



NEW EMPLOYEE ONBOARDING INFORMATION

Client Company _____

Congratulations!

Your employer has teamed up with Helpside to provide human resources outsourcing services. This decision allows you to experience some of the benefits of working with one of the nation's largest and most reputable Professional Employer Organizations (PEO). One of the services we provide to small businesses is management of employee paperwork. This packet includes several documents we maintain at our offices and need to have on file to process payroll. Please complete all highlighted sections. If you have any questions as you complete these forms, please call our offices at 800-748-5102 and ask for the Client Success Team. Thank you.

Personal Information

First Name		Last Name		Middle Initial	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Mailing Address					Social Security Number
City	State	Zip	Phone		Birth Date
Email Address			Primary Job Duties		

Your employer has a strong desire and commitment to maintain a drug free environment. All individuals receiving a conditional job offer and those employed by your employer are subject to drug and alcohol testing, pursuant to applicable law. If an individual declines to be tested or tests positive for illegal drug use or alcohol use, contrary to the drug and alcohol policy, any conditional offer of employment or continuing employment may be withdrawn. All individuals receive consideration for employment without discrimination based on race, creed, color, sex, age, religion, handicap, veteran status, or any other legally protected status.

This information is being provided to you in compliance with Utah Code Ann. § 31A-40-202(3). That statute mandates that A Plus Benefits, Inc. (DBA "Helpside") provide to you notice of the general nature of the co-employment relationship between and among Helpside, Employer, and you. Generally speaking, that relationship is one whereby the rights, duties, and obligations of an employer that arise out of an employment relationship have been allocated between Helpside and Employer, as "co-employers" of you pursuant to Utah Code Ann. §§ 31A-40-101, *et seq.* (the "PEO Act"). Such allocation has occurred between Helpside and Employer in a separate agreement between them that establishes an ongoing relationship between Helpside and Employer (the "PEO Agreement"). Pursuant to the PEO Agreement, Helpside undertakes only very limited duties and responsibilities in respect to you (for virtually all purposes, including federal and state statutory and common law liability, the worksite employer alone is your employer). **Your primary employer is your work site employer, our client. Helpside will always be viewed and considered as the secondary employer.**

To Be Completed by the Client/Employer

Helpside Hire Date		Client Hire Date		Job Title	
Pay Type	<input type="checkbox"/> Salary Only \$ _____ per _____		<input type="checkbox"/> Hourly \$ _____ per hour		<input type="checkbox"/> Commission Only
Job Type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Full-time <input type="checkbox"/> Temporary Part-time		<input type="checkbox"/> Seasonal Full-time <input type="checkbox"/> Seasonal Part-time <input type="checkbox"/> On Call		Workers' Compensation Code
EEO Code (see definitions on back)	<input type="checkbox"/> 1.1 <input type="checkbox"/> 6	<input type="checkbox"/> 1.2 <input type="checkbox"/> 7	<input type="checkbox"/> 2 <input type="checkbox"/> 8	<input type="checkbox"/> 3 <input type="checkbox"/> 9	Overtime Status <input type="checkbox"/> Non-exempt <input type="checkbox"/> Exempt
Primary Job Duties					
Section Completed By					Date

The major job categories are listed below, including a brief description of the skills and training required for occupations in that category and examples of the job titles that fit each category. The examples shown below are illustrative and not intended to be exhaustive of all job titles in a job category. **Questions? Call Helpside at 1-800-748-5102**

1.1	Executive/Senior Level Officials and Managers	Individuals who plan, direct and formulate policies, set strategy and provide the overall direction of enterprises and organizations for the development and delivery of products or services, within the parameters approved by boards of directors or other governing bodies. Residing in the highest levels of organizations, these executives plan, direct or coordinate activities with the support of subordinate executives and staff managers. They include, in larger organizations, those individuals within two reporting levels of the CEO, whose responsibilities require frequent interaction with the CEO.
1.2	First/Mid-level Officials and Managers.	Individuals who plan, direct and formulate policies, set strategy and provide the overall direction of enterprises/organizations for the development and delivery of products or services, within the parameters approved by boards of directors or other governing bodies. Residing in the highest levels of organizations, these executives plan, direct or coordinate activities with the support of subordinate executives and staff managers. They include, in larger organizations, those individuals within two reporting levels of the CEO, whose responsibilities require frequent interaction with the CEO.
2	Professionals.	Require bachelor and graduate degrees, and/or professional certification. In some instances, comparable experience may establish a person's qualifications. Examples include: accountants and auditors; airplane pilots and flight engineers; architects; artists; chemists; computer programmers; designers; dieticians; editors; engineers; lawyers; librarians; mathematical scientists; natural scientists; registered nurses; physical scientists; physicians and surgeons; social scientists; teachers; and surveyors.
3	Technicians.	Require applied scientific skills, usually obtained by post-secondary education of varying lengths, depending on the particular occupation, recognizing that in some instances additional training, certification, or comparable experience is required. Examples include: drafters; emergency medical technicians; chemical technicians; and broadcast and sound engineering technicians.
4	Sales Workers	Include non-managerial activities that wholly and primarily involve direct sales. Examples include: advertising sales agents; insurance sales agents; real estate brokers and sales agents; wholesale sales representatives; securities, commodities, and financial services sales agents; telemarketers; demonstrators; retail salespersons; counter and rental clerks; and cashiers.
5	Administrative Support Workers.	Involve non-managerial tasks providing administrative and support assistance, primarily in office settings. Examples include: office and administrative support workers; bookkeeping, accounting and auditing clerks; cargo and freight agents; dispatchers; couriers; data entry clerks; computer operators; shipping, receiving and traffic clerks; word processors and typists; proofreaders; desktop publishers; and general office clerks.
6	Craft Workers	Includes higher skilled occupations in construction (building trades craft workers and their formal apprentices) and natural resource extraction workers. Examples of these types of positions include: boilermakers; brick and stone masons; carpenters; electricians; painters (both construction and maintenance); glaziers; pipe layers, plumbers, pipefitters and steamfitters; plasterers; roofers; elevator installers; earth drillers; derrick operators; oil and gas rotary drill operators; and blasters and explosive workers. Also includes occupations related to the installation, maintenance and part replacement of equipment, machines and tools, such as: automotive mechanics; aircraft mechanics; and electric and electronic equipment repairers. Additionally, includes some production occupations that are distinguished by the high degree of skill and precision required to perform them, based on clearly defined task specifications, such as: millwrights; etchers and engravers; tool and die makers; and pattern makers.
7	Operatives	Include intermediate skilled occupations and workers who operate machines or factory-related processing equipment. Most of these occupations do not usually require more than several months of training. Examples include: textile machine workers; laundry and dry-cleaning workers; photographic process workers; weaving machine operators; electrical and electronic equipment assemblers; semiconductor processors; testers, graders and sorters; bakers; and butchers and other meat, poultry and fish processing workers. This category also includes occupations of generally intermediate skill levels that are concerned with operating and controlling equipment to facilitate the movement of people or materials, such as: bridge and lock tenders; truck, bus or taxi drivers; industrial truck and forklift operators; parking attendants; sailors; conveyor operators; and hand packers.
8	Laborers and Helpers	Jobs in this category include workers with more limited skills who require only brief training to perform tasks that require little or no independent judgment. Examples include: production and construction worker helpers; vehicle and equipment cleaners; laborers; freight, stock and material movers; service station attendants; construction laborers; refuse and recyclable materials collectors; septic tank servicers; and sewer pipe cleaners.
9	Service Workers	Jobs in this category include food service, cleaning service, personal service, and protective service activities. Skill may be acquired through formal training, job-related training or direct experience. Examples of food service positions include: cooks; bartenders; and other food service workers. Examples of personal service positions include: medical assistants and other healthcare support positions; hairdressers; ushers; and transportation attendants. Examples of cleaning service positions include: cleaners; janitors; and porters. Examples of protective service positions include: transit and railroad police and fire fighters; guards; private detectives and investigators.



WORK SITE EMPLOYEE AND POLICY GUIDE ACKNOWLEDGEMENT

The Employee Policy Guide describes important information about my employment. I understand that I should consult the Human Resources Office concerning any questions not answered in the policy guide or by my supervisor. I have entered into my employment relationship with the understanding that I am an at-will employee and acknowledge that there is no specific length of employment. Accordingly, either I or my worksite employer, or those designated by my employer, can terminate the employment relationship at-will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. Regardless of the nature of my employment relationship with my worksite employer, my status with PEO can be terminated with or without cause and with or without advance notice. If my employment relationship with my worksite employer ends, my status with PEO will also end at that time. However, if my worksite employer and PEO end their contract with one another, thereby terminating my status with PEO, that event alone would not result in the termination of my employment relationship with worksite employer.

I acknowledge that my worksite employer, and not PEO, is the primary employer, which means that my worksite employer retains control of the worksite; supervises and directs my day-to-day work activities; provides the facilities and furnishes the equipment and supplies for my work, including personal protective equipment, if any is required to perform my job duties; determines my work schedule; monitors my workload and productivity; ensures that you are properly trained to perform my job safely; ensures that you are covered by an effective injury and illness prevention program, which it has established; and determines my rate of pay and job classification. PEO will take responsibility for certain human resources related matters, as agreed upon between PEO and my worksite employer. Some states may require PEO to assume specific roles or responsibilities.

Although the PEO processes the payroll for my compensation and may assist worksite employer with other administrative matters involving my compensation, only my worksite employer is able to ensure that: my hours of work are all captured and reported correctly for payment; you are classified correctly as exempt or non-exempt; you are paid overtime if overtime is applicable to you; you are reimbursed for reasonable work-related expenses; and you receive the breaks to which you may be entitled. You agree that worksite employer has sole control of these topics, and that therefore worksite employer is solely responsible for any claims you may have related to these topics.

Since the information, policies, and benefits described in the policy guide are necessarily subject to change, I acknowledge that revisions to the policy guide and benefits may occur; however, the policy of at-will employment is not subject to change. Changes may be communicated through official notices or through other means, and I understand that revised information, policies, benefits, etc., may supersede, modify, or eliminate existing policies and benefits. The edition of the policy guide online at the website listed below supersedes all previous guide editions from Helpside.

Furthermore, I acknowledge that I have the access to the basic policy guide online (helpside.com/document-center) and in printed format upon request and it is not a contract for employment. I will access the policy guide, including the drug and alcohol policy, and applicable state addenda. I understand that it is my responsibility to read applicable polices, and I promise to do so. I promise to comply with the policies contained in the policy guide and any revisions made to it.

Personal Information

First Name	Last Name
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Employee Signature

Date

X	
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Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2017
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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 ZIP Code
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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 OR **List B** AND **List C**
Identity and Employment Authorization **Identity** **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	<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority	<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>	
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 A Plus Benefits, Inc.		
Employer's Business or Organization Address (Street Number and Name) 395 W 600 N	City or Town Lindon	State UT	ZIP Code 84042	

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 		<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 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
<ol style="list-style-type: none"> 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 		<ol style="list-style-type: none"> 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 		<ol style="list-style-type: none"> 2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
<ol style="list-style-type: none"> 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> 3. School ID card with a photograph 		<ol style="list-style-type: none"> 3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
<ol style="list-style-type: none"> 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 4. Voter's registration card 		<ol style="list-style-type: none"> 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
<ol style="list-style-type: none"> 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. 		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 		<ol style="list-style-type: none"> 5. Native American tribal document
<ol style="list-style-type: none"> 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"> 6. Military dependent's ID card 		<ol style="list-style-type: none"> 6. U.S. Citizen ID Card (Form I-197)
		<p>For persons under age 18 who are unable to present a document listed above:</p>		<ol style="list-style-type: none"> 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		<ol style="list-style-type: none"> 7. U.S. Coast Guard Merchant Mariner Card 		<ol style="list-style-type: none"> 8. Employment authorization document issued by the Department of Homeland Security
		<ol style="list-style-type: none"> 8. Native American tribal document 		
		<ol style="list-style-type: none"> 9. Driver's license issued by a Canadian government authority 		
		<ol style="list-style-type: none"> 10. School record or report card 		
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 		
		<ol style="list-style-type: none"> 12. Day-care or nursery school record 		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



GROUP LIFE INSURANCE BENEFICIARY DESIGNATION FORM

In partnership with Reliance Standard, Helpside is pleased to offer Basic and/or Supplemental Life Insurance to employees at qualifying worksites who are working at least 20 hours per week. Please designate your beneficiary below. Make sure your designation is clear so that there will be no questions as to your meaning.

Employee Information

Name of Insured (First and Last Name)	Social Security Number
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Beneficiary Designation

Primary Beneficiary(ies) Full Name and Address	Social Security Number	Relationship If not spouse, see below*	Date of Birth	%
Contingent Beneficiary(ies) Full Name and Address	Social Security Number	Relationship	Date of Birth	%

Employee Signature

Date

x	
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* If you live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin) you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of this group life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws.

Signature of Employee Spouse: _____ Date: _____

I hereby voluntarily authorize and request Helpside to make electronic deposits of any amounts owing to me by initiating credit entries to my account indicated below, in the financial institution named below, hereinafter called bank. I also authorize Helpside to debit my account if an error has occurred and circumstances require that such error be corrected, to the extent permitted by applicable law.

It is understood that this agreement may be terminated by me at any time by notification to Helpside. Any such notification shall be effective only with respect to entries initiated by Helpside. After receipt of such notification and a reasonable opportunity to act on it. A fifteen (15) day initial processing period may be required for setup.

Please complete this form in its entirety if you are interested in direct deposit.

Personal Information

First Name	Last Name	Social Security Number	Client Company
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Account #1

Check One:	<input type="checkbox"/> Start	<input type="checkbox"/> Stop	<input type="checkbox"/> Change Amount
Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Bank Name			
Nine Digit Routing/Transit Number		Account Number	
Check One: check	<input type="checkbox"/> Deposit _____ % of my net pay	<input type="checkbox"/> Deposit \$ _____ of my net pay	<input type="checkbox"/> Deposit total net

Account #2 (if applicable)

Check One:	<input type="checkbox"/> Start	<input type="checkbox"/> Stop	<input type="checkbox"/> Change Amount
Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Bank Name			
Nine Digit Routing/Transit Number		Account Number	
Check One: balance	<input type="checkbox"/> Deposit _____ % of my net pay	<input type="checkbox"/> Deposit \$ _____ of my net pay	<input type="checkbox"/> Deposit remaining

Employee Signature

Date

X	
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TIP Call your financial institution to make sure they will accept direct deposits.

TIP Verify your account number and routing transit number with your financial institution

TIP Do not use a deposit slip to verify the routing number.

Routing Transit Number

Account Number

JOHN PUBLIC 123 Main Street Your Town, FL 12345	1234
PAY TO THE ORDER OF _____	\$ _____
Your Town Bank Your Town, FL 12345	DOLLARS
For _____	
⑆25000005⑆ 123455678902⑆	

I hereby voluntarily authorize and request Helpside to make electronic deposits of any amount owing to me by initiating credit entries to my account indicated below, in the financial institution named below, hereinafter called "bank." I also authorize Helpside to debit my account if an error has occurred and circumstances require that such error be corrected, to the extent permitted under applicable law.

It is understood that this agreement may be terminated by me at any time with notification to Helpside. Any such notice shall be effective only with respect to entries initiated by Helpside after receipt of such notification and reasonable opportunity to act on it. A fifteen (15) day initial processing period may be required for setup.

Please complete this form in its entirety if you are interested in depositing your paycheck on a Global Cash Card.

Personal Information

First Name	Last Name	Social Security Number	Client Company
Home Address (Street Address, Apt #, Suite #, City, State, Zip Code)			
Occupation		Email Address	
Employee Phone Number		Date of Birth (MM/DD/YYYY)	
Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount		Check One: <input type="checkbox"/> Deposit _____ % of my net pay <input type="checkbox"/> Deposit \$ _____ of my net pay <input type="checkbox"/> Deposit total net check	

Employee Signature

Date

X	
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This is an optional request for information about supplemental benefits.

Personal Information

First Name	Last Name	Email Address	
Home Address (Street Address, Apt #, Suite #, City, State, Zip Code)			
Date of Birth (MM/DD/YYYY)	Spouse's Date of Birth (MM/DD/YYYY)	Phone Number	Work Phone Number
Worksite Employer	Best Time to Call	Household Income	

To contact A Plus Planning regarding these benefits, please call 801-443-1099 or email service@aplusplanning.net



This is a request for information only and does not constitute acceptance or approval of an insurance application.

Life Insurance

- Individual Life Insurance (Universal Life, Whole Life, Term, etc.)
- Group Term Life Insurance
- Key Man Insurance and Buy-Sell Funding (Business Owners)

Financial Planning

- Personal Retirement Planning
- 401(k) / IRA (Enrollment and Rollovers)
- Annuities
- Physical Gold and Silver
- Wills and Trusts

Supplemental Insurance

- Individual Health Insurance
- Short and Long Term Disability
- Reliance Standard Supplemental Benefits (Hospital Indemnity, Accident and Critical Illness)



Personal Insurance

- Homeowners, Condo, Renters
- Auto
- Personal Umbrella
- Other (RV, ATV, Motorcycle)