

Minnesota Clerical, Inc.
Payroll Specialist



A step in the right direction!

Welcome to Minnesota Clerical, Inc.

Please find attached the necessary forms that need to be completed, signed, dated, and returned to the office. Note there is a Employee Handbook attached for your reference. Also needed with the I-9 form is copy of your Drivers license, SS card or passport please have site client review documents and sign I-9 form.

There is a signed Client Services Agreement between MN Clerical, Inc. and its clients recognizing that the staff will be co-employees of MN Clerical, Inc. The Agreement is established to assist with the payroll portion of employee staffing, while the client oversees all aspects of the employment. List MN Clerical, Inc. as employer on all wage verification, unemployment benefits, etc.

An overview of reporting hours and direct deposit of your payroll. The pay periods run bi-weekly; every other Saturday is the end of a pay period. The time card is to be emailed to Minnesota Clerical, Inc. include your employee number this will be assigned when packet is returned roxanneolsen@mnclericalinc.com CC: client the time card for review. The payroll is processed and direct deposited to the employee account on that Friday after the last day of the pay period(reference pay period list available on company website). A paper encrypted pay stub will be emailed to you for your records please retain.

MN Clerical, Inc. does offer at no cost to eligible employees the following benefits: \$25k life insurance, LTD, and AD&D coverage. If you work 25+ hours per week please complete the life beneficiary form in the packet. There is a voluntary employee sponsored benefit package available to you, including dental, vision, many AFLAC products please reference on our website at www.mnclericalinc.com(via Chrome) or contact the office.

If you have any questions on the employee packet, or payroll reporting please feel free to give me a call. I look forward to working with you and will handle the payroll processing with over forty years of experience.

Sincerely,

Roxanne L. Olsen
President

Minnesota Clerical, Inc
17230 Uplander Street NW
Andover MN 55304
Office: 763-753-7243 Fax: 763-753-7246



MN Clerical, Inc. considers applicants for all positions without regard to race, color, creed, religion, sex, sexual orientation, marital status, age, national origin, veteran/military status, status with regard to public assistance, membership or activity on a local commission, disability, familial status or any other legally protected status.

1. Title of position(s) for which you are applying:		2. Date of Application		
		Mo.	Day	Yr.
3. Are you available to work: <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular Part-Time				
Days & Hours Available:				
4. Home Phone:		5: Cell Phone:		6. Salary Desired?
7. Name:		8: Work Phone		
May we contact you at this number? Yes No				
9. Address				
Street		City		State Zip
10. Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Have you ever submitted an application with the company before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been employed with the company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates:				
12. Is anyone related to you employed by MN Clerical, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please give their name and relationship to you:				
13. Do you have a valid drivers license? (For driving positions only.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been convicted of any moving violations in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:				
Do you have restrictions for travel on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No				
14. Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If hired, you will be required to provide proof of such eligibility.				
15. Can you, with or without reasonable accommodation, perform the essential functions of this job?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
(If you have questions about the function of the job, please ask the interviewer before answering this question.)				
16. How did you hear about us?				
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee: _____ <input type="checkbox"/> Other: _____				
email address				

CANDIDATE STATEMENT

▣ PLEASE READ CAREFULLY BEFORE SIGNING ▣

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be the cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that the submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by MN Clerical, Inc. that such employment with the Company is **AT WILL**, for no specified duration and may be terminated by either the Company or myself at anytime, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the Company or its representatives used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of the Company, except the president, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the president of MN Clerical, Inc..

In consideration for employment with MN Clerical, Inc., if employed, I agree to conform to the rules, regulations, policies and procedures of the Company at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the Company's business, attendance and punctuality are considered essential requirements of every job at the Company and that poor attendance or tardiness will result in disciplinary action.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Company. I understand this decision is to rest with the Company.

If employed, I agree to hold in strictest confidence any information concerning the Company which may come to my knowledge.

I understand that if employed by the Company, I may be required to sign a confidentiality disclosure and/or, a non-compete agreement.

I understand that if offered a position with the Company I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand those unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to MN Clerical, Inc. and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

I understand that in the event that employment disputes arise between the Company and me, the Company and I will resolve these disputes through an Alternative Dispute Resolution Agreement. The ADR Agreement provides for final and binding arbitration. This ADR Policy applies to all disputes. **THE ADR AGREEMENT DOES, HOWEVER, PRECLUDE ME FROM PERSUING COURT ACTION REGARDING ANY SUCH DISPUTES.**

I understand that an offer of employment is conditional on my providing documentation necessary to establish my identity and eligibility to work in the United States in accordance with the requirements of the Immigration and Naturalization Services I-9 form, and completion of the company's standard employee agreement concerning patents and confidential information.

In consideration of my employment, I agree to abide by all policies and regulations of the Company.

My signature is evidence that I have read, understood, and agree with the above statements.

Signature of Applicant: _____ Date: _____



Have you ever been convicted of a criminal offense?

Do not include convictions that were sealed, eradicated or expunged, or convictions that result in referral to a diversion program.

Yes **No**

Saying yes is not a bar to employment at MN Clerical, Inc. Please provide additional information in the space below or an extra sheet, if necessary. MN Clerical, Inc will make an individualized assessment of the information provided, taking into account factors including, but not limited to, the nature of the crime, the time elapsed, the facts and circumstances surrounding conviction, the nature of the job applied for and business necessity.



2022 W-4MN, Minnesota Withholding Allowance/Exemption Certificate

Employees

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

First Name and Initial	Last Name	Social Security Number
Permanent Address		Marital Status (Check one): <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City	State ZIP Code	

Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.

Section 1 — Determining Minnesota Allowances

- A Enter "1" if no one else can claim you as a dependent **A** _____
- B Enter "1" if any of the following apply: **B** _____
 - You are single and have only one job
 - You are married, have only one job, and your spouse does not work
 - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" if you are married. Or choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) . **C** _____
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. **D** _____
- E Enter "1" if you will use the filing status Head of Household (see instructions). **E** _____
- F Add steps A through E. If you plan to itemize deductions on your 2022 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. . . . **F** _____

- 1 **Minnesota Allowances.** Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet **1** _____
- 2 Additional Minnesota withholding you want deducted for each pay period (see instructions) **2** \$ _____

Section 2 — Exemption From Minnesota Withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- A** I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
- B** Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
 - I had no Minnesota income tax liability last year
 - I received a refund of all Minnesota income tax withheld
 - I expect to have no Minnesota income tax liability this year
- C** All of these apply:
 - My spouse is a military service member assigned to a military location in Minnesota
 - My domicile (legal residence) is in another state
 - I am in Minnesota solely to be with my spouse. My state of domicile is _____
- D** I am an American Indian that resides and works on a reservation.
 Enter the reservation name: _____
 Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number: _____
- E** I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay
- F** I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

Employee's Signature	Date	Daytime Phone Number
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Employees: Give the completed form to your employer.

Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)
Address	City	State ZIP Code

Employee's Withholding Certificate

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
Add the amounts above and enter the total here		3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

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

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

BENEFICIARY DESIGNATION FORM
 Life Insurance Company of North America



Employer Name _____
 Employee Name _____ Employee Social Security # _____
 Current Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Work Phone _____ *please enter all dates in mm/dd/yyyy format*

Primary and Contingent Beneficiaries – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Basic Term Life Insurance, Life Insurance Company of North America - Policy No.				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Basic Accident Insurance, Life Insurance Company of North America - Policy No.				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

If you need additional space using the above format, attach a separate piece of paper with the appropriate policy number, the date, and your signature.

Note: This form is not complete without your signature. Please sign the form where indicated.

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date ____/____/____

Owner Signature _____ Date ____/____/____

Minnesota Clerical, Inc. Benefits Election/Waiver Form

Date ____/____/____

Part A - Employee and Family Member Information

Last Name _____ First Name _____ Age _____ Spouse's Age _____
Home Address _____ # of Dependents _____
City, State and Zip _____
Phone Number _____
Email Address _____

Part B - Plan Election and/or Waiver

Please check the boxes to indicate your plan election(s) and/or waiver(s) below.

Plan Name	Elect Single Coverage	Elect Family Coverage	Waive Coverage
Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
voluntary life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Specified-Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Confinement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity or Sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part C - Signature

Your Signature _____ Date _____

Whether you are electing or waiving coverage, **please return this form to Minnesota Clerical, Inc.** Once the Plan Administrator receives this election/waiver form, a representative will contact you to discuss your enrollment in more detail. If form is not returned to our office, employees has waived coverage.

Minnesota Clerical, Inc.
Payroll Specialist



A step in the right direction!

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Please check one: New Participant
 Change in Account

Employee Name: _____

Employee Number: _____ SS #: _____

.....

Until revoked by me in writing Minnesota Clerical, Inc. is hereby authorized to deposit my net pay each pay period directly to my bank or financial institution as shown below. I authorize the financial institution(s) listed below to accept and credit entries by Minnesota Clerical, Inc. to debit my account(s).

Bank or Financial Institution: _____

City/State/Zip: _____

Account Number: _____

Routing Number: _____

Please check one: Checking Account
 Savings Account

If requesting a specific amount be deposited each pay period to an account please indicate the amount: \$ _____

For accuracy, please attach a voided check or for savings a deposit slip

Employee Signature: _____ Date: _____

*Minnesota Clerical, Inc.
17230 Uplander Street NW* Andover MN 55304* 763-753-7243 Fax: 763-753-7246*

Employee's Name: _____

Please Print

Signature

Position: _____

Date: _____