORTUNIDAD RAZONABLE PARA ACTUAR INMEDIATAMENTE.

FIRMA \_\_\_\_\_  
FECHA \_\_\_\_/\_\_\_\_/\_\_\_\_

POR FAVOR COMPLETE ESTA PORCIÓN Y DEVUELVA A SU COMPAÑÍA

# Global Cash Card

## Cash Card Enrollment

CARD NUMBER 4853 -- 4001 -- 1629 -- 8334

### Global Cash Card - Account Owner Information (Please Print Legibly)

First Name: <u>Stephanie</u>		Middle Initial:	Last Name: <u>Arreda</u>	
Street: <u>5400 N. Sheridan Blvd</u>		Apartment #: <u>lot#275</u>		
City: <u>Arvada</u>		State: <u>CO</u>	Zip Code: <u>80002</u>	
Home Telephone: ( <del>303</del> ) <u>970-415-6382</u>		Date of Birth (MM/DD/YYYY): <u>11, 04, 1995</u>		
** Cell Number: (Optional) ( ) For text messaging confirmations/balances		** Email Address (Optional): For e-mail notifications: <u>perez_598@yahoo.com</u>		
Social Security #: <u>524 - 97 - 5060</u>		EMPLID #:		
Date: <u>July-30-2015</u>		Employee Signature: <u>Stephanie Arreda</u>		

ABA Routing # 073972181

### BRANCH INFORMATION (All fields must be completed by a company representative)

Branch Name:	Branch Dept #:
Form Completed by:	Telephone #:

YOU MUST ACTIVATE YOUR CARD BEFORE YOU CAN USE IT! PLEASE VISIT  
[WWW.GLOBALCASHCARD.COM/ACTIVATE](http://WWW.GLOBALCASHCARD.COM/ACTIVATE)  
YOU MAY ALSO CALL OUR TOLL FREE NUMBER, 866-929-8096.  
OUTSIDE OF THE U.S. CALL 949-751-0360 AND FOLLOW THE INSTRUCTIONS  
USTED DEBE ACTIVAR SU TARJETA ANTES DE PODER USARLA! POR FAVOR VISITE  
[WWW.GLOBALCASHCARD.COM/ACTIVATE](http://WWW.GLOBALCASHCARD.COM/ACTIVATE)  
TAMBIEN PUEDE LLAMAR A NUESTRO NUMERO SIN CARGO 866-929-8096.  
AFUERA DE LOS EE.UU. LLAME AL 949-751-0360 Y SIGA LAS INSTRUCCIONES.  
550010

4853 4001 1629 8334

4853

VALID THRU 03/17

DEBIT

VISA

OF CARD

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

\_\_\_\_\_, or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, Co 80234, (800)-827-9550 will be conducting the ICR or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing the Company 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.

**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 those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, CO 80234 (800)-827-9550, 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.

**Notice to California Applicants:** Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**Notice to Maine Applicants:** Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency, NationSearch and request a copy of the report(s) compiled.

**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 the Company.

Last Name: <i>Arreda</i>		First: <i>Stephanie</i>	SS# <i>524-97-5466</i>
Other Names used: <i>N/A</i>		Date of Birth: <i>Nov. 4-1985</i> <small>For employment Purposes Only</small>	
Motor Vehicle Number and State of Issue: (Driver's License #, NOT License Plate #)			
Address: <i>5400 Sheridan Blvd. Lot 275, Arreda, CO</i>			

Signature: *Stephanie Arreda* Date: *July-30-2015*

Please initial this box in affirmation that you have been advised of your rights as it pertains to this consumer investigative report, and are aware of the agency conducting the investigation:

*SA*

**IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION**

Name: Stephanie Arreda  
Address: 5400 Sheridan Blvd 275  
Home Phone: 970-415-6382

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

1. Name: Aurora Arreda  
Phone (work): \_\_\_\_\_  
Phone (home): 970-815-5991
2. Name: Miguel Laya  
Phone (work): \_\_\_\_\_  
Phone (home): 720-707-5584

Additional information you want CMG and our clients to know in the event of an emergency:

Aurora Arreda only speaks Spanish  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Employee Name: Arreda Stephanie Perez 11-4-1985  
Last First Middle Date of Birth

Social Security Number: 24-07-5660 Date of Hire: July-30-2015

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.

Stephanie Arreda  
 Print Name of Employer (or Designated Representative)

Order Picker Seasonal  
 Official Title

Stephanie Arreda  
 Signature of Employer (or Designated Representative)

July-30-2015  
 Date Signed

Corporate Management Group 12000 N. Washington Street #290  
 Thornton, CO 80241

303-920-1425

**Business or Organization Name**

**Employer Phone Number**

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This affirmation and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

# Form W-4 (2015)

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

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

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

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

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

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

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

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

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your 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 dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

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

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

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</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. } . . . . .	<b>B</b>	<u>1</u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>0</u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>0</u>
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	<u>0</u>
<b>(Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • 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 . . . . .	<b>G</b>	<u>0</u>
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>2</u>
For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> 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.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 <b>2015</b>
1 Your first name and middle initial <u>Stephanie P</u>		Last name <u>Arreola</u>
2 Your social security number <u>524-97-5066</u>		
Home address (number and street or rural route) <u>5400 Sheridan Blvd. Lt 275</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <u>Arvada CO 80002</u>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	<u>1</u>
6 Additional amount, if any, you want withheld from each paycheck	6	\$
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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 (This form is not valid unless you sign it.) ▶ <u>Stephanie Arreola</u>		Date ▶ <u>July 30 2015</u>
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)



# 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) <i>Arreda</i>		First Name (Given Name) <i>Stephanie</i>		Middle Initial <i>P</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>5450 Sheridan Blvd</i>			Apt. Number <i>1st 275</i>	City or Town <i>Arvada</i>		State <i>CO</i>
Zip Code <i>800031</i>		Date of Birth (mm/dd/yyyy) <i>11-04-1995</i>	U.S. Social Security Number <i>524-97-5000</i>	E-mail Address <i>percz-s98@yuhw.com</i>		Telephone Number <i>970-415-6288</i>

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**

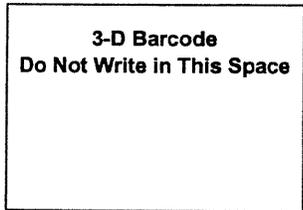
2. Form I-94 Admission Number: \_\_\_\_\_

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: <i>Stephanie Arreda</i>	Date (mm/dd/yyyy): <i>July 30 2015</i>
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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



## 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: Arredola Stephanie P

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
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): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code	

### 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):
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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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**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

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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 reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!

*Gracias por su dedicacion continua!*

By signing below you are confirming that you understand the above policy.  
*Con su firma abajo usted esta confirmando que entiende la poliza descrita.*

Signature/Firma: Stephania Arce

Date/Fecha: July 25 2015

February 2011



**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 CMG 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 CMG once an assignment ends. I also acknowledge that I have received a separate copy of this form.

SA (Initial)

Stephanie Arreola  
Employee Signature:

July-30-2015  
Date:

Stephanie Arreola  
Employee (please print your name here)



## ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (**by telephoning 866.920.1425 or 303.920.1425**). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
  - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
  - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
  - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

**If Harassment Occurs:**

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: Stephennia Acceade

Date: July 30-2015

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

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

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

Your name Stephanie P. Arreda Social security number ► 524-97-5066  
Street address where you live 5400 Sheridan Blvd. Lot 275  
City or town, state, and ZIP code Arvada, Co 80002  
County United States Telephone number 970-415-6382  
If you are under age 40, enter your date of birth (month, day, year) 11-04-1995

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2  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.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6  Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► Stephanie Arreda

Date July 30 2015

**For Employer's Use Only**

Employer's name Corporate Management Group Telephone no. 303-920-1425 EIN ▶ 201535646

Street address 12000 N Washington St #290

City or town, state, and ZIP code Thornton, CO 80241

Person to contact, if different from above \_\_\_\_\_ Telephone no. \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶ \_\_\_\_\_

Date applicant:  
Gave information \_\_\_\_\_ Was offered job \_\_\_\_\_ Was hired \_\_\_\_\_ Started job \_\_\_\_\_

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

**Employer's signature ▶** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice**

*Section references are to the Internal Revenue Code.*

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . 6 hr., 27 min.
- Learning about the law or the form** . . . . . 30 min.
- Preparing and sending this form to the SWA** . . . . . 37 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



## SUMMARY

This associate handbook is intended to facilitate communication between you, CMG, and **Leanin' Tree**. It is not to be considered an employment contract obligating you, CMG, or **Leanin' Tree** to any indefinite employment relationship.

Reading the entire handbook at least one time will give you a good idea of its general content. Then, you will be able to use it easily as a quick reference manual. Revisions and updates are made to this information from time to time and will be communicated to you. It is your responsibility to stay informed of all updates to this handbook.



## ACKNOWLEDGMENT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and **not** an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to **notify** my CMG Account Manager **immediately** of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to my CMG Account Manager.

Date: \_\_\_\_\_

Associate's Signature: Stephanie Arreola

Associate's Printed Name: Stephanie Arreola

Social Security #: \_\_\_\_\_

Orientation provided by: \_\_\_\_\_

Ordered 11:50 THUR.

B1-IND 221900-CMG OFFICE USE ONLY LOCATION \_\_\_\_\_ New Hire  ReHire  Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMPLOYEE INFORMATION (Must Be Filled Out)** **ENROLLMENT FORM - PLAN 2** PRINT USING BLACK or BLUE INK ESC ES P2D v14.1

Social Security Number 524 97 5066  
Date of Birth 11/04/1995 Sex  M  F  
Name Stephanie Arreda  
Street Address 5400 Sheridan Blvd. lot 215  
City Arden State CO Zip 80002  
Home Phone 970-415-6382

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. \_\_\_\_\_

**BENEFIT SELECTION** Weekly Rates

**MEDICAL**   
 \$23.69 Employee Only  
 \$48.08 Employee + One  
 \$64.20 Employee + Family  
 **NO to all benefits.**  
*If NO is checked, sign and date the bottom of the form.*  
This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

**DENTAL**   
 **YES** \$ 5.23 Employee Only  
\$10.46 Employee + One  
 **NO** \$17.26 Employee + Family

**VISION**   
 **YES** \$2.35 Employee Only  
\$4.00 Employee + One  
 **NO** \$5.64 Employee + Family

**TERM LIFE**   
 **YES** \$0.60 Employee Only  
\$0.90 Employee + One  
 **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.

You **MUST** enroll in the Medical Insurance Plan before adding any additional benefits. Your coverage level for the additional benefits will be identical to your medical plan selection.

**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

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F  
Relationship:  Spouse  Child  Domestic Partner

**BENEFICIARY INFORMATION**

For Term Life \ Accidental Loss of Life, Limb & Sight, please write in your beneficiary information.  
**NAME OF BENEFICIARY** \_\_\_\_\_  
**RELATIONSHIP** \_\_\_\_\_  
Accidental Loss of Life, Limb & Sight is part of the Medical 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 declination of coverage.  
Signature Stephanie Arreda Date 07/30/2015