

2023

## California A4AA Veteran Program

### EMPLOYEE ENROLLMENT PACKET



**NOTE:**  
Signature Fields  
marked with  
asterisk ->   
require a  
non-electronic  
handwritten wet  
signature

# Employer Information

Employer First Name:	
Employer Middle Name:	
Employer Last Name:	
Employer Full Name:	
Employer FEIN: <i>(00-0000000)</i> <i>"Only if you have an existing FEIN for Domestic Employer for Home Community-Based/Caregiver Services."</i>	
Employer Physical Address:	
Employer Physical Address Apt/Unit:	
Employer Physical Address City:	
Employer Physical Address State: <i>(abbreviation)</i>	
Employer Physical Address Zip:	
Employer Physical Address County:	
Employer Mailing Address:	
Employer Mailing Address Apt/Unit:	
Employer Mailing Address City:	
Employer Mailing Address State: <i>(abbreviation)</i>	
Employer Mailing Address Zip:	

# Veteran Information

Veteran First Name:	
Veteran Middle Name:	
Veteran Last Name:	
Veteran Full Name:	

# Employee Information

Employee First Name:	
Employee Middle Name:	
Employee Last Name:	
Employee Full Name:	
Employee Date of Birth:	
Employee Social Security Number:	
Employee Email:	
Employee Primary Phone:	
Employee Physical Address:	
Employee Physical Address Apt/Unit:	
Employee Physical Address City:	
Employee Physical Address State: <i>(abbreviation)</i>	
Employee Physical Address Zip:	
Employee Physical County:	
Employee Mailing Address:	
Employee Mailing Address Apt/Unit:	
Employee Mailing Address City:	
Employee Mailing Address State: <i>(abbreviation)</i>	
Employee Mailing Address Zip:	

Employee - Federal Tax Settings		
<b>Federal Filing Status:</b>		<b>Single or Married filing separately</b>
		<b>Married filing jointly or Qualifying surviving spouse</b>
		<b>Head of household</b> ( <i>Check only if you're unmarried and pay more than half the cost of keeping up a home for yourself and a qualifying individual.</i> )
<b>Federal Exempt:</b>		
Employee - Other Information		
<b>Employee Driver's License:</b>		
<b>Employee Driver's License State Issued:</b>		

Employee Payment Selection			
Payment Selection:		:Check	:Direct Deposit
I choose to receive my pay stubs by:		:Email	:Physical Mail
Distribute payment to multiple accounts?:			
<b>1st Direct Deposit Details:</b> (If Direct Deposit chosen please fallout the 1st Direct Deposit Details section)			
Account Type:		:Checking	:Savings
Financial Institution Name:			
Financial Institution Address :			
Bank Routing Transit Number:			
Bank Account Number:			
Account Holder Name:			
If check distributed into two accounts what percentage or flat amount would you like to go into the 1st account? <small>(Else 100% of your check will go to 1st account)</small>			
<b>2nd Direct Deposit Details</b> (If payment distributed into two accounts please fill out 2nd Direct Deposit Details section)			
Account Type:		:Checking	:Savings
Financial Institution Name:			
Financial Institution Address :			
Bank Routing Transit Number:			
Bank Account Number:			
Account Holder Name:			
	<b>Remainder Amount.</b> (Used if percentage is less than 100% or net pay exceeds the flat dollar amount listed for Primary Account 1)		

## Employee - Documentation

The data on this page will be used to auto-complete the Employment Eligibility Verification USCIS Form I-9. To learn more information regarding the Form I-9 go to [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central).

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

1. A Citizen Of the United States:		
2. Non-Citizen National:		
3. Permanent Resident:		Registration Number/USCIS Number:
4. Authorized Alien:		Registration Expiration Date:  1. Alien Registration Number/USCIS Number: OR 2. Form I-94 Admission Number: OR 3. Foreign Passport Number: Country of Issuance:

Employer or their authorized representatives must physically examine one document from list A OR examine a combination of one document from list B and one document from list C. For each document you review, select the document title from the drop down in the appropriate list and record the following information: issuing authority, document number and expiration date, if any.

**Employee** – *If you have a document for List A no need to fill out List B & List C. If you do not have a document for List A please fill out List B & List C.*

### First Document (LIST A)

Document Title:		
Issuing Authority:		
Document Number:		
Expiration Date ( <i>If any</i> ):		

### Second Document (LIST B)

Document Title:		
Issuing Authority:		
Document Number:		
Expiration Date ( <i>If any</i> ):		

### Third Document (LIST C)

Document Title:		
Issuing Authority:		
Document Number:		
Expiration Date ( <i>If any</i> ):		

## Employee Packet

(keep this folder for your records)

### You will need to complete the following steps in order to hire an employee:

Interview applicants and decide who you think would be the best fit for your particular needs.

Have the person you decide to hire complete and send the following to Acumen:

- USCIS I-9 Employment Eligibility Verification
  - Your employee fills out **Section I**.
  - As the Employer, you fill out **Section II**. Employers must enter the date the employee began or will begin working for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and re-submit the form to Acumen within three days of the actual date of hire. *Copies of documents listed on the I-9 are needed based on program's requirements.*
  - To review Frequently Asked Questions about Form I-9, please visit [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com). Choose your state, and then find your program.
- IRS Form W-4 Employee's Withholding Allowance Certificate (*for detailed instructions on how to complete this form go to [www.irs.gov](http://www.irs.gov) and type W-4 in the search box*)
- CA DEE Form DE-4 State of California Employee's Withholding Allowance Certificate (*for detailed instructions on how to complete this form go to [www.edd.ca.gov](http://www.edd.ca.gov) and type DE-4 in the search box*)
- Acumen Employee Agreement Form
- Pay Selection Options for Employees Form
- Employee/Employer Relationship Disclosure for Tax Exemptions
- Employment Profile (Background check form)
- Important Disclosure (Background check form)
- Arbitration Agreement (Background check form)
- Notice to Employee Form & Worker's Compensation

Email, fax or mail completed forms to Acumen

**Mailing Address: 5416 E. Baseline Rd. #200 Mesa, AZ 85206**

**Email: [enrollment-ca@acumen2.net](mailto:enrollment-ca@acumen2.net)**

**Customer Service: 888-516-2432**

**Fax: 888-715-9391**

Acumen will notify you when your employee can begin working. Do not allow any work to be performed prior to this notification. Please allow two weeks before scheduling your employee's first day of work to be sure all paperwork and background checks has been received and processed.

Examples of completed forms can be found in the back of this packet. Although you may photocopy blank forms for future employees, Acumen recommends that you download the forms from our website to ensure that you have the most current versions. You may also contact our Customer Service department to be sure you have the most up-to-date forms or to request copies be sent to you.

For each of your employees, you will need to complete the *DLSE-NTE Notice To Employee* form and provide a copy to your employee along with a current Payment Schedule. The State of California Labor Code section 2810.5 requires all employers to provide each of their employees with a completed *DLSE-NTE Notice to Employee* form upon initial hire, as well as any time there is a change in the employee's pay



rate. Acumen will provide an initial copy of this form and Payment Schedule when your employee is hired. You are responsible for gathering the signatures and keeping it in your employee's personnel file.

We recommend you:

- Complete and sign the *DLSE-NTE Notice to Employee* form
- Have your employee sign it
- Keep a copy for your records
- Provide your employee with a copy of the completed/signed form
- Complete a new form every time your employee's pay rate changes



# Employment Eligibility Verification

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

USCIS

Form I-9

OMB No.1615-0047

Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number (if any)	City or Town State ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address		Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): <input type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____		
Signature of Employee		Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)			Additional Information		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document	For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .
		9. Driver's license issued by a Canadian government authority	The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b> , document, not a List C document.
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.			
• Form I-94 with "RE" notation or refugee stamp issued to a refugee.			

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS

Form I-9

Supplement A

OMB No. 1615-0047

Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 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 ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial (if any)
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 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 ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial (if any)
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 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 ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial (if any)
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 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 ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial (if any)
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name (Family Name) from <b>Section 1</b> .	First Name (Given Name) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

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

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

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

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
---	--	---------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

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

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

The [California Employer's Guide \(DE 44\)](#) (edd.ca.gov/pdf\_pub\_ctr/de44.pdf) provides the income tax withholding tables. This publication can be found by visiting [Payroll Taxes - Forms and Publications](#) (edd.ca.gov/Payroll\_Taxes/Forms\_and\_Publications.htm). To assist you in calculating your tax liability, visit the [Franchise Tax Board \(FTB\)](#) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the [FTB](#) (ftb.ca.gov).

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**Notification:** The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](#) (govt. westlaw.com/calregs/Search/Index), the FTB or the EDD may require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

**Penalty:** You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. Criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the [California Unemployment Insurance Code](#) (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the [Revenue and Taxation Code](#) (leginfo.legislature.ca.gov/faces/codes.xhtml).

# Worksheets

## Instructions — 1 — Allowances\*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

**Two-Earners or Multiple Incomes:** When earnings come from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "Single or Married (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

**Married But Not Living With Your Spouse:** You may check the "Head of Household" marital status box if you meet all of the following:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

**Head of Household:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50 percent of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

## Worksheet A

### Regular Withholding Allowances

(A) Allowance for yourself — enter 1	(A) _____
(B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1	(B) _____
(C) Allowance for blindness — yourself — enter 1	(C) _____
(D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1	(D) _____
(E) Allowance(s) for dependent(s) — do not include yourself or your spouse	(E) _____
(F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4	(F) _____

## Instructions — 2 — Additional Withholding Allowances (Optional)

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

## Worksheet B

### Estimated Deductions

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540	1. _____
2. Enter \$11,080 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,540 if single or married filing separately, dual income married, or married with multiple employers	— 2. _____
3. Subtract line 2 from line 1, enter difference	= 3. _____
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)	+ 4. _____
5. Add line 4 to line 3, enter sum	= 5. _____
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)	— 6. _____
7. If line 5 is greater than line 6 (if less, see below [go to line 9]); Subtract line 6 from line 5, enter difference	= 7. _____
8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise <b>stop here</b> .	8. _____
9. If line 6 is greater than line 5; Enter amount from line 6 (nonwage income)	9. _____
10. Enter amount from line 5 (deductions)	10. _____
11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.	11. _____

\*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

**Worksheet C****Additional Tax Withholding and Estimated Tax**

1. Enter estimate of total wages for tax year 2025. 1. \_\_\_\_\_
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2. \_\_\_\_\_
3. Add line 1 and line 2. Enter sum. 3. \_\_\_\_\_
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4. \_\_\_\_\_
5. Enter adjustments to income (line 4 of Worksheet B). 5. \_\_\_\_\_
6. Add line 4 and line 5. Enter sum. 6. \_\_\_\_\_
7. Subtract line 6 from line 3. Enter difference. 7. \_\_\_\_\_
8. Figure your tax liability for the amount on line 7 by using the 2025 tax rate schedules below. 8. \_\_\_\_\_
9. Enter personal exemptions (line F of Worksheet A x \$163.90). 9. \_\_\_\_\_
10. Subtract line 9 from line 8. Enter difference. 10. \_\_\_\_\_
11. Enter any tax credits. (See FTB Form 540). 11. \_\_\_\_\_
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12. \_\_\_\_\_
13. Calculate the tax withheld and estimated to be withheld during 2025. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2025. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2025. 13. \_\_\_\_\_
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14. \_\_\_\_\_
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15. \_\_\_\_\_

**Note:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

*These Tables Are for Calculating Worksheet C and for 2025 Only*

**Single Persons, Dual Income Married or Married With Multiple Employers**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$10,756	1.100%	\$0	\$0.00
\$10,756	\$25,499	2.200%	\$10,756	\$118.32
\$25,499	\$40,245	4.400%	\$25,499	\$442.67
\$40,245	\$55,866	6.600%	\$40,245	\$1,091.49
\$55,866	\$70,606	8.800%	\$55,866	\$2,122.48
\$70,606	\$360,659	10.230%	\$70,606	\$3,419.60
\$360,659	\$432,787	11.330%	\$360,659	\$33,092.02
\$432,787	\$721,314	12.430%	\$432,787	\$41,264.12
\$721,314	\$1,000,000	13.530%	\$721,314	\$77,128.03
\$1,000,000	and over	14.630%	\$1,000,000	\$114,834.25

**Married Persons**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$21,512	1.100%	\$0	\$0.00
\$21,512	\$50,998	2.200%	\$21,512	\$236.63
\$50,998	\$80,490	4.400%	\$50,998	\$885.32
\$80,490	\$111,732	6.600%	\$80,490	\$2,182.97
\$111,732	\$141,212	8.800%	\$111,732	\$4,244.94
\$141,212	\$721,318	10.230%	\$141,212	\$6,839.18
\$721,318	\$865,574	11.330%	\$721,318	\$66,184.02
\$865,574	\$1,000,000	12.430%	\$865,574	\$82,528.22
\$1,000,000	\$1,442,628	13.530%	\$1,000,000	\$99,237.37
\$1,442,628	and over	14.630%	\$1,442,628	\$159,124.94

**Unmarried/Head of Household**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$21,527	1.100%	\$0	\$0.00
\$21,527	\$51,000	2.200%	\$21,527	\$236.80
\$51,000	\$65,744	4.400%	\$51,000	\$885.21
\$65,744	\$81,364	6.600%	\$65,744	\$1,533.95
\$81,364	\$96,107	8.800%	\$81,364	\$2,564.87
\$96,107	\$490,493	10.230%	\$96,107	\$3,862.25
\$490,493	\$588,593	11.330%	\$490,493	\$44,207.94
\$588,593	\$980,987	12.430%	\$588,593	\$55,322.67
\$980,987	\$1,000,000	13.530%	\$980,987	\$104,097.24
\$1,000,000	and over	14.630%	\$1,000,000	\$106,669.70

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The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. More information is in the instructions that came with your last California resident income tax return.



## Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your pay.

<b>Personal Information</b>	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City	State ZIP Code
	Single or Married (with two or more incomes) Married (one income) Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
  - 1a. Number of Regular Withholding Allowances (**Worksheet A**)
  - 1b. Number of allowances from the Estimated Deductions (**Worksheet B**)
  - 1c. Total Number of Allowances you are claiming
2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)  
OR

### Exemption from Withholding

3. I claim exemption from withholding for 2025, and I certify I meet both conditions for exemption.  (Check box here)  
OR
4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018.  (Check box here)

Under penalty of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Employer's Section:</b> Employer's Name and Address	California Employer Payroll Tax Account Number
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The *Employee's Withholding Allowance Certificate* (DE 4) is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

As of January 1, 2020, the *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) is used for federal income tax withholding **only**. You must file the state form DE 4 to determine the appropriate California PIT withholding.

If you do not provide your employer a completed DE 4, your employer must use Single with Zero withholding allowance.

**Check Your Withholding:** After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**Exemption From Withholding:** If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal and state income tax last year, and
2. You do not expect to owe any federal and state income tax this year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal and state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

**Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- (i) Your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) You are present in California solely to be with your spouse; and
- (iii) You maintain your domicile in another state.

If you claim exemption under this act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The [California Employer's Guide \(DE 44\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (edd.ca.gov/pdf\_pub\_ctr/de44.pdf) provides the income tax withholding tables. This publication can be found by visiting [Payroll Taxes - Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll\_Taxes/Forms\_and\_Publications.htm). To assist you in calculating your tax liability, visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the [FTB](http://ftb.ca.gov) (ftb.ca.gov).

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**Notification:** The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](http://westlaw.com/calregs/Search/Index) (govt. westlaw.com/calregs/Search/Index), the FTB or the EDD may require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

**Penalty:** You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. Criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the [California Unemployment Insurance Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the [Revenue and Taxation Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml).

# Worksheets

## Instructions — 1 — Allowances\*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

**Two-Earners or Multiple Incomes:** When earnings come from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "Single or Married (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

**Married But Not Living With Your Spouse:** You may check the "Head of Household" marital status box if you meet all of the following:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

**Head of Household:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50 percent of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

## Worksheet A

### Regular Withholding Allowances

(A) Allowance for yourself — enter 1	(A)
(B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1	(B)
(C) Allowance for blindness — yourself — enter 1	(C)
(D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1	(D)
(E) Allowance(s) for dependent(s) — do not include yourself or your spouse	(E)
(F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4	(F)

## Instructions — 2 — Additional Withholding Allowances (Optional)

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

## Worksheet B

### Estimated Deductions

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 1.
2. Enter \$11,080 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,540 if single or married filing separately, dual income married, or married with multiple employers – 2.
3. Subtract line 2 from line 1, enter difference = 3.
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) + 4.
5. Add line 4 to line 3, enter sum = 5.
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) – 6.
7. If line 5 is greater than line 6 (if less, see below [go to line 9]);  
Subtract line 6 from line 5, enter difference = 7.
8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number  
enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise **stop here**. 8.
9. If line 6 is greater than line 5;  
Enter amount from line 6 (nonwage income) 9.
10. Enter amount from line 5 (deductions) 10.
11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C. 11.

\*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

**Worksheet C****Additional Tax Withholding and Estimated Tax**

1. Enter estimate of total wages for tax year 2025. 1.
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2.
3. Add line 1 and line 2. Enter sum. 3.
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4.
5. Enter adjustments to income (line 4 of Worksheet B). 5.
6. Add line 4 and line 5. Enter sum. 6.
7. Subtract line 6 from line 3. Enter difference. 7.
8. Figure your tax liability for the amount on line 7 by using the 2025 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$149). 9.
10. Subtract line 9 from line 8. Enter difference. 10.
11. Enter any tax credits. (See FTB Form 540). 11.
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12.
13. Calculate the tax withheld and estimated to be withheld during 2025. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2025. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2025. 13.
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14.
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15.

**Note:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

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## California Area 4 Agency on Aging Employee Agreement Form

Employee Name:
Employee Physical Address:
Employee Physical City/State/Zip:
Mailing Address (if different):
Mailing City/State/Zip:
Employee Phone Number:
Employee Email Address:
Name of Veteran:
Employer/Authorized Representative Name:

### Terms of Employment

I recognize that my employment is contingent upon the enrollment of the Veteran in the Veteran Directed Care program with the California Area 4 Agency on Aging (CA4AA). If my Veteran is no longer in this option, I may no longer be employed. In order to acknowledge the terms of my employment, I agree to the following:

1. I understand and acknowledge that the Veteran, or their chosen representative, is my employer. My employer is not Acumen, the CA4AA, or any other entity involved with this option.
2. I will provide only the services that have been approved by my employer and authorized in the Veteran Spending Plan for the Veteran.
3. I understand that I must notify my employer of any criminal conviction that may occur while working.
4. I agree to complete all required paperwork and be approved prior to providing any services to the Veteran.
5. I understand that I may have access to confidential information about the Veteran and that I am not to repeat this information to anyone other than the participant or their authorized representative.
6. I understand and acknowledge that any untruthful submission of services provided in an attempt to obtain improper payment is subject to investigation as fraud.
7. I understand that I am a mandatory reporter and I am required to report the abuse or neglect of any Veteran in this option to the Case Manager.
8. I understand that I must notify my employer of any work related injury or illness. My employer will contact Acumen immediately at 888-516-2432.
9. I agree to the rate set for this Veteran by the CA4AA and understand that state and federal employer related tax rates are subject to change and may or may not have an effect on my pay rate.

By signing below, I acknowledge that I have read this employee agreement in its entirety. I further acknowledge by signing below that I understand what is being required of me, and agree to abide by its terms and conditions. I further understand and agree that violation of any of the terms and/or conditions of this agreement may result in termination of this agreement and payment for employment to any CA4AA Veteran.

---

Employee Signature

---

Date

---

Employer Signature

---

Date



## Attestation to the Employee Live-in Exemption

Under the U.S. Department of Labor Fair Labor Standards Act (FLSA) – Home Care Rule revised regulations, I confirm that my employee listed below qualifies as a live-in domestic service worker and is exempt from the Fair Labor Standards Act overtime requirements.

***I attest to the following:***

- ***My worker resides on my premises either “permanently” or for “extended periods of time”:***
  - ***“Permanently”*** – *My worker resides on my premises permanently by living, working and sleeping on my premises seven days per week and therefore has NO home of his or her own; OR*
  - ***“Extended Periods of Time”*** – *My worker resides on my premises for an extended period of time by living, working and sleeping on my premises for five days a week (120 hours or more) OR my worker spends less than 120 hours per week working and sleeping on my premises, but spends five consecutive days or nights residing on my premises.*
- ***My worker is/will be paid at least minimum wage for all hours worked.***
- ***There is a written agreement signed by my worker and myself to determine the number of hours that my worker will work.***
  - *Sleep time, meal time and other periods of time of complete freedom from work duties are excluded from work hours.*
  - *If any of the designated freedom of time periods are interrupted, I must pay for that time worked.*
  - *My worker may either leave the premises or stay on the premises during the designated freedom time periods.*
  - *If there is ANY deviation to the written agreement, a new agreement must be made.*

By signing below, I acknowledge that I am the employer for this stated employee and that by declaring this exemption, I have complied with the requirements for this exemption and accept any and all legal responsibility including but not limited to any cost associated with litigation or fines that may result by falsely claiming this exemption. I understand that this attestation form does not constitute the written agreement between me and my worker.

Participant/Client Name: \_\_\_\_\_ (Please print)

State: \_\_\_\_\_

Employer Name: \_\_\_\_\_ (Please print)

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee/Worker Name: \_\_\_\_\_ (Please print)

Employee/Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (877) 211-3738 Email: [customerservice@acumen2.net](mailto:customerservice@acumen2.net)



**Acumen Fiscal Agent**  
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## LEARN, SHOP, CUSTOMIZE & ENROLL

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A free insurance resource made available exclusively to all Acumen Fiscal Agent members and their family members.

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**Humana**

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BlueShield**

# OPEN ENROLLMENT HAS ENDED, BUT YOU STILL HAVE OPTIONS

## Here's How We Can Help:

### Special Enrollment Period

Does your life change qualify you for a special enrollment period? A licensed agent can help you decide. If you qualify, you can enroll into the major medical plan of your choosing.

Visit our online Insurance Resource Center at [acumen.augeobenefits.com](http://acumen.augeobenefits.com) for a full list of qualifications.

### Short Term Medical Coverage

If you haven't experienced a qualifying life change, you and your family can still get covered by enrolling into a Short-Term Medical plan. Our licensed agents will go through your options and enroll you into the best plan for your situation.



**Individual plans from \$60.60/mo\***



**Family plans from \$123.02/mo\***

\*Dates subject to change. Sample rates were calculated on 11/2024 using the zip code 85050. Actual rates may vary. All eligibles were non-smokers.

## WHO WE ARE

Powered by Augeo Benefits, our health insurance marketplace provides an insurance resource to all **Acumen Fiscal Agent members and their family members.**



With one call to Augeo Benefits, you will be able to shop, compare and enroll in health insurance plans both on and off the federal and state marketplaces; allowing you to find the individualized coverage that fits your specific situation.

## DID YOU MISS THE OPEN ENROLLMENT DEADLINE? We Can Help.

**866.248.9991**

[acumen.augeobenefits.com](http://acumen.augeobenefits.com)

Our Online Insurance Resource Center provides 24/7 access to all things insurance, including an Affordable Care Act (ACA) overview, important dates to remember, a tax credit calculator and much more.



# FAQS

## Q Who is eligible?

A All Acumen Fiscal Agent members and their family members are eligible for this service.

## Q How is Augeo Benefits different than the federal and state health insurance marketplaces/exchanges?

A We have created a one-stop shop for you and your family members to receive professional assistance in shopping for, comparing, and enrolling in health insurance plans, both on and off the federal and state marketplaces. Our goal is to expand your options by giving you access to plans located on the government marketplaces as well as options off of those marketplaces.

## Q Do I need to purchase a federal or state marketplace health insurance plan?

A No. We offer access to qualified insurance plans, both on and off the government marketplaces.

## Q What if I have pre-existing conditions?

A Pre-existing conditions no longer limit your Major Medical Insurance. It's the same plans, at the same rates, as those without pre-existing conditions.

## Q Can I apply for a subsidy or tax credit through Augeo Benefits?

A Yes. If you qualify to purchase a health insurance plan from a federal or state marketplace, you can apply for a subsidy/tax credit through Augeo Benefits.

**WE'VE GOT YOU COVERED**

**866.248.9991**

[acumen.augeobenefits.com](http://acumen.augeobenefits.com)



Augeo Benefits is a division of Augeo Affinity Insurance Services, Inc. The Augeo Benefits plan is only available in the 50 United States, Washington D.C., Puerto Rico and U.S. territories. Due to state regulations, some products may not be available in all areas.

CA license #: OG38852



## Pay Selection Options

Below are the options employees have for receiving their paychecks through Acumen. Please read the information about each option and select the one that is right for you. Paystubs will be sent through DCI Message Center. Your login information will be provided in your Good-to-Go letter. **You will need to provide additional information based on your selection; please read the instructions below and return all the necessary forms.**

### Direct Deposit

With this option, your paycheck will be automatically deposited into your bank account on payday. There is no charge from Acumen to receive your pay via direct deposit. You won't have to wait for the mail or make a trip to the bank. On payday, paystubs will be sent via DCI messaging. You can have your paycheck deposited into one or two accounts, and you may change your account information at any time. **Please note:** If you choose to have a percentage of your check deposited into two accounts, you must indicate the percentage to be deposited into both the Primary Account and the Secondary Account, and the combined deposit amount must equal 100%. If no percentage is indicated for the Primary Account, 100% will be deposited into the Primary Account. To enroll, fill out the information on the Authorization for Direct Deposit section of the form and return it, along with the additional requested items, to Acumen. You will receive paper checks by mail until your bank information is verified – usually within two pay periods.

### Pay Card

Pay cards – also called pre-paid debit cards – work just like a regular debit card but are used only for payroll deposits. Acumen does not charge for this option, although the card provider may charge fees for certain transactions. Pay cards are up to 80% less expensive to use than check cashing services. Paystubs will be delivered via DCI messaging on payday. To enroll, complete the Authorization for Pay Card section of the form and return it to Acumen. Money Network will send you an information kit. You will need to activate the card with Money Network and then contact Acumen with your account information. You will receive paper checks by mail until this process is complete. For a complete fee schedule, see:

<https://docs.moneynetwork.com/moneynetwork/prepaid-fees.html>

**Please return the completed form to Acumen.** You may send by email, fax, or mail listed below:

Email: [enrollment-ca@acumen2.net](mailto:enrollment-ca@acumen2.net)

Fax: 888-715-9391

Mail: 5416 E. Baseline Rd. Suite 200 Mesa, AZ 85206

Note: If you do not select one of the options, Acumen will send your paycheck via regular mail, according to the established pay schedule you have received. We make every effort to get your check to you by payday; however, it is impossible to guarantee the date that paper checks will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If your paper check does not arrive within 5 business days of payday, you can call Acumen to issue a stop payment and have a new check issued. A processing fee of \$35.00 will be deducted from the new check for each stop payment request. This fee may be waived by signing up for direct deposit or pay card.

**I choose to receive my pay by (please check one box below):**

Check  Direct Deposit  Pay Card

#### **DIRECT DEPOSIT INFORMATION**

**Please attach a voided check or bank letter** for checking or savings account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

<b>Primary Account 1</b> Account Type: <input type="checkbox"/> <b>Checking</b> (attach a voided check) <input type="checkbox"/> <b>Savings</b> (attach routing & account information printout)	<b>Secondary Account 2</b> (Mandatory if Account 1 deposit is less than 100%) Account Type: <input type="checkbox"/> <b>Checking</b> (attach a voided check) <input type="checkbox"/> <b>Savings</b> (attach routing & account information printout)
Financial Institution Name	Financial Institution Name
Account Holder Name	Account Holder Name
Routing Number	Routing Number
Account Number	Account Number
<b>Percentage of check to be deposited:</b> _____% (Deposit amount must be 100% unless adding Secondary Account)	<b>Percentage of check to be deposited:</b> _____% (Primary & Secondary Account deposits combined <b>must</b> equal 100%)

**Please check this box to allow funds to be deposited into another person's account if you are not the listed account holder.**

#### **AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD or PAPER CHECK**

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If my method of payment is pay card, as the pay card holder, it is my responsibility to close this account should I no longer choose to have payments deposited in this manner. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for either direct deposit or a Pay Card. I understand that the Money Network pay card will have fees for transactions, and that I will be responsible for these fees if I choose this option. I understand that I may elect to have direct deposit to an existing pay card that is already in my name, as long as I provide supporting documentation to verify the routing & account number and name on the account. I understand that Acumen is not liable for any pay card fraudulent activity related to third party transactions. I understand that upon my request, Acumen may attempt a payment reversal. However, if the reversal is not successful, I understand that Acumen is not responsible and I will need to work with my institution to rectify said payment.

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Print Name

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Social Security Number

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Date of Birth

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Email Address

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Signature

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Date



# Employee/Employer Relationship Disclosure for Tax Exemptions

Based on Age, Student Status, and Family Relationship

Employee Name \_\_\_\_\_ Employee SSN \_\_\_\_\_

Employer Name \_\_\_\_\_

Participant Name \_\_\_\_\_

Employees providing domestic services, such as respite or nursing, may be exempt from paying certain federal and state taxes based on the employee's age, student status, or family relationship to the employer. In some cases, the employer may also be exempt based on the employee's status. If you and your employer qualify for these exemptions, **you must take them**. Acumen Fiscal Agent will determine the tax exemptions that apply to you and to your employer based upon your answers below. Please answer all the following questions based on your age, student status, and relationship to the employer.

Relationship Questionnaire	
<b>1. Are you a non-resident alien temporarily in the United States on an F-1, J-1, M-1, or Q-1 visa admitted to the US for providing domestic services?</b>	
<input type="checkbox"/> YES, that description fits my visa status.	<input type="checkbox"/> NO, that description does not fit my visa status.
<b>2. Are you the child of the employer (includes adopted children)?</b>	
<input type="checkbox"/> YES, my employer is my parent (mother or father).	<input type="checkbox"/> NO, my employer is not my parent.
<b>3. Are you the spouse of the employer?</b>	
<input type="checkbox"/> YES, my employer is my spouse (husband, wife domestic partner, or other in footnote #3).	<input type="checkbox"/> NO, my employer is not my spouse.
<b>4. Are you the parent of the employer (includes adopted children)?</b>	
<input type="checkbox"/> YES, my employer is my child (son or daughter).	<input type="checkbox"/> NO, my employer is not my child.
<b>5. If you answered, "<u>YES</u>," to Question 4, check any of the following that apply.</b>	
<input type="checkbox"/> YES, I also provide care for my grandchild or step-grandchild in my child's home.	
<input type="checkbox"/> YES, my grandchild or step-grandchild is under 18, or has a physical or mental condition that requires personal care of an adult for at least four weeks in a row during the calendar quarter in which services are performed.	
<input type="checkbox"/> YES, my child (son or daughter) is widowed, divorced, not remarried or living with a spouse who has a mental or physical condition so the spouse cannot care for my grandchild for at least four weeks in a row during the calendar quarter in which services are performed.	
<input type="checkbox"/> NO, none of the above apply.	
<b>6. Are you under the age of 18 or do you turn 18 before December 31?</b>	
<input type="checkbox"/> YES, I am under 18 or am turning 18 before December 31	<input type="checkbox"/> NO, I am over 18.
<i>If you answered, "<u>YES</u>," to Question 6, answer the following question. If you answered, "<u>NO</u>," skip the question below.</i>	
<b>Is this job of performing household services (respite) your principal occupation?</b>	
<b>NOTE: Do not answer, "YES," if you are a student.</b>	
<input type="checkbox"/> YES, this is my main job.	<input type="checkbox"/> NO, this is not my main job.

**IMPORTANT: You must notify Acumen Fiscal Agent if your status changes.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

# Employee/Employer Relationship Disclosure for Tax Exemptions

## Employee Copy – Keep for your records

Employees providing domestic services such as personal assistance may be exempt from paying certain federal and state taxes based on the employee's age, student status or family relationship to the employer. In some cases, the employer may also be exempt from paying certain taxes based on the employee's status.

**IMPORTANT:** Please see IRS Publication: #926 – Household Employer's Tax Guide, and IRS website article: "Foreign Student Liability for Social Security and Medicare Taxes" for additional information.

### **IMPORTANT:**

- **These exemptions are not optional.** If the employee and employer qualify for these tax exemptions they must be taken.
- If the employee's earnings are exempt from these taxes, the employee may not qualify for the related benefits, such as retirement benefits and unemployment compensation.
- The questions regarding family relationship refer to the relationship between the employee and the employer of record (common law employer). In some cases, the program participant is the employer of record. In other cases, the employer of record may be someone other than the program participant. Check program rules.
- Program rules may prohibit some types of employees. For example, most Medicaid-funded programs do not permit a spouse to be paid as an employee for providing services to a spouse. Check program rules.
- Acumen Fiscal Agent LLC will determine the tax exemptions that apply to the employee and employer based on the information provided by the employee. Acumen Fiscal Agent LLC cannot provide tax advice.

### **Question #1: Tax Exemptions for Non-Resident Students**

For a non-resident student in the United States on an F-1, J-1, M-1, or Q-1 visa admitted to the US for the purpose of providing domestic services, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state. See footnote #1.

### **Question #2: Tax Exemptions for Children under 21 years old Employed by Parent**

For a child (**does not include step-child.**) under 21 employed by his or her parent, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee until the child (employee) turns 21 years of age. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state. See footnote #2.

### **Question #3: Tax Exemptions for Spouses Employed Spouses**

For a spouse (husband, wife, or domestic partner in some states) employed by his or her spouse, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state. See footnote #3.

### **Question #4 & #5: Tax Exemptions for Parents Employed by Children**

For a parent (**does not include step-parent,**) employed by his or her child and answering "No" to any of the additional questions under Question #5 regarding caring for a grandchild or step grandchild, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state.

For a parent (**does not include step-parent.**) employed by his or her child and answering "Yes" to all of the additional questions under Question #5 regarding caring for a grandchild or step grandchild, the employer is exempt from paying Federal Unemployment Tax (FUTA) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state. See footnote #4

For Question #5, the term calendar quarter means January-March, April-June, July-September, October-December

### **Question #6: Tax Exemptions for Employee under Age 18 at any point during the calendar year**

For employees under the age of 18 or turning 18 in the calendar year: If the employee is a student, domestic services are deemed not to be the employee's principle occupation and the employer and employee are exempt from paying FICA (Social Security and Medicare taxes).

Employment Relationship Status	Federal Insurance Contributions Act - Social Security and Medicare Taxes (FICA)	Federal Unemployment Tax Act (FUTA)	State Unemployment Insurance (SUTA)
Foreign Student on VISA in US for Purpose of Providing Domestic Service	FICA exempt	FUTA exempt	See footnote #1
Child (does not include step-child) while employers by Parent	FICA exempt only until 21st birthday	FUTA exempt only until 21st birthday	See footnote #2
Spouse Employed by Spouse	FICA exempt	FUTA exempt	SUTA exempt. See footnote #3
Parent (does not include step-parent) Employed by Child	FICA Exempt only if not also caring for dependent child (including step-child) of the employer (employee's grandchild)	FUTA exempt	SUTA exempt except in NY and WA, See footnote #4
Employee Under 18 or Turning Age 18 in the Calendar Year	FICA exempt through year of 18th birthday only if enrolled as a full-time student	Not Applicable	Not Applicable

#### FOOTNOTES:

- (1) A foreign student in the United States on an F-1 or J-1 visa is exempt from SUTA in PA and WA. MT and WI exempt F-1, J-1, M-1 and Q-1 visas from SUTA tax.
- (2) A child under age 18 employed by his or her parent is exempt from SUTA in the following states: CA, IL, MA, ME, MN, NJ, NV, OH, OR, PA, SC, TN, WA, WV. A child under age 21 employed by his or her parent is exempt from SUTA in the following states: AL, AZ, GA, HI, ID, IN, KS, LA, MO, NC, NY, OK, TX, UT, VA, WY and the District of Columbia. GA defines a child as "natural, legally adopted, step, and foster except that foster must be living in the same home as the employer". MO and WY define a child as "natural, legally adopted, foster, and step". MT exempts anyone classified as a dependent
- (3) AL exempts common law marriages created prior to 1/1/2017.  
CA, NV, and WA exempt a domestic partner employed by his or her domestic partner.  
GA exempts common law marriages created prior to 1/1/1997.  
HI exempts reciprocal beneficiary relationships and civil unions.  
ID exempts common law marriages created prior to 1/1/1996.  
IN exempts common law marriages created before 1/1/1958.  
KS, MT and TX exempt all common law marriages.  
NJ exempts civil unions.  
OH exempts common law marriages created prior to 10/10/1991.  
SC exempts common law marriages created prior to 07/24/2019  
All states recognize common law marriages created in a different state.
- (4) A parent employed by his or her child is exempt from SUTA in the District of Columbia and all states except NY and WA. MO defines parents as natural, foster, or step".



# EMPLOYMENT PROFILE

Authorization Form to be Fully Completed & Signed

\*\*\*\*\* Please Print Clearly \*\*\*\*\*

Human Resource ProFile, Inc.

8506 Beechmont Ave.

Cincinnati, OH 45255-4708

800-969-4300 / 513-388-4300

## INDIVIDUAL INFORMATION

Name _____	Last _____	First _____	MI _____	Maiden _____
Address _____	City/State _____	County _____	Zip _____	
Previous _____	City/State _____	County _____	Zip _____	
Social Security # _____	Driver's License Number _____			
Date of Birth _____ / _____ / _____ Month Day Year	Age is not a criterion in any decision, but is used for identification purposes ONLY.			
		Driver's License State of Issuance _____		

Professional License: Type _____	License # _____	State _____
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## SCHOOLS ATTENDED

School Name	City / State Campus / Phone Number	Dates From _____ To _____	Graduate? Y / N	Degree Type Earned
High School:				
If GED received, list state and district or military facility, and year received:		Name as it appears on high school diploma or GED certificate:		
College:	City/State/Campus/Phone Number	From _____ To _____	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:		
Grad./Tech./Other:	City/State/Campus/Phone Number	From _____ To _____	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:		

Have you ever pled guilty, been convicted, entered a plea of no contest, had prosecution deferred, had prosecution diverted (diversion program), or adjudication withheld for any crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, list All Offenses, including Traffic and/or Criminal		City, County, and State of Offense		
Year	Offense	City	County	State

I have been informed in writing that a consumer report or investigative consumer report may be obtained on me for employment purposes. I hereby authorize the procurement of the report and authorize and direct the release to Human Resource ProFile, Inc., an independent contract agency, information held by any parties regarding my previous employment, my criminal history record and/or record of convictions in federal, state and local files for violations of any federal, state, local statutes or ordinances, my credit history, workers' compensation history, driving record, government agency lists, and scholastic records and hereby release said persons, schools, companies, courts, agencies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed periodically by Human Resource ProFile, Inc. and reported to my prospective/current employer. I hereby acknowledge that Human Resource ProFile, Inc. cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release Human Resource ProFile, Inc., its agents and/or my prospective/current employer from any and all liabilities arising out of any errors or omissions regarding my background information and authorize Human Resource ProFile to release any and all information to my prospective/current employer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY: Acumen Fiscal Agents - California

Date Sent: _____	From: <u>Acumen Customer Service</u>	Acct # <u>ACUFA-001</u>	
Time Sent: _____	Phone: <u>866-522-8636</u>	Fax: <u>877-522-8636</u>	
<input checked="" type="checkbox"/> Conviction History	<input type="checkbox"/> Credit	<input type="checkbox"/> MVR	<input type="checkbox"/> Education Verification
<input type="checkbox"/> Employment History	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Federal Exclusion	<input type="checkbox"/> Violent Sex Offender
<input checked="" type="checkbox"/> Federal District	<input type="checkbox"/> Professional Licensure	<input type="checkbox"/> Special Request	

When requesting a report for employment purposes from HRP, you must also certify to HRP that you have provided the applicant/employee with the disclosure form and obtained the applicant/employee's consent to procure the report. HRP's two page authorization profile forms complies with these requirements.



# IMPORTANT DISCLOSURE

FCRA Required  
Clear and Conspicuous Notice

**Please read before completing and signing the Employment ProFile Form.**

**I HAVE BEEN INFORMED IN WRITING AND ACKNOWLEDGE THAT A "CONSUMER REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" MAY BE OBTAINED ON ME FOR EMPLOYMENT PURPOSES.**

**I FURTHER UNDERSTAND THAT THIS "CONSUMER REPORT" AND/OR "INVESTIGATIVE CONSUMER REPORT" WILL BE PERFORMED BY HUMAN RESOURCE PROFILE AND PROVIDED TO MY PROSPECTIVE/CURRENT EMPLOYER. I ALSO UNDERSTAND THAT I HAVE CERTAIN RIGHTS THAT ALLOW ME TO DISPUTE ANY ERRONEOUS INFORMATION CONTAINED IN MY REPORT.**

**I FURTHER UNDERSTAND I HAVE A RIGHT TO MAKE A REQUEST TO HR PROFILE, UPON PROPER IDENTIFICATION, TO REQUEST THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF MY REQUEST.**

**I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATEMENT.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notice to California Applicants:** Under California law, the consumer reports we order on you are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HR ProFile during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at HR ProFile in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

YES, I am a California Applicant and I request to receive a free copy of any investigative consumer report ordered on me by checking this box.

YES, I am a California Applicant and I hereby waive my right to obtain a copy of the consumer report by checking this box.

**Maine applicants only:** By checking here, I indicate that I wish to receive a copy of any Report obtained by the Employer from HR ProFile as well as the address and telephone number of said consumer reporting agency. (Check only if you wish to receive a copy)

**New York applicants only:** By checking here, I acknowledge that I have received the attached copy of Article 23A of New York's Correction Law and that I wish to receive a copy of any Report obtained by the Employer from HR ProFile as well as the address and telephone number of said consumer reporting agency.

**Massachusetts, Minnesota, New Jersey, & Oklahoma applicants only:** I have the right to request a copy of any Report obtained by the Employer from HR ProFile by placing a checkmark here. (Check only if you wish to receive a copy)

**California, Connecticut, Hawaii, Illinois, Maryland, Oregon, Vermont, & Washington State applicants only (as applicable):** I understand that the Employer will not obtain information about my credit history/records, credit worthiness, credit standing, or credit capacity unless the information is substantially job related, and the reasons for using the information are disclosed to me in writing. Credit history information is considered for positions whose essential functions include access to customer and/or company financial or confidential information, managerial positions (as defined by the State Labor Laws), a position in a financial institution, a position with signatory rights on the company bank account credit card, or money transfers, a position with authority to enter into financial contracts, a position with regular access to cash totaling \$10,000 or more of the employer, a customer, or a client during the workday, or a position for which the information contained in the report is required by law to be disclosed or obtained.

**Human Resource ProFile, Inc.**

8506 Beechmont Avenue \* Cincinnati, OH 45255-4708 \* 800/969-4300 \* 513/388-4300 \*

## ARBITRATION AGREEMENT

**(This Agreement cannot be altered, or else it is rendered null and void)**

\_\_\_\_\_ is an applicant/employee (the “Applicant/Employee”) for employment with \_\_\_\_\_ (the “Prospective Employer/Employer”) and understands that the Prospective Employer/Employer will request that a Background Check be performed on him/her by Human Resource ProFile, Incorporated (“HRP”) as a condition of employment.

For good and valuable consideration, including prospective or continued employment, the sufficiency of which is hereby acknowledged, the Applicant/Employee, Prospective Employer/Employer and HRP (hereinafter referred to individually as a “Party” and collectively as the “Parties”) hereby agree that any and all claims or causes of action against a Party(ies) by another Party(ies) under the Fair Credit Reporting Act (“FCRA”) or any other applicable federal or state law, whether based in tort, contract or other basis, which arises in any way from the Background Check Report, disclosures required under the FCRA or state law, any adverse action taken by the Prospective Employer/Employer or by HRP on behalf of the Prospective Employer/Employer, or any other alleged violations of federal, state or local law, shall be arbitrated by the Parties in accordance with the Federal Arbitration Act (“FAA”). Such arbitration shall take place in the county in which the Prospective Employer/Employer is located or where the prospective employment was to take place or employment took place.

The arbitration required above shall be brought “on an individual basis only” and not “on a class action basis.” The Applicant/Employee, Prospective Employer/Employer and HRP further agree that the validity of this Arbitration Agreement shall be determined solely by the arbitrator(s).

HRP is executing this Agreement on behalf of itself and in its capacity as a duly authorized agent of the Prospective Employer/Employer as per the HRP Service Agreement therewith. This Agreement may be executed using electronic and/or facsimile signatures, and such signatures shall have the same force and effect as if they were original signatures, and shall be effective as of the date that it is fully executed. If any provision hereof is declared to be unenforceable, the remainder hereof shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have signed this Agreement as of the date set forth opposite their respective signatures.

\_\_\_\_\_  
Applicant/Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name of Prospective Employer/Employer)

\_\_\_\_\_  
Human Resource ProFile, Incorporated

By: \_\_\_\_\_  


By: \_\_\_\_\_  


HRP as its duly authorized Agent  
Print Name: Mark Owens  
Title: President  
Date: April 1, 2023

Print Name: Mark Owens  
Title: President  
Date: April 1, 2023

## NOTICE TO EMPLOYEE

*Labor Code section 2810.5*

### EMPLOYEE

Employee Name: \_\_\_\_\_

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

### EMPLOYER

Legal Name of Hiring Employer: \_\_\_\_\_

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])?  Yes  No

Other Names Hiring Employer is "doing business as" (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address of Hiring Employer's Main Office:  
\_\_\_\_\_  
\_\_\_\_\_

Hiring Employer's Mailing Address (if different than above):  
\_\_\_\_\_  
\_\_\_\_\_

Hiring Employer's Telephone Number: \_\_\_\_\_

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: \_\_\_\_\_

Physical Address of Main Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### WAGE INFORMATION

Rate(s) of Pay: \_\_\_\_\_ Overtime Rate(s) of Pay: \_\_\_\_\_

Rate by (check box):  Hour  Shift  Day  Week  Salary  Piece rate  Commission

Other (provide specifics): \_\_\_\_\_

Does a written agreement exist providing the rate(s) of pay? (check box)  Yes  No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement?  Yes  No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):  
\_\_\_\_\_

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: \_\_\_\_\_

## WORKERS' COMPENSATION

Insurance Carrier's Name: North River Insurance Company - Crum & Forster

Address: 305 Madison Ave P.O. Box 1973 Morristown, NJ, 07962-1973

Telephone Number: 866-472-2297

Policy No.: 4067402643

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: \_\_\_\_\_

### PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 5 days or 40 hours, whichever is greater, of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
  1. requesting or using sick days;
  2. attempting to exercise the right to use paid sick days;
  3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
  4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor

The following applies to the employee identified on this notice: (Check one box)

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 40 hours (or 5 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt or partially exempt from paid sick leave by Labor Code §245.5. (State exemption and subsection for exemption):

### EMERGENCY OR DISASTER DISCLOSURE

There is a state or federal emergency or disaster declaration applicable to the county or counties where the employee will work issued within 30 days before the employee's first day of employment and that may affect their health and safety during employment. (State emergency or disaster declaration and how it may affect health or safety)

  

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### ACKNOWLEDGEMENT OF RECEIPT

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.