

PH: 772-466-0440
FAX: 772-264-0775
WWW.ATLANTICPAYROLL.US

TWO LOCATIONS
3802 CROSSROADS PKWY
FORT PIERCE, FL 34945

207 AVE K S.E.
WINTER HAVEN, FL 33880



Atlantic
PAYROLL PARTNERS

New Hire Packet

Notice to CLIENT COMPANY: NO Person shall be considered an employee of Atlantic Payroll Partners, LLC until the "NEW HIRE PACKET" forms have been completed in full, signed, and submitted to Atlantic Payroll Partners. If the CLIENT COMPANY does place such person into service prior to submitting the completed "NEW HIRE PACKET", the person is NOT working under Atlantic Payroll Partners' workers' compensation policy and the CLIENT COMPANY is completely responsible for all liabilities and or penalties should any occur (Refer to Client Service Agreement for details).

*****Supervisor/manager MUST complete "Section 5" on the last page of this packet.*****

CLIENT COMPANY : _____

NEW HIRE NAME: _____

Rate of Pay: \$ _____ per _____

W/C CLASS CODE: _____

APPLICATION FOR EMPLOYMENT

Date _____

~~SHORT FORM~~

S.S.# _____

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70. Title I employment provisions of the AMERICANS WITH DISABILITIES ACT of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures.

PERSONAL INFORMATION

Name _____
 _____ (Last) _____ (First) _____ (Middle)

Address _____
 _____ (Street) _____ (City) _____ (State) _____ (Zip)

Address _____
 _____ (Street) _____ (City) _____ (State) _____ (Zip)

Driver License No.: _____ (State) _____ (Number) _____ (Expiration date)

Are you legally eligible for work in the United States? ___ YES ___ NO Are you 18 years or older? ___ YES ___ NO

Position Applied For _____ Referred By _____

Ever applied to this company before? ___ YES ___ NO. If yes, when? _____

Would you prefer to work ___ FULL TIME ___ PART TIME ___ TEMPORARY Date Available _____

Are you employed now? ___ YES ___ NO. Salary Desired _____ Phone _____

Does your present employer know of your plans to change employment? ___ YES ___ NO

Have you been convicted of a felony within the past 7 years? ___ YES ___ NO. If YES, please explain:

(CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYMENT)

FORMER EMPLOYERS (List below last three employers, starting with last one first)

Employer		DATES EMPLOYED	
Address		FROM	TO
Telephone Number(s)		HOURLY RATE/SALARY	
Job Title		STARTING RATE	FINAL RATE
Supervisor	IS IT OKAY IF WE CALL THEM?	DUTIES	
Reason for leaving			
Employer		DATES EMPLOYED	
Address		FROM	TO
Telephone Number(s)		HOURLY RATE/SALARY	
Job Title		STARTING RATE	FINAL RATE
Supervisor	IS IT OKAY IF WE CALL THEM?	DUTIES	
Reason for leaving			
Employer		DATES EMPLOYED	
Address		FROM	TO
Telephone Number(s)		HOURLY RATE/SALARY	
Job Title		STARTING RATE	FINAL RATE
Supervisor	IS IT OKAY IF WE CALL THEM?	DUTIES	
Reason for leaving			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time.

DATE _____ SIGNATURE _____

(PLEASE INCLUDE COPIES OF TWO FORMS OF IDENTIFICATION)

SECTION 5 – TO BE COMPLETED BY EMPLOYEE’S SUPERVISOR OR MANAGER

Location/Dept. Name: _____

Date of Hire: _____

Job Title: _____

Workers Comp Class Code: _____

special instructions/if any:

Pay Cycle: Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Salary Full Time Part Time

Accurate Time Records Must Be Maintained

Rate of Pay: \$ _____ per _____

Tipped Individual: NO YES

Shift Pay: NO YES Rate: \$ _____ per _____

Piecework: NO YES Rate: \$ _____ per _____

Commissions: NO YES Rate: \$ _____ per _____

***Client Company is responsible for completing, verifying, and maintaining I-9 Form for utilized individual and must be able to timely furnish APP a copy upon request.**

Supervisor, Manger
or Authorized Signature: _____

Title: _____ Date: _____

SECTION 1 – BASIC INFORMATION

Atlantic Payroll Partners, LLC (APP) is a professional employer organization (“PEO”). In this PEO relationship, APP is the employer of record for payroll, tax reporting, workers compensation insurance, claims management, and other possible administrative functions. The client company or worksite employer is responsible for the day to day work of the utilized individuals and otherwise running the client company.

EQUAL OPPORTUNITY EMPLOYER

We adhere to a policy of making employment decisions without regard to race, color, age, sex, sexual orientation, sexual preference, religion, national origin, disability, handicap, genetic information or marital status. If you require reasonable accommodation in completing the form, please inform us.

Last Name: _____ First Name: _____ Middle initial: _____

Social Security #: _____ Date of Birth: _____ Marital Status: _____

Address: _____ Apt/unit #: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone Number: _____

Do you have any limitations which may affect your ability to safely or effectively perform the position you are offered? If YES, please explain: _____

SECTION 2 - WORKSITE AGREEMENT

I, the undersigned individual, in consideration of my being placed in a professional employer organization relationship with Atlantic Payroll Partners, LLC (hereafter referred to as “APP”) acknowledge and agree to the following:

- (1) At all times during my relationship with APP, I understand and agree that I will remain an employee of the client company for which I am working (“Client”) that has contracted with APP and, to the extent allowed by law, Client will continue to have sole and exclusive control over my day-to-day job duties and over the worksite(s) where I perform services. Additionally, to the extent allowed by law, Client will continue to provide all onsite supervision, including, but not limited to, determining my job assignments and training requirements and evaluating my performance. Also, to the extent allowed by law, Client will determine my job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment;
- (2) I understand and agree that I will receive my daily instructions from Client. I also understand that all new hires working at Client have a 90-day probationary period at which time any party can terminate employment without further obligation;
- (3) I understand and agree that my status with APP is at-will. I further understand and agree that there is no contract of employment which exists between APP and me and I understand and agree that APP will not become a party to any contract of employment which I have already entered into or which I may in the future enter into with Client. Additionally, I understand and agree my at-will status with APP does not change the employment status I had with Client prior to the existence of the professional employer relationship between APP and Client and that APP is not responsible for any contractual obligations which may exist between Client and me;
- (4) I understand and agree that I am performing services within a professional employer organization (“PEO”) relationship where the duties and responsibilities applicable to me are set forth in a service agreement entered into between Client and APP;
- (5) I understand and agree that APP has assumed such responsibility to pay me wages as is required by applicable law. I also understand and agree that, unless otherwise required by law if APP does not receive payment from Client for services which I perform as a utilized individual, APP may, where allowed by law, pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. Additionally, I understand and agree that Client at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt individual and to pay me my full salary if I am an exempt individual if APP is not fully paid by Client for services that I render;
- (6) I also understand and agree that, unless otherwise required by law, where payment for the following items have not been received by APP from Client, APP does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, compensation, benefit, or for any other payment not required by law, in any form, or for any other similar type of payment, unless APP has specifically, in a written agreement entered into with me, adopted Client’s obligation to pay me such compensation or benefit (APP does assume this responsibility where such payment has been received from Client encompassing such items regarding me);
- (7) Unless otherwise contractually agreed to by Client and APP, APP has agreed to maintain workers’ compensation insurance covering my employment. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers’ compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of APP or against APP based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of APP and/or against APP for damages based upon injuries which are covered under such workers’ compensation statutes. In the event of a work-related injury, I understand and agree that, to the extent allowed by law, my sole remedy lies in coverage under APP’s workers’ compensation policy or Client’s workers’ compensation policy if it maintains its own workers’ compensation policy;
- (8) I understand and agree that if I am injured on the job, even if the injury is minor or I do not want treatment, I must immediately report it to my supervisor. I also agree to comply with any lawful drug testing policy which may be adopted, and I specifically agree to post-accident drug testing in any situation where it is allowed by law;
- (9) I agree to abide the drug and alcohol policy in place where I perform my job duties. I understand I am working at a drug and alcohol free workplace, where the drug and alcohol policy prohibits, among other things, the unlawful possession, consumption, distribution, or unauthorized use by all utilized individuals of alcohol or any illegal

drugs or illegally obtained drugs in the workplace or when conducting work. Nor is any utilized individual permitted to work after having ingested illegal or illegally obtained drugs or while impaired or under the influence of alcohol or illegal drugs (with regard to prescription drugs, the misuse of such drugs is also prohibited). Employees can be required to submit to drug and or alcohol testing under certain circumstances in accordance with the drug and alcohol free workplace testing program, including post-accident and reasonable suspicion testing. Any utilized individuals who violates the drug and alcohol free policy may be subject to immediate discharge by Client. Questions concerning drug and alcohol free policies/ testing should be directed to APP's Human Resources Director at 772-466-0440;

- (10) In addition, I also agree that if at any time during my employment at Client I am subjected to any type of discrimination, including discrimination because of race, sex, sexual orientation, sexual preference, harassment of any type, disability, color, age, genetic information, national origin, citizenship status, religion, retaliation, veteran status, military status, or union status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact an appropriate person of Client. In most instances, this appropriate person will be the President of Client. Should I choose not to contact Client for any reason, I may contact APP's Human Resources Director at 772-466-0440 for the limited purpose of having APP, at its option, and not as an employer, but as a possible facilitator, try in its sole discretion, to attempt to facilitate a resolution;
- (11) I understand and agree that Client has sole and exclusive control over my day-to-day job duties and Client has sole and exclusive control over the job site at which, or from which, I perform my services and that APP only reserves and retains such rights and authority as is required by applicable law. I agree that APP does not have actual control over my workplace and, as such, is not in a position to end or remediate any discrimination, harassment, unsafe working condition, retaliation, or wrongdoing which may be occurring. The responsibility to resolve and/or end such inappropriate conduct or unsafe working condition rests with Client, however, APP may attempt to facilitate a resolution;
- (12) I understand and agree that due to licensure and workers' compensation restrictions applicable to professional employer organizations, if I am accepted as a utilized individual of APP, I am expressly prohibited from performing any work outside the state in which I am currently performing services for Client ("Home State") during my status as a utilized individual except as may be allowed pursuant to the workers' compensation policy provided to me by APP or except as may be allowed in writing by APP and the applicable workers' compensation carrier;
- (13) If I work outside the Home State for Client or for anyone else without first securing this approval as set forth at (12), I understand and agree that I will no longer be in a professional employer organization relationship with APP and may not be provided workers' compensation benefits through APP or the applicable workers' compensation carrier and my professional employer organization relationship with APP will be considered immediately terminated upon commencement of my trip outside the Home State to perform work where prior approval has not been received as set forth herein;
- (14) I understand and agree that, to the extent allowed by law, any obligation of APP ceases when APP's professional employer organization agreement with Client terminates;
- (15) I understand and agree if I am eligible for any benefits it is my responsibility (and the responsibility of any family members/ dependents who wish to participate) to timely submit all required forms and information;
- (16) To the extent allowable by law, by signing this Agreement, I assign to APP, my right to assert a priority wage claim against Client under 11 U.S.C. § 507 (a)(3) in the event that a Bankruptcy Petition is filed under Title 7 and or Title 11 of the United States Code by or on behalf of Client;
- (17) I hereby authorize any party or agency contacted by Client, APP, or their respective agent(s) to furnish information requested to the extent permitted by federal, state, or local law. I understand that I may be required to complete additional releases authorizing Client or its designees and agents to investigate all statements contained in this or any other employment related documents. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, or local law, Client, APP, their respective designees and agents(s) and any party delivering information to them pursuant to this authorization from any liabilities, claims, charges, or cause of action that I may have as a result of gathering, delivery or disclosure of any requested information;
- (18) I further agree that at the end of my employment with Client, I will report back to APP for possible reassignment to another Client. If I fail to report within 48 hours, I may be denied unemployment benefits; and
- (19) Should I sign this form and/or complete APP's utilized individual paperwork and never be accepted as a utilized individual of APP, this form shall be null and void.

I hereby certify that all information contained in this New Employee Packet or in any other application, resume, or document provided to Client or APP is true, accurate and complete, and is provided knowingly and voluntarily. I understand that providing any false, inaccurate, or incomplete information may result in disciplinary action, up to and including termination of my employment.

SIGNATURE OF UTILIZED INDIVIDUAL: _____

Date: _____

SECTION 3 – EQUAL OPPORTUNITY EMPLOYER

We are an Equal Opportunity employer and do not discriminate on the basis of race, ancestry, color, religion, sex, age, marital status, sexual orientation, national origin, medical condition, disability, veteran status, or any other basis protected by law. The information provided will be used for research, reporting, statistical purposes and to monitor legal compliance. To help us comply with these government requirements, please complete the following information. Completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment. We appreciate your cooperation.

Gender (Choose One): Male Female I Choose Not to Respond

<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)	<input type="checkbox"/> Black or African American (Not Hispanic or Latino)	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian (Not Hispanic or Latino)	<input type="checkbox"/> White (Not Hispanic or Latino)	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Some Other Race	<input type="checkbox"/> I Choose Not to Respond	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (Not Hispanic or Latino)		

Employee's Withholding Certificate

▶ **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.**

2021

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 2021 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) _____
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

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. 1 \$
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. 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. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 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. 3
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). 4 \$

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



- 1 Enter an estimate of your 2021 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. 1 \$
2 Enter: { • \$25,100 if you're married filing jointly or qualifying widow(er) • \$18,800 if you're head of household • \$12,550 if you're single or married filing separately } 2 \$
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-" 3 \$
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. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		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 (mm/dd/yyyy)
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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 (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

Employer Completes Next Page



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 		<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 		<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.

REW LANDSCAPE CORP.

EMPLOYEE POLICIES AND PROCEDURES – EFFECTIVE DATE 01/01/2011

(Revised December 2010)

(Revised January 2015)

(Revised September 2016)

(Revised June 2017)

QUALITY

We have implemented a Total Quality Process which is founded on the principle of unending quality improvement. This commitment to quality is our daily challenge to achieve by working closely with our customers to clearly understand their requirements.

SAFETY

The personal safety of each employee is of primary importance. As an employee, you are responsible for wholehearted, genuine cooperation with all aspects of the safety rules and regulations.

PROBATIONARY PERIOD

The probationary period of your employment is during the first 90 days. This time gives you the opportunity to look at REW and decide whether you like your new job surroundings. This time also gives REW the opportunity to appraise your ability and suitability for the position. The new employee is expected to pay close attention to the instructions received and learn the job well, since you will be evaluated during the first three months of employment for safety, quality and attendance.

WORK ASSIGNMENTS

Employees are generally assigned to a specific work position and location to carry out their scope of work, with exceptions as needed due to the burden of workload and client requirements. Employees are to arrive at their work site at the scheduled daily start time and remain until the scheduled daily end time.

ATTENDANCE POLICY

It is every employee's responsibility to be at work every day and on time in order to satisfy the company scheduled client commitments.

PAYDAY

Employees are paid on a weekly basis with the pay period from Monday thru Sunday and a pay date of Monday. Your supervisor will distribute your paycheck by the end of your shift on Monday. It is your responsibility to confirm the accuracy of each paycheck and report any error to your supervisor for resolution.

DIRECT DEPOSIT

Employees are eligible for direct deposit after 6 months of continual employment. For forms please see the Payroll Department.

LEAVE OF ABSENCE

There may be times when you need to be absent for personal reasons. Your supervisor may grant personal, unpaid leave after careful review of your circumstances. If it is necessary for you to be absent from work because of a death of an immediate family member, you will be permitted to take up to five days off without pay. The immediate family shall be defined as father, mother, child, sister, brother, father-in-law, mother-in-law, grandparent or legal guardian.

JURY DUTY

REW provides compensation for up to seven days in any calendar year for time lost from work due to jury duty. You will receive the difference between the amount you received as jury pay and your regular salary rate. You must notify your supervisor as soon as possible about your jury assignment and furnish your duty voucher to receive payment.

GARNISHMENT COMPLIANCE

The payroll department is required to withhold garnishment deductions as specified on mandated court orders received by the company.

HOLIDAYS

Employees who have completed the 90-day probationary period are eligible to receive only the following observed holidays off with pay: (1) New Year's Day (2) Memorial Day (3) Independence Day (4) Labor Day (5) Thanksgiving Day (6) Christmas Day

PERSONAL/SICK TIME

Please be advised that due to economic conditions, it is necessary to eliminate the benefit of paid personal or sick time. If you require personal or sick time, it is your responsibility to notify your supervisor with as much advance notice as possible in order to cover your workload.

VACATION DAYS

The objective of our vacation policy is to provide each eligible employee with an opportunity to rejuvenate oneself by enjoying a continuous period of rest and recreation and change of atmosphere. Eligible employees will earn vacation time determined by the employee’s anniversary date, as follows: 1 year of continued employment will earn 5 days or 40 hours.

****PLEASE NOTE: THE MOST VACATION HOURS YOU CAN EARN IS 40 HOURS PER YEAR ONLY****

VACATION HOURS MUST BE UTILIZED YEARLY WITHIN YOUR ELIGIBLE TIME FRAME.

Any unused hours will expire at the end of each anniversary year.

EMPLOYEE REVIEWS

Supervisors are responsible for employee reviews.

PENSION PLAN

Employees are eligible to participate in the Plan after 1 consecutive years of employment. For detailed information, please contact the Payroll Department.

INSURANCE

Insurance is available to all full time employees after the 91st day of employment (1st day of month following 60 days of employment). Denying insurance offered by REW will make you ineligible for insurance through the marketplace. For detailed information, please contact the Payroll Department.

NATIONAL DISASTER

In the event of a National Disaster (Hurricanes), please contact the office at 407/328-9425. To the best of their ability, our staff will make every attempt to record a message concerning the company status. REW believes that you should take care of your family first and stay safe.

VEHICLE SAFETY

All employees that drive while conducting company business of any sort are required to fasten their seat belts before the vehicle is set into motion. This applies to all company-owned vehicles, as well as rentals and personal vehicles. It is the ultimate responsibility of each individual driver to comply with this policy. It is also recommended that each driver ensure that all vehicle occupants comply with this policy.

All employees that drive while conducting company business of any sort are required to pull off the road to talk on a cell phone or use a hands free device. This applies to all company-owned vehicles, as well as rentals and personal vehicles. It is the ultimate responsibility of each individual driver to comply with this policy. It is also recommended that all vehicle occupants ensure that drivers comply with this policy.

GPS MONITORING

All hours reported for payroll will be reconciled to GPS reports at the end of each week. Be sure to notate explanation on time sheet of any possible discrepancies. Payroll correction will be retro. Please see Mike Couch for any questions.

EMPLOYEE DEDUCTIONS

Employee agrees to the following possible deductions if applicable:

- Uniform set up fee
- Uniforms
- REW provided T-Shirts
- REW provided hat
- Cell phone if provided and not returned
- Admin fees
- Loans

Employee Signature: _____

Date _____

Employee Printed Name: _____



WAIVER OF COVERAGE

Employee Name (Please print clearly):		Date of Birth:	
Social Security Number:		Employer's Name:	
<p>This is to acknowledge that the available coverage has been explained to me by my employer. I have been given the opportunity to apply for the available coverage and have elected not to enroll myself or my dependents for the following reason(s):</p> <p><input type="checkbox"/> I am covered under another group health plan as a spouse or dependent.</p> <p><input type="checkbox"/> I am covered by <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA</p> <p><input type="checkbox"/> I am covered through an individual policy.</p> <p>If you checked one of the above, please attach a copy of your insurance card or complete the following:</p>			
Subscriber Name:		Carrier:	
Member/Policy Number:	Group Number:	Member Services Telephone Number:	
(If subscriber has more than one coverage plan, please indicate below.)			
Subscriber Name:		Carrier:	
Member/Policy Number:	Group Number:	Member Services Telephone Number:	
<p><input type="checkbox"/> I do not wish to participate in health care benefits at this time and I have no other health care coverage.</p> <p>If you are currently declining enrollment for yourself or your dependent (including your spouse) because of other health coverage, you may be able to enroll yourself or your dependents in this plan at a later time, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, adoption, or placement for adoption or within 60 days as permitted for newborns.</p> <p>Special enrollment rights may also apply if you lose coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for state premium assistance under Medicaid or CHIP. An employee or dependent who loses coverage under Medicaid or CHIP as a result of the loss of Medicaid or CHIP eligibility may be able to enroll in this plan, if enrollment is requested within 60 days after Medicaid or CHIP coverage ends. An employee or dependent who becomes eligible for group health plan premium assistance under Medicaid or CHIP may be able to enroll in this plan if enrollment is requested within 60 days after the employee or dependent is determined to be eligible for such premium assistance.</p>			
Signature:		Date:	

Exención de la Cobertura



Nombre del Empleado (en letra de imprenta):	Fecha de Nacimiento:
Número del Seguro Social:	Nombre del Empleador:

Esto es para reconocer que mi empleador me ha explicado la cobertura disponible. Se me ha dado la oportunidad de solicitar esa cobertura y he decidido no inscribirme o inscribir a mis familiares dependientes por la siguiente razón (o razones):

- Estoy cubierto(a) por otro plan médico como cónyuge o familiar dependiente.
- Estoy cubierto(a) por Medicare Medicaid CHAMPUS CHAMPVA
- Estoy cubierto(a) por un póliza individual.

Si marcó una de las razones anteriores, por favor adjunte una copia de su tarjeta de seguro o especifique lo siguiente:

Nombre del Subscriptor:	Aseguradora:	
Miembro/Número de Póliza:	Número Grupal:	Teléfono de la Aseguradora:

(Si el subscriptor tiene más de un plan de cobertura, por favor especifique a continuación.)

Nombre del Subscriptor:	Aseguradora:	
Miembro/Número de Póliza:	Número Grupal:	Teléfono de Servicios a los Miembros:

Yo no deseo participar en los beneficios de atención médica en este momento y no tengo ninguna otra cobertura de atención médica. Si está ahora rechazando la inscripción para usted o para sus familiares dependientes (incluyendo a su cónyuge) debido a otra cobertura de salud, es posible que más tarde pueda inscribirse o inscribir a esos familiares en este plan, siempre que solicite la inscripción en un plazo de 31 días de haber terminado la otra cobertura. Además, si usted tiene un nuevo familiar dependiente como resultado de matrimonio, nacimiento, adopción o colocación para adopción, es posible que pueda inscribirse e inscribir a esos familiares, siempre que solicite la inscripción dentro de los 31 días posteriores al matrimonio, la adopción, o entrega en adopción o dentro de 60 días según se permite en el caso de los recién nacidos.

También puede haber derechos especiales de inscripción si usted pierde la cobertura de Medicaid o del Programa de Seguro Médico para Niños (CHIP) o llega a calificar para pagar la prima con asistencia estatal a través del Medicaid o CHIP. Un empleado o familiar dependiente que pierde la cobertura del Medicaid o CHIP, por cambiar su situación y dejar de cumplir con los requisitos para el Medicaid o CHIP, pudiera inscribirse en este plan, pero debe solicitar la inscripción en un plazo de 60 días de haber terminado la cobertura de Medicaid o CHIP. Un empleado o familiar dependiente que llegue a tener derecho a recibir ayuda para pagar la prima de un plan médico grupal a través del Medicaid o CHIP pudiera inscribirse en este plan si solicita la inscripción dentro del plazo de 60 días de haberse determinado que el empleado o familiar dependiente califica para este tipo de asistencia para pagar la prima.

Firma:	Fecha:
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Tenga en cuenta negar seguro a través del lugar de trabajo lo hace inelegible para recibir un seguro a través de la plaza del mercado. Usted es elegible para el seguro después de su 91 días de empleo. Si desea adquirir un seguro por favor pregunte en ese momento.