



Paying For Your Supports Packet

Payment Schedule

A Payment Schedule has been provided in this folder. Please remember to follow this schedule so your employees are paid on time. Late submissions will be processed in the next pay cycle according to the schedule. Paychecks will be mailed directly to your employee(s).

Reporting Employees' Time

Anytime your employee performs work, you and the employee need to report that work to Acumen. There are (3) three ways you can report work performed to Acumen: DCI Mobile App, Phone EVV or Web Time Entry.

DCI Mobile EVV App

The preferred method for submitting your employees' time worked is through Acumen's DCI Mobile App (DCI Mobile EVV). The DCI Mobile App allows you and your employee to submit, review and approve hours worked. The DCI Mobile App is easy to use and can be used on an iOS or Android mobile device.

Phone EVV

Another method for submitting your employees' time worked is through Acumen's Phone EVV. Phone EVV allows your employee to call in from your landline phone when they start and end their shift. They must call in from the landline phone number that is on file for the member.

1. When the employee is ready to clock in or clock out of their shift, they will call the Acumen Phone EVV number (855) 807-9595 from the landline number that is on file for the member
2. The employee will follow the phone prompts to clock in & clock out of their shift

Direct Care Innovations (DCI)/Web Time Entry (WTE)

DCI/WTE is an Internet-based application that allows you to submit your employee(s) hours online and provides real-time account statements, service authorization information, and employee enrollment status details. It is also used to review and manage your employees' time.

The DCI Mobile App and Phone EVV are used when time submissions are entered at the time the service is provided; i.e. real time. To get started with using any of the options above, contact our customer service team (866) 811-3099 or email them at customerservice@acumen2.net.

See your Good to Go letter from Acumen for login information.

Employee Pay Rates

If you want to establish or change an employee's hourly wage, complete a new *Employee Rate Sheet* and provide it to Acumen. Changes to pay rates must be submitted at least 2 weeks before you want them to take effect. Make sure you refer to the *Sandhills Program Code Descriptions* so you can see the "payroll cost". The "payroll cost" information will help you know how much money each hour of service will cost. The difference between this rate and the billing rate for the service will be placed in your Budget Surplus Balance. Check with your Community Navigator about what you can use the money in your Budget Surplus Balance for.

Budget Surplus Balance Requests

Acumen can make payments out of your Budget Surplus Balance. To request a payment, complete the *Budget Surplus Balance Request* form and email, fax or mail the form to Acumen. Remember all payments from the Budget Surplus Balance must be approved in your Plan. Be sure to check the dollars you have remaining in the Budget Surplus Balance before submitting a request for payment. Acumen cannot make payments that will put the Budget Surplus Balance into the negative.

When completing the *Budget Surplus Balance Request* form, enter the information on the line corresponding to what you want paid. Below is information about each:

- If you are requesting your employee to be paid mileage, enter the total miles times the rate per mile on the Mileage line. Mileage will be paid on the employee's pay check with their hours but the mileage will not be taxed.
- If you are requesting your employee to be paid a bonus, enter the gross amount you want paid to the employee on the Bonus line. The employee's taxes will come out of the gross amount.
- If you are requesting payment for training or supervision hours, enter the number of hours and the rate of pay in the Description. Payment for the employee's hours will be taxed.



NC Innovations Payment Schedule Effective July 1, 2022

To ensure that your employees and/or service providers are always paid on time, please ensure your employee's time is entered and approved online by the due date, even if it falls on a weekend or holiday. These dates are strictly enforced. Any time that is approved after the due date or payment requests received after that date will be processed for the following payment period.

Be sure to have all hours entered and approved by the "Submissions Due NO Later Than" date. To access the DCI Employer and Employee Portal, go to:

<http://acumen.dcisoftware.com>

If you would like to attend a webinar on how to use either the Mobile App or online Web Time Entry portal, visit www.acumenfiscalagent.com and click on the Events tab. If you have any questions or concerns, contact our Customer Call Center at 866-522-8636.

"MONTH"
refers to the month that services were provided.

"Payment Period End Date" is the last day of services in the pay period.

MONTH	Payroll Start Date	Payment Period End Date	Submissions Due NO Later Than	Direct Deposit/Check Date
JULY	7/1/22	7/15/22	7/18/22	7/29/22
	7/16/22	7/31/22	8/3/22	8/15/22
AUGUST	8/1/22	8/15/22	8/18/22	8/30/22
	8/16/22	8/31/22	9/3/22	9/15/22
SEPTEMBER	9/1/22	9/15/22	9/18/22	9/30/22
	9/16/22	9/30/22	10/3/22	10/14/22
OCTOBER	10/1/22	10/15/22	10/18/22	10/28/22
	10/16/22	10/31/22	11/3/22	11/15/22
NOVEMBER	11/1/22	11/15/22	11/18/22	11/30/22
	11/16/22	11/30/22	12/3/22	12/15/22
DECEMBER	12/1/22	12/15/22	12/18/22	12/30/22
	12/16/22	12/31/22	1/3/23	1/13/23
JANUARY	1/1/23	1/15/23	1/18/23	1/30/23
	1/16/23	1/31/23	2/3/23	2/15/23
FEBRUARY	2/1/23	2/15/23	2/18/23	2/28/23
	2/16/23	2/28/23	3/3/23	3/15/23
MARCH	3/1/23	3/15/23	3/18/23	3/30/23
	3/16/23	3/31/23	4/3/23	4/14/23
APRIL	4/1/23	4/15/23	4/18/23	4/28/23
	4/16/23	4/30/23	5/3/23	5/15/23
MAY	5/1/23	5/15/23	5/18/23	5/30/23
	5/16/23	5/31/23	6/3/23	6/15/23
JUNE	6/1/23	6/15/23	6/18/23	6/30/23
	6/16/23	6/30/23	7/3/23	7/14/23

"Direct Deposit/Check Date" shows the date that payment will be issued. For those payees that have selected direct deposit or pay card, this is also the date that funds will be available in their accounts.

"Submissions Due NO Later Than" is the last date that your employee's time can be approved and your vendor payment requests can be submitted, for the pay period in order to be paid as scheduled.

Please share this schedule with your employees, and keep a copy in a safe place for easy reference.

Acumen Fiscal Agent
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206

NC INNOVATIONS
REV 6/28/22

Show Me the Money



It costs you, the employer, more to employ someone than just their wages. By law, employers need to pay a portion of an employee's Social Security and Medicare taxes, as well as Federal and State unemployment taxes. Workers' Compensation Insurance is part of your program, and is also an employer-related cost. Acumen calls these employer-related costs the "Cost to You."

What this means is that for every \$1.00 you pay in wages, you must add approximately 12 cents to pay for taxes and Workers' Compensation. The "Cost to You" is simply the employee's wage multiplied by **0.12** (the 12 cents per dollar mentioned above). Acumen calculates and pays these taxes and Workers' Compensation on your behalf. It is important for you to understand how this impacts your authorization/budget. This Show Me the Money form is a tool you can use to calculate the "Cost to You." Be sure that you round up your calculation to the nearest penny.

Simply fill in the blanks below to determine the "Cost to You."

<div></div>	X	<div>0.12</div>	=	<div></div>
Employee Wage		Taxes & Workers' Comp		Cost to You (always round <u>up</u>)

Example 1:

Jane wants to pay her new employee, Don, the minimum wage rate of \$7.25 per hour. Using the tool described above, Jane calculates her costs:

<div>\$7.25</div>	X	<div>0.12</div>	=	<div>\$8.12</div>
Employee Wage		Taxes & Workers' Comp		Cost to You (always round <u>up</u>)

It will cost Jane \$8.12 per hour to pay her employee a wage of \$7.25 per hour. Jane determines how this will impact her budget. She then fills out the Employee Rate Sheet with a rate of \$7.25 per hour for Don and returns this form to Acumen before Don's first day of employment.

Example 2:

Jake wants to give his employee, Maria, a wage increase. He spoke with his Care Coordinator and knows that \$11.00 per hour is an allowable rate for his approved service code. Jake calculates what it would cost him to pay Maria a wage of \$11.00 per hour using the tool described above:

<div>\$11.00</div>	X	<div>0.12</div>	=	<div>\$12.32</div>
Employee Wage		Taxes & Workers' Comp		Cost to You (always round <u>up</u>)

It would cost Jake \$12.32 per hour to pay his employee, Maria, a wage of \$11.00 per hour. Jake determines how this will impact his budget. He decides he can afford to increase Maria's wage to \$11.00 per hour. Jake then completes an Employee Rate Sheet for Maria with the new rate of \$11.00 per hour and returns this to Acumen before the date he wants the increase to start.

North Carolina MCO

SANDHILLS Standard Bill Rates & Acumen Max Pay Rates (Effective 12/1/2022)

***Note:** Max Bill Rate is the amount Acumen bills to Sandhills for each unit of service. The Payroll Cost includes the hourly pay rate, Employer Taxes and Workers' Compensation. The difference between the Payroll Cost and what is billed will be added into your Fund Balance. Below is a breakdown of the payroll costs.

BILL CODE	ACUMEN CODE	DESCRIPTION	UNIT TYPE	MCO UNIT BILL RATE	MCO HOURLY BILL RATE	EOR EMPLOYEE MAX PAY RATE	APPROXIMATE EMPLOYER BURDEN PER HOUR
T2013TF	CLSI	COMMUNITY LIVING AND SUPPORTS	15 MIN UNIT	6.73	26.92	24.03	2.89
T2013TFHQ	CLSG	COMMUNITY LIVING AND SUPPORTS GROUP	15 MIN UNIT	4.06	16.24	14.50	1.74
T2012GC	CLSI	COMMUNITY LIVING AND SUPPORTS LIVE-IN/COMMUNITY	15 MIN UNIT	6.73	26.92	24.03	2.89
T2012GCHQ	CLSG	COMMUNITY LIVING AND SUPPORTS GROUP LIVE-IN/COMMUNITY	15 MIN UNIT	4.06	16.24	14.50	1.74
H2015	CNTI	COMMUNITY NETWORKING	15 MIN UNIT	6.67	26.68	23.82	2.86
H2015HQ	CNTG	COMMUNITY NETWORKING GROUP	15 MIN UNIT	3.41	13.64	12.17	1.47
S5150	RSPI	RESPIRE	15 MIN UNIT	4.59	18.36	16.39	1.97
S5150HQ	RSPG	RESPIRE GROUP	15 MIN UNIT	3.34	13.36	11.92	1.44
T1005TD	RSPR	RESPIRE RN	15 MIN UNIT	9.54	38.16	34.07	4.09
T1005TE	RSPL	RESPIRE LPN	15 MIN UNIT	9.54	38.16	34.07	4.09
H2025	SEMI	SUPPORTED EMPLOYMENT	15 MIN UNIT	8.95	35.80	31.96	3.84

North Carolina MCO

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BILL CODE	ACUMEN CODE	DESCRIPTION	UNIT TYPE	MCO UNIT BILL RATE	MCO HOURLY BILL RATE	EOR EMPLOYEE MAX PAY RATE	APPROXIMATE EMPLOYER BURDEN PER HOUR
H2025HQ	SEMG	SUPPORTED EMPLOYMENT GROUP	15 MIN UNIT	2.44	9.76	8.71	1.05
H2025TS	SEMILT	SUPPORTED EMPLOYMENT LTFA INDIVIDUAL	15 MIN UNIT	7.99	31.96	28.53	3.43
H2025TSHQ	SEMGLT	SUPPORTED EMPLOYMENT LTFA GROUP	15 MIN UNIT	2.06	8.24	7.35	.89
T2033U1	SLP	SUPPORTED LIVING PERIODIC	15 MIN UNIT	6.01	24.04	21.46	2.58
T2033	SLL1	SUPPORTED LIVING LEVEL 1	DAILY	201.12	NOT APPLICABLE	179.57	NOT APPLICABLE
T2033HI	SLL2	SUPPORTED LIVING LEVEL 2	DAILY	237.15	NOT APPLICABLE	211.74	NOT APPLICABLE
T2033TF	SLL3	SUPPORTED LIVING LEVEL 3	DAILY	294.46	NOT APPLICABLE	262.91	NOT APPLICABLE
S5110	NSEI	NATURAL SUPPORTS EDUCATION	15 MIN UNIT	9.69	38.76	34.60	4.16
H2015U1	CNCC	COMMUNITY NETWORKING CLASS AND CONFERENCE	PER AUTH	AS APPROVED IN AUTHORIZATION	AS APPROVED IN AUTHORIZATION	NOT APPLICABLE	NOT APPLICABLE
H2015U2	CNTT	COMMUNITY NETWORKING TRANSPORTATION	PER MILE	AS APPROVED IN AUTHORIZATION	AS APPROVED IN AUTHORIZATION	NOT APPLICABLE	NOT APPLICABLE
T1999	IGS	INDIVIDUAL GOOD & SERVICES	PER AUTH	AS APPROVED IN AUTHORIZATION	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
T2025U1	ESUP	EMPLOYER SUPPLIES	PER AUTH	AS APPROVED IN AUTHORIZATION	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NOT APPLICABLE	FUND	FUND BALANCE REQUEST	NOT TO EXCEED AMOUNT IN FUND BALANCE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Total payroll cost breakdown includes the following	
Federal Insurance Contributions Act (FICA):	7.65% of taxable wages
Federal Unemployment Tax Act (FUTA):	0.6% of taxable wages
State Unemployment Tax Act (SUTA):	SUTA is determined on an individual basis. The 2022 calendar year new employer SUTA rate is 1.0%. If you are not a new employer, your rate could be different. Contact Acumen for your individual rate.
Workers' Compensation:	2.75% of gross wages
Pay Rate:	Gross wage paid to employee



Paying Vendors

Vendor Payments

Acumen can make vendor payments on your behalf if Employer Supplies and/or Individual Goods & Services are within your plan. Complete the *Request for Vendor Payment Form* and email, fax or mail the form with a copy of a voided receipt, itemized invoice or a bid/estimate (quote) to the Care Coordinator for review. The Care Coordinator will submit the request to the Sandhills Utilization Management Department for approval. Acumen cannot pay until an authorization and approval are received from Sandhills.

Form W-9

A completed *Form W-9* must be submitted to Acumen prior to any vendor payments. Please consult with your vendor/independent contractor to have them fill this form out. The form can be found on the Acumen website with your other program forms at www.acumenfiscalagent.com, select Participant/Employer then select your state and program. The form can also be found at www.irs.gov/pub/irs-pdf/fw9.pdf.

In addition, all vendor are subject to 1099 tax reporting. For more information regarding Form 1099-MISC, please see Acumen's MISC Reporting FAQs found at www.acumenfiscalagent.com, and then click on Resources.

ALL VENDORS and NON-EMPLOYEES MUST SUBMIT A FORM W-9 TO RECEIVE PAYMENT.

Timeline for Vendor Payments

Completed *Request for Vendor Payment Forms* will be paid according to the *Payment Schedule* included in this packet.

Electronic Funds Transfer (EFT) Direct Deposit

Acumen offers an Electronic Funds Transfer (EFT)/Direct Deposit option for vendor or non-employee payments. Funds can be deposited electronically into the vendor's account on the pay day according to the *Payment Schedule*. If the vendor would like to participate in the EFT option, please have them fill out the *Vendor Electronic Funds Transfer Form*. This form can be found at www.acumenfiscalagent.com, click on Participant Employers, then select your state and program. You can also contact Acumen to request the form.

ELECTRONIC FUNDS TRANSFER FORM

VENDOR PAYMENTS

Payroll Agent: Acumen Fiscal Agent, LLC
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206

Phone: 866-811-3099
Fax: 855-264-3292

* Please attach a voided check for checking account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Any changes to the account must be submitted immediately! The initial request and any subsequent changes will **not** be direct deposited to your account until the account is authorized by your Financial Institution. Authorization will take effect not less than 10 days after acceptance by the Financial Institution. Paper checks will be mailed to your address of record until the account is authorized.

Account Type: ☐ checking (attach voided check)
☐ savings (attach routing and account information printout)

☐ **New Account** ☐ **Change of Account** ☐ **Cancellation**

Financial Institution Name

Address

City

State

Zip

Account Routing Number

Account Number

I hereby authorize Acumen Fiscal Agent, LLC, hereinafter called Company, to initiate credit entries and, if necessary, debit entries for the purpose of correcting an erroneous credit previously initiated to the business account indicated above. I further authorize the Financial Institution named above to accept such entries and to credit or debit the amount thereof to such account.

This authority is to remain in full force and effect until Company and Financial Institution have received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

Print Business Name

EIN

Print Name and Title of Individual Authorizing EFT

Phone Number

Signature

Date



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Request for Budget Surplus Payment Form



Participant Name	Participant ID #
Employer Name	

Payment Instructions

Make Check Payable To:	
Name	Is this payment to an Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip

Enter information on the appropriate line below for payment from the Budget Surplus Balance.

- Budget Surplus Balance – Mileage, write in total miles X rate in the Description.
- Budget Surplus Balance – Bonus, write in the gross amount of the payment. Taxes will come out of this amount. Service date should be within pay period of pay cycle in which you wish to pay your Employee.
- Budget Surplus Balance – Training, use this code for Training/Supervision hours. Enter the number of hours and rate of pay in the Description.

Service Date	Service Code	Description	Total Amount
	BSBS-Mileage		
	BSBS-Bonus		
	BSBS-Training		
		Total Check Amount	
		Invoice Number (if applicable)	

Return this form to Acumen by email to payroll-nc@acumen2.net

REMINDER: Please be sure to check the amount remaining in your Budget Surplus allotment. Acumen cannot pay more than is remaining.

By signing this form, I attest that services were delivered and received consistent with the Individualized Support Plan and I have rendered and/or approved the above payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized including but not limited to the repayment of claim. Collection costs or legal fees will be my responsibility.

EOR Signature

Date

Information on how to return completed form to Acumen by fax, mail or email is listed below.

Acumen Fiscal Agent, LLC
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Phone (866) 811-3099 Fax (855) 264-3292
Payroll-nc@acumen2.net



Vendor Payment Request Form

Participant Name	Participant Acumen ID #
Employer Name (if different than Participant)	MCO Name:

Please check if you are requesting:

☐ Check to agency/vendor/independent contractor
 ☐ EFT to agency/vendor/independent contractor

Payment Instructions

Make Check Payable To:	
Vendor FEIN or SS#	Vendor Name
Vendor Address	Vendor City/State/Zip
Does Vendor have a W9 on file? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, please include a W9 completed by the vendor.	

Service Date	Service Code	Description of Vendor Payment Request	Total Amount
		Total Check Amount	

Return this form to Acumen by email to ncmcoagents@acumen2.net
 Include a copy of the bill, invoice, or signed bid/estimate.

By signing this form, I attest that services were delivered and received consistent with the Individual Service Plan and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to my repayment of claim.

****Note**** This payment must be approved by the MCO before payment can be made. Please refer to the rules of the MCO in which the participant receives their waiver services.

Employer Signature

Date

Request for Vendor Payment Instructions

Service Code	Description
INGS	Individual Goods and Services – approved service
ESUP	Employer Supplies – approved service

ACUMEN REQUIRES AN IRS FORM W-9 BE SUBMITTED WHEN PAYMENTS ARE MADE TO AGENCIES, VENDORS AND INDEPENDENT CONTRACTORS. THIS FORM MUST BE RECEIVED BY ACUMEN PRIOR TO ANY PAYMENT. VENDORS CANNOT BE PAID IF THEIR NAME SHOWS UP ON THE LIST OF EXCLUDED INDIVIDUALS AND ENTITIES (LEIE).

1) Vendor Payments

The employer submits the request to the Care Coordinator along with an invoice/quote. Acumen will issue a check made payable to the vendor. The check will then be mailed directly to the vendor.

2) Online Order Requests

The employer can submit the vendor request form, along with screenshots and/or Wish List (example: Amazon, Walmart) for items to be purchased on behalf of the participant to the Care Coordinator.

Instructions for Employers to complete and submit the Vendor Payment Request Form

The Employer fills out the Vendor Payment Request Form. Please note that vendor requests follow the same schedule as payroll, and will be processed based on the Invoice/request date and when approval through the care coordinator is received.

A) For services rendered, the Employer attaches a copy of the itemized invoice(s) or quote(s).

Invoice/Quote must be on letterhead. Information must be itemized listing out parts/materials, labor, shipping, tax, etc. The Employer signs the form and submits this to the Care Coordinator. The Care Coordinator will review and submit the request to the Sandhills Utilization Management Department for approval. Once reviewed and approved, Care Coordinator will provide approval information to the Employer. The Employer will provide the approval information to Acumen along with the request. Acumen will receive authorization from Sandhills to make the payment.

B) For requests for items to be purchased by Acumen on behalf the participant, the Employer creates a Wish List (example: Amazon, Walmart) and/or submits screenshots of the items to be purchased along with the form to the Care Coordinator. The Total Check Amount must include shipping and tax where applicable. The Care Coordinator will review and submit the request to the Sandhills Utilization Management Department for approval. Once reviewed and approved, Care Coordinator will provide approval information to the Employer. The Employer will provide the approval information to Acumen along with the request. Acumen will receive authorization from Sandhills to make the purchase.

- **Price changes/differences.** As long as the price of the item does not exceed the amount approved by the care coordinator, Acumen will make the purchase, even if the price of the item changes from the time of submittal to the time of Acumen making the purchase.
- **Voided receipt, itemized invoice or bid/estimate (quote).** Information shown must include at a minimum: date of quote/invoice, vendor/agency information and the person completing the quote on company letterhead, name and address for who quote/invoice is for (name of individual), itemized information including shipping costs, installation costs, sales tax, labor, parts/materials, costs for permits and inspections

There may be no duplication of costs or restocking fees.



Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Toll Free: (866) 811-3099
Fax: (855) 264-3292
www.acumenfiscalagent.com



Online Vendor Purchase Request Form

Participant Name	Participant Acumen ID #
Employer Name (if different than Participant)	MCO Name:

1. A PDF of the shopping cart must be provided. The shopping cart must include a total which includes **taxes and shipping costs.**
2. If the vendor is not already contracted with Acumen the employer must get a W9 from the vendor and provide a copy of the completed W9 to Acumen.
3. **For Vaya Only** – Include a copy of the Vaya approval letter and the supplies request breakdown.
4. **This purchase must be approved by the MCO before payment can be made. Please refer to the rules of the MCO in which the participant receives their waiver services.**

Payment Instructions

Online Vendor Name:
Provide Shipping Address of Employer:

Service Date	Service Code	Description (online purchases must include Item #, number of items, screenshot of item, color, and size)	Total Amount
Total Amount (must include taxes & shipping costs) (For online purchases, actual purchase price may vary. You will be contacted if approval price does not cover the actual costs of the purchase request.			

Return this form to Acumen by email to ncmcoagents@acumen2.net

By signing this form, I attest that services were delivered and received consistent with the Individual Service Plan and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to my repayment of claim.

Employer Signature

Date