



## Welcome

Please fill in **ALL** areas of the enclosed employee packet.

The government mandated forms herein are required before issuance of payroll checks and other benefits. Please take a moment to sit down and complete these forms to ensure no delay in payroll or benefits.

Please ask your employer or My HR Professionals if you need any assistance in completing these forms.

The following pages that must be filled out and signed by the Employee and returned via email:  
[hirepacks@myhrpros.com](mailto:hirepacks@myhrpros.com) or fax: (844)224-0294

**Required Pages** (Submit All)

New Hire Information Form  
W-4 (Signature Page Only)  
Form I-9 (Signature Pages Only)  
Policy Receipt/Acknowledgement

Print For

**Non-Required Pages** (Submit only if completed)

IRS Form 8850 (Only if applicable)  
Direct Deposit Authorization Form  
Focus Card Enrollment Form  
Credit Union Membership Request

**Employee Keeps**

My HR Professionals Employee Portal Instructions  
Standards of Conduct and Employment  
Workplace Harassment Policy  
On the Job Injury Policy  
Any Other Employee Copy Policy

Client Company: \_\_\_\_\_

Name: \_\_\_\_\_  
First Name M.I. Last Name

Social Security Number: \_\_\_\_\_

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**My HR Professionals Office Use Only:**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Complete Packet Received: ☐ YES ☐ NO

Packet Consists of:

- ☐ Welcome Page
- ☐ New Hire Information Form
- ☐ W-4
- ☐ I-9
- ☐ Policy/Receipt/ Acknowledgement Form

Optional Pages:

- ☐ Direct Deposit Form
- ☐ IRS Form 8850
- ☐ Focus Card Form
- ☐ Credit Union Request

# NEW HIRE INFORMATION FORM

## Personal Information

### TO BE FILLED OUT BY EMPLOYEE:

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Race: \_\_\_\_\_ Veteran Status: \_\_\_\_\_

- |  |                      |                          |                               |
|--|----------------------|--------------------------|-------------------------------|
| a) Asian                                     | e) Two or More Races | a) Non-Veteran           | e) Recently Separated Veteran |
| b) Black or African American                 | f) White/Caucasian   | b) Vietnam Veteran       | f) Active Duty Badge Veteran  |
| c) Hispanic or Latino                        | g) Decline to say    | c) Disabled Veteran      | g) Other Protected Veteran    |
| d) Native Hawaiian or Other Pacific Islander |                      | d) Service Medal Veteran | h) Decline to say             |

### Emergency Contact: *(Please list who you want us to contact in case of emergency)*

Contact's Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Contact's Phone Number: \_\_\_\_\_

## Employment Information

### TO BE FILLED OUT BY HIRING MANAGER:

Company Name: \_\_\_\_\_ Employee First Day of Employment: \_\_\_\_\_

- |                                    |                                    |                                    |  |   |
|------------------------------------|------------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Permanent | <input type="checkbox"/> Contract  | <input type="checkbox"/> On-Call       | <input type="checkbox"/> Over the Road Driver |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Seasonal  | <input type="checkbox"/> Temporary | <input type="checkbox"/> Remote Worker |   |

Job Title: \_\_\_\_\_ Location: \_\_\_\_\_ Department and Code: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ ☐ Hourly ☐ Salary ☐ Salary-Exempt ☐ Commission

Pay Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Work Comp Code: \_\_\_\_\_ Work Comp Classification: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Approver: \_\_\_\_\_

# 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.

OMB No. 1545-0074

**2025**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	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 <b>only one</b> of the following. <b>(a)</b> Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b> <b>(b)</b> Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b> <b>(c)</b> 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . <input type="checkbox"/>
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**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**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](http://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 2025 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: 

{	<ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul>	}	. . . . .	<b>2</b>	\$ _____
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- 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 territories 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 Surviving Spouse**

<b>Higher Paying Job Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**Single or Married Filing Separately**

<b>Higher Paying Job Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**Head of Household**

<b>Higher Paying Job Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

**STATE OF ARKANSAS**  
**Employee's Withholding Exemption Certificate**



Print Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Print Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

	<b>How to Claim Your Withholding</b> <i>See instructions below</i>	Number of Exemptions Claimed
<b>Employee:</b> File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.  <b>Employer:</b> Keep this certificate with your records.	1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED a. <input type="checkbox"/> You claim yourself. <i>(Enter one exemption)</i> ..... 1a b. <input type="checkbox"/> You claim yourself and your spouse. <i>(Enter two exemptions)</i> ..... 1b c. <input type="checkbox"/> Head of Household, and you claim yourself. <i>(Enter two exemptions)</i> ..... 1c	
	2. NUMBER OF CHILDREN or DEPENDENTS. <i>(Enter one exemption per dependent)</i> ..... 2	
	3. TOTAL EXEMPTIONS. <i>(Add Lines 1a, b, c, and 2)</i> If no exemptions or dependents are claimed, enter zero..... 3	
	4. Additional amount, if any, you want deducted from each paycheck. <i>(Enter dollar amount)</i> ..... 4	
	5. I qualify for the low-income tax rates. <i>(See below for details)</i> ..... 5 Please check filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

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

## Instructions

**TYPES OF INCOME** - This form can be used for withholding on all types of income, including pensions and annuities.

**NUMBER OF EXEMPTIONS** – *(Husband and/or Wife)* Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

**DEPENDENTS** – To qualify as your dependent *(line 2 of form)*, a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principal residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law or sister-in-law; your uncle, aunt, nephew or niece *(but only if related by blood)*.

**CHANGES IN EXEMPTIONS OR DEPENDENTS** – You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

(a) Your spouse for whom you have been claiming an exemption is divorced or legally separated from you, or claims his or her own exemption on a separate certificate, **or**

(b) The support you provide to a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year. OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, does not affect your withholding until next year, but requires the filing of a new certificate by December 1 of the year in which they occur.

You may claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

You qualify for the low income tax rates if your **total** income from all sources is:

(a) Single	\$12,493	to	\$14,900
(b) Married Filing Jointly (1 or less dependents)	\$21,068	to	\$24,800
(c) Married Filing Jointly (2 or more dependents)	\$25,356	to	\$30,800
(d) Head of Household/Qualifying Widow(er) (1 or less dependents)	\$17,762	to	\$21,600
(e) Head of Household/Qualifying Widow(er) (2 or more dependents)	\$21,173	to	\$24,800

**For additional information consult your employer or write to:**

Arkansas Withholding Tax Section  
 P. O. Box 8055  
 Little Rock, Arkansas 72203-8055



# ATTENTION EMPLOYER

Go to <https://myhrprofessionals.com/client-desktop/>

1. Form I-9 Instructions
2. Page 3: Supplement A Supplement A, Preparer and/or Translator Certification for Section 1
3. Page 4: Supplement B, Reverification and Rehire (formerly Section 3)



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

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

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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, sex, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
<b>Acceptable Receipts</b>  May be presented in lieu of a document listed above for a temporary period.  For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"><li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

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



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

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

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

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

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



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

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

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

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

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

## Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► \_\_\_\_\_

Date \_\_\_\_\_

**For Employer's Use Only**

Employer's name \_\_\_\_\_ Telephone no. \_\_\_\_\_ EIN ► \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) . . . . . ► \_\_\_\_\_

Date applicant:

Gave information	Was offered job	Was hired	Started job
_____	_____	_____	_____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

**Employer's signature ►****Title****Date**

## Privacy Act and Paperwork Reduction Act Notice

*Section references are to the Internal Revenue Code.*

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

**Recordkeeping** . . . 6 hr., 27 min.

**Learning about the law or the form** . . . . . 24 min.

**Preparing and sending this form to the SWA** . . . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from [www.irs.gov/formspubs](http://www.irs.gov/formspubs). Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service  
Tax Forms and Publications  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



MY HR PROS

## Direct Deposit Authorization Form

Form can be email to [receptionist@myhrpros.com](mailto:receptionist@myhrpros.com) or faxed to (844) 224-0294

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

Last Four Digits of Social Security Number: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Company working for: \_\_\_\_\_

### Bank Details:

#### Primary Deposit Option:

Bank Name: \_\_\_\_\_ ☐ Add Deposit ☐ Change ☐ Stop Deposit

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

What type of account is this: ☐ Checking ☐ Savings

Deposit Method:

☐ Deposit Full Amount of Remaining Balance of Net Check

☐ Deposit a Fixed Amount: \$ \_\_\_\_\_

☐ Deposit a Percentage of Check: \_\_\_\_\_ %

#### Optional Secondary Deposit:

Bank Name: \_\_\_\_\_ ☐ Add Deposit ☐ Change ☐ Stop Deposit

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

What type of account is this: ☐ Checking ☐ Savings

Deposit Method:

☐ Deposit Full Amount of Remaining Balance of Net Check

☐ Deposit a Fixed Amount: \$ \_\_\_\_\_

☐ Deposit a Percentage of Check: \_\_\_\_\_ %

### Authorization:

I hereby authorize My HR Professionals to initiate deposit entries to my account and, if necessary, to initiate draft entries for any deposit entries made in error. I understand that adding or changing a percentage or amount will NOT stop all other deposits of amounts or percentages unless authorized by me on this form to do so. My HR Professionals will NOT be liable for any amounts sent to current accounts in error if employee did not inform SPMI to stop the account on this form. I understand that it will take up to one (1) pay period to set up and verify the routing for this procedure before the direct deposit begins. I also understand that it is my responsibility to verify that the funds are in my account prior to writing checks or making drafts against said funds. My HR Professionals will NOT be liable for any charges or fees related to returned items. I have attached required documents below, for use in setting up the direct deposit. My HR Professionals will NOT set up a direct deposit until required documents are received.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Today's Date

### Required

\*Attach Voided Check(s)\*

Or

Include a document from the bank with the Routing and Account Numbers



MY HR PROS

# United Federal Credit Union Membership Form

## ATTENTION

**THIS FORM IS *OPTIONAL***

Complete the "request for information" form if you are interested in joining **United Federal Credit Union**. We will send you the membership application, authorization for payroll deduction and related credit union information upon receipt of this request.

**DO NOT** complete this form if you are not interested in receiving information about United Federal Credit Union.

### Request for Information

#### UNITED FEDERAL CREDIT UNION

1924 Fayetteville Road  
Van Buren, AR 72956  
(888) 982-1400 ext. 4390  
Fax: (479) 471-9700

5800 Rogers Avenue  
Fort Smith, AR 72903  
(888) 982-1400 ext. 4685  
Fax: (479) 471-9700

8900 Jenny Lind Road  
Fort Smith, AR 72908  
(888) 982-1400 ext. 4690  
Fax: (479) 471-9700



SCAN TO  
LEARN MORE

Scan this code and let me know that you are interested in United!

**Kim Wilson**

Senior Relationship Development Manager  
NMLS 1179136  
(888) 982-1400 Ext. 6880  
kwilson@unitedfcu.com

**United**  
FEDERAL CREDIT UNION

we get **U**

# Your Pay

FASTER. SAFER. EASIER.



## With the U.S. Bank Focus Card™ Your Funds Are:



**Immediately loaded**  
to your card on payday



**Available to use**  
right away



**Protected** if  
lost or stolen<sup>1</sup>

### About the Focus Card

It is a Visa® prepaid debit card that is a convenient alternative to receiving paper checks. Your payments will automatically be direct deposited to your card each payday. You have access to your funds right away and you can use it to make purchases or get cash wherever Visa debit cards are accepted. It's that simple!

MAKE PURCHASES | RELOAD | GET CASH  
PAY BILLS | TRACK SPENDING

### Getting Started is Easy

1. Sign up today.
2. Your pay will be automatically deposited to your card. Go online to check your balance.
3. Use your card anywhere Visa debit cards are accepted!

### Sign Up!

**\$0.00** No cost to  
sign up.



No credit check  
or bank account  
required.<sup>2</sup>

### And Save!



Keep more of your  
money. No fees to  
cash a paycheck.



No waiting for your  
paycheck or extra  
trips to the bank.

This card is offered through My HR Professionals as a safe alternative to paper checks. We can offer same day deposits as your check date for the Focus Card. We cannot guarantee this on other cards.

<sup>1</sup> The Visa Zero Liability Policy protects you against unauthorized purchases. U.S.-issued cards only. This does not apply to ATM transactions or to PIN transactions not processed by Visa. You must immediately report any unauthorized use.

<sup>2</sup> Successful identity verification required. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. If necessary, we may also ask to see your driver's license or other identifying documents.



## Getting Started



For security, your card comes in a plain white windowed envelope.



Follow the activation instructions that accompany your card.



### Make Purchases

Everywhere Visa debit cards are accepted – in stores, over the phone, online or pay bills.



### Load and Reload

Your card stays with you. Add other employers, government benefits, tax refunds or any other payment that offers direct deposit.



### Get Cash<sup>3</sup>

ATM | Teller | Cash Back

## Features



### Cash Back Rewards

For purchases at certain retail and restaurant locations.



### Savings Account

Create an interest-bearing savings account without ever going to a bank.



### Cash Reload Networks<sup>5</sup>

In addition to payroll deposits, there are a variety of ways to add cash to your Focus Card account.



### Text and Email Alerts<sup>4</sup>

Instant notification when money is added or your card balance gets low.



### Mobile Banking App<sup>4</sup>

Quickly see your account balance and transaction history.



### Track Spending

Online | Phone | Email | Text<sup>4</sup> | Mobile App

## Use your Focus Card Free and Clear

Purchases	Free & Unlimited
Teller Cash Withdrawal	Free & Unlimited
In-Network ATMs	Free & Unlimited
Customer Service	Free & Unlimited
Monthly Account Maintenance	Free & Unlimited

Some fees may apply. A complete fee schedule will be included in your card packet.

<sup>3</sup> Fees may apply to ATM transactions.

<sup>4</sup> U.S. Bank does not charge a fee for mobile banking. Standard messaging and data rates may apply.

<sup>5</sup> Businesses performing your reload may charge a fee. Cash reload services are provided by unaffiliated third parties. U.S. Bank is not responsible for the product service or performance of the third party including the privacy policy, level of security and terms of use, which are different from ours.

# Life just got easy.

## Use the U.S. Bank Focus Card to add third party funds.



## Are you maximizing the benefits of your Focus Card?

Your Focus Card works like a direct deposit account and can be used to add tax refunds, pay from a second employer, and even cash deposits.<sup>1</sup> With just a few steps, your Focus Card can be used beyond your current employer.

Complete verification online to make sure your card is ready to receive funds beyond your pay.



### 1. Go online

Log into the cardholder website and on the top navigation select 'Welcome' and click 'Profile Management'.



### 2. Update information

Update your country of citizenship, country of permanent residence, and, if necessary, your social security number. You may also update your telephone number<sup>2</sup> and email address.



### 3. Complete

When it is complete, you'll see the message, "Your identity verification is complete. Enjoy the full benefits of your card."

**Visit [prepaidmaterials.com/usbankfocus](https://prepaidmaterials.com/usbankfocus)**

**to learn more about the features and benefits of the U.S. Bank Focus Card.**

You can also call the number on the back of your card and request your card become 'portable.' Cardholder Services will start the process for you.

<sup>1</sup> Successful identity verification required for loads from other sources. Log into the Focus cardholder website for details.

<sup>2</sup> By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications – including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system – from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur fees from your cellular provider.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. © 2020 U.S. Bank. Member FDIC.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Mastercard International Incorporated.

Mastercard is a registered trademark and the circles design is a trademark of Mastercard International Incorporated.

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# Focus Card™

## ENROLLMENT FORM



Issued Card #:

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Phone Number:

Social Security Number:

Date of Birth:

Email Address:

### Important Information About Procedures For Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I hereby authorize my employer to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Focus Card. This authorization will remain in effect until cancelled by me with written notification to my employer.

Signature:

Date:

This card is offered through My HR Professionals as a safe alternative to paper checks. We can offer same day reports as your check date for the Focus Card. We cannot guarantee this on other cards.

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your employer for available options and select your option.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> in-network	<b>\$5.95*</b>
		<b>\$1.75</b> out-of-network	

ATM Balance Inquiry (in-network or out-of-network) \$0

Customer Service (automated or live agent) \$0 per call

Inactivity (after 365 days with no transactions) \$2.00\* per month

**We charge 3 other types of fees.**

\*This fee can be lower or charged differently depending on how and where this card is used and your state of employment or residence.

See the accompanying Fee Schedule for free ways to access your funds and balance information.

**No overdraft/credit feature.**  
Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit [cfpb.gov/prepaid](https://cfpb.gov/prepaid). Find details and conditions for all fees and services inside the card package or call **1-877-474-0010** or visit **usbankfocus.com**.

All fees	Amount	Details
Add money		
Check Reload	5% or \$5.00 minimum	This is not our fee and is subject to change. Fee of up to 5% of check value may apply when cashing a check to load your card at Ingo Money. Money in Minutes - 2% (pre-printed payroll or gov't checks) or 5% (all other checks), minimum \$5.00. Money in 10 Days - no fee. Fee is deducted from check value. Go to <a href="https://ingomoney.com">ingomoney.com</a> for more information.
Cash Reload – Visa Readylink	Varies by retailer	Third party fee may apply when reloading your card at a Visa Readylink network. Fee is paid to third party at the time of reload. Go to <a href="https://usa.visa.com/pay-with-visa/cards/services-locator.html">usa.visa.com/pay-with-visa/cards/services-locator.html</a> for locations.
Cash Reload - GreenDot®	\$5.95	This is not our fee and is subject to change. Fee of up to \$5.95 may apply when reloading your card at GreenDot. Fee is paid to third party at the time of reload. Go to <a href="https://greendot.com">greendot.com</a> for more information.
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. “In-network” refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at <a href="https://usbank.com/locations">usbank.com/locations</a> or <a href="https://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> .
ATM Withdrawal(out-of-network)	\$1.75	This is our fee per withdrawal. “Out-of-network” refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash from your card from a teller at a bank or credit union that accepts Visa®.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose. For Connecticut, Illinois, New York, and Pennsylvania workers, all international purchase fees are waived.
International ATM Withdrawal	\$3.00	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$5.00	This is our fee per replacement of your card, whether mailed to you with standard delivery (up to 10 business days) or provided to you by your employer/sponsor. This fee is waived for your first card replacement in a 12-month period. This fee will be charged for each additional

		replacement during the same 12 months. For Connecticut, Hawaii and Pennsylvania workers, this fee is waived.
Card Replacement Expedited Delivery	\$10.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Card Replacement Overnight Delivery	\$20.00	This is our fee for overnight delivery charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days. For Connecticut, Illinois, and Pennsylvania workers, this fee will be waived for the first 12 months of inactivity (based on cardholder-initiated balance changing transactions). For Texas residents, this fee will not be charged after one year of inactivity. For Minnesota, New York and Montana workers this fee is waived. For Hawaii workers, accounts with a balance of \$0.00 and no activity for more than 6 months may be closed.
Other Third-Party Fees	Varies by provider	Some third-party service providers like person-to-person payment services or mobile wallet providers may charge you a fee for using your card to make payments.

Your funds are eligible for FDIC insurance up to \$250,000. FDIC insurance protects deposits from loss due to bank insolvency. See [fdic.gov/deposit/deposits/prepaid.html](https://www.fdic.gov/deposit/deposits/prepaid.html) for details.

No overdraft/credit feature.  
Contact Cardholder Services by calling **1-877-474-0010**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit [usbankfocus.com](https://usbankfocus.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](https://cfpb.gov/prepaid). If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](https://cfpb.gov/complaint).

Important information: Fee waivers for workers of a particular state are applied based on information from the sponsoring employer regarding your state of employment.

## My HR Professionals' Privacy Policy

### Your privacy is important to us.

Our clients, employees and other parties with whom we do business entrust My HR Professionals with important information relating to their business and personal lives. It is our policy that all information received by My HR Professionals is confidential and only used for purposes directly related to your business and/or employment. My HR Professionals will not sell or release your personal information without prior authorization.

## Net Checks to Abandoned Property

### Your uncashed net checks:

Your net checks will be sent to the state if left uncashed for longer than a year as abandoned property. You agree that any net checks being remitted to abandoned property for failure to cash will be subject up to a \$30 stop pay fee which is deducted out of the uncashed check. If your uncashed amount is less than \$30, we will only absorb that amount. No additional charge is added to equal the \$30. If you do not want to lose your money to abandoned property, please cash all your live, net checks.

## Policy Receipt/Acknowledgement

I have received the **Employee Copy** of each policy listed below from the New Hire Packet. I have reviewed these policies and understand that I am held responsible for complying with these policies as a condition of my employment with \_\_\_\_\_.

Company Name

Please check and sign:

- ☐ Conditions of Employment
- ☐ Workplace Harassment Policy
- ☐ On the Job Injury Policy

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

## **Standards of Conduct and Employment:**

Because everyone may not have the same idea about proper workplace conduct, it is helpful to adopt and enforce rules all can follow. Unacceptable conduct may subject the offender to disciplinary action, up to and including discharge, in the Company's sole discretion. The Company will address each situation individually.

The following are examples of some, but not all, conduct which can be considered unacceptable:

1. The Company agrees to enter into an employer relationship with the Employee. Employee acknowledges and understands that the company will be responsible for payroll, withholding and timely payment of all applicable employer and employee statutory taxes and insurances. These include social security, unemployment, disability, and workers' compensation if applicable.
2. Compensation for work performed by the employee will be at a rate mutually agreed upon by the Company and the employee with consideration given to minimum wage law.
3. It is understood that employment is "at-will" which means that your employment can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or yourself, except as otherwise provided by law.
4. Employment is subject to the completion of the Employment Eligibility Verification (Form 1-9). Failure to provide acceptable document(s) to the Company at the time of hire, or in a timely manner, will result in termination of employment.
5. Firearms or weapons are not allowed on the employer's premises. (If applicable)
6. Reporting for duty under the influence of alcohol or drugs.
7. Possession, manufacture, distribution, sale, transfer, dispensation or use of alcohol or illegal drugs in the workplace.
8. Bringing weapons into the workplace.
9. Sleeping on the job during working hours.
10. Negligence and inattention to job duties.
11. Fighting or threatening violence in the workplace.
12. Boisterous or disruptive activity in the workplace.
13. Immoral, illegal, or intimidating comments or actions toward co-workers, clients, or vendors.
14. Working at an unacceptable speed or level of production.
15. Violating Health or Safety rules, including failure to report an unsafe working condition or accident.
16. Willful acts of disregard for personnel and company policies and/or procedures.



17. Violations of traffic laws while in a company-owned vehicle or while performing official company business.
18. Stealing company, co-worker, client, or vendor property.
19. Willfully damaging, defacing, or destroying company, co-worker, client, or vendor property.
20. Refusing to follow a supervisor's instructions or direction regarding work duties.
21. Performing personal business on company time.
22. Falsification of company records, including but not limited to the Employment Application, Insurance Application, Service Ticket, Expense Reports, Medical Records, and Employee Time Records.
23. Accepting any monetary gratuities from vendors or clients.
24. Excessive use of company telephone for personal business. This includes personal or long-distance telephone calls.
25. Leaving your work area during your work shift without notifying and obtaining approval of your supervisor.
26. Any other violation of company work rules or policy.
27. This policy is not intended to preclude or dissuade employees from engaging in activities protected by state or federal law, including the National Labor Relations Act, such as discussing wages, benefits or other terms and conditions of employment, forming, joining or supporting labor unions, bargaining collectively through representatives of their choosing, raising complaints about working conditions for their own and their fellow employees' mutual aid or protection or legally required activities.

## Workplace Harassment Policy

It is the Policy of My HR Professionals and the worksite employer that all employees should be treated in a respectful, non-discriminatory manner and should be able to work in an environment free of harassment. The Company's Policy prohibits sexual harassment as well as harassment based on race, color, age, disability, religion, national origin or any other characteristic protected by State or Federal law.

This Policy applies to all Company employees. This policy also prohibits harassment of employees by contractors, customers or vendors, who are conducting business with our employees, and similarly prohibits harassment by our employees of such contractors, customers or vendors. All supervisors, as a part of their job requirements, are responsible for preventing and eliminating harassment in their respective departments or work areas.

Sexual harassment, includes, but is not limited to, making unwelcome sexual advances (verbal or physical) and requests for sexual favors when either (1) submission to such conduct is made an explicit or implicit term or condition of employment; or (2) submission to or rejection of such conduct by an individual is used as a basis for tangible employment actions or decisions; or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment. Some examples of conduct which may constitute prohibited harassment are: explicit sexual propositions, unwelcome physical touching, obscene gestures, sexually explicit pictures, objects or computer programs; vulgar or obscene jokes; racial, religious or national origin epithets, jokes or signs; demeaning comments about a person's disability. Sexual Harassment can occur between two people of the same gender.

It is every employee's responsibility to cooperate with this Policy and report violations of this Policy that they experience or witness. The Company cannot investigate and remedy harassment unless you bring it to the Company's attention. Employees who experience or witness behavior they believe to be in violation of this Policy should promptly report such behavior to:

- Your immediate supervisor
- Your supervisor's boss
- The Owner
- My HR Professionals Representative: (479) 474-7752

My HR Professionals will gather basic information, ask questions, and provide a General Intake Form for you to provide additional information in writing. Employees who violate this Workplace Harassment Policy are subject to discipline up to and including immediate termination.

Company Policy prohibits retaliation against employees who in good faith report incidents of sexual or other types of prohibited harassment, or who become involved in investigation of a harassment complaint. Any employee who believes they are being subjected to prohibited retaliation should report the matter immediately to your Supervisor, the Owner, and/or My HR Professionals.



## **Workplace Bullying**

The Company defines bullying as “repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or during employment.”

The purpose of this Policy is to communicate to all employees, including supervisors, that the Company will not tolerate bullying behavior. Employees found in violation of this Policy will be disciplined up to and including termination.

Bullying may be intentional or unintentional. However, it must be noted that where an allegation of bullying is made, the intention of the alleged bully is irrelevant and will not be given consideration when handing out discipline. As in sexual harassment, it is the effect of the behavior upon the individual that is important. The Company considers the following types of behavior examples of bullying (this is not an all-inclusive list):

- **Verbal bullying:** Slandering, ridiculing or maligning a person or their family; persistent name calling that is hurtful, insulting or humiliating; using a person as the butt of jokes; abusive and offensive remarks.
- **Physical bullying:** Pushing, shoving, kicking, poking, tripping, assault or threat of physical assault; damage to a person’s work area or property.
- **Gesture bullying:** Nonverbal threatening gestures or glances that convey threatening messages.
- **Exclusion:** Socially or physically excluding or disregarding a person in work-related activities.

If you have any questions concerning this Policy, please contact your supervisor, the Owner, and/or My HR Professionals.



## On the Job Injury Policy

Step 1:

Report Accident to your Supervisor/Manager

Step 2:

Complete Employee's Notice of Injury Report Provided by your supervisor/manager. If this is not possible due to the severity of the injury, it can be completed after treatment is received. If no treatment is necessary or the injury is only minor and treated by your employer, you **MUST** still complete the appropriate form.

Step 3:

If Professional Medical Treatment is necessary, you **MUST HAVE** authorization from your supervisor before treatment. Your supervisor will direct you to the designated and approved clinic/hospital. If you do not have transportation or are unable to drive due to the severity of injury, inform your supervisor for other arrangements to be made. All work-related injuries will require a drug test at the place of treatment.

*It is a Class D Felony for any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium (or who aids and abets for either of said purposes).*

## ***HIPAA Special Enrollment Notice***

***This notice is an explanation of special enrollment period to enroll in/cancel group insurance coverage outside of your group's annual open enrollment period.***

If you are declining enrollment for yourself or your dependents (including your spouse) because of other employer group health plan coverage, you may be able to enroll yourself and your dependents in this plan in the future if you or your dependents lose eligibility for that other group coverage (involuntary loss of coverage) or if the employer stops contributing toward your or your dependents' other group coverage. However, you must request enrollment within 30 days after your or your dependents' other coverage ends or after the employer stops contributing toward the other coverage.

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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 creates two new special enrollment rights for employees and/or their dependents. In addition to the special enrollment rights set forth above, all group health plans must also permit eligible employees and their dependent(s) to enroll in an employer plan if the employee requests enrollment under the group health plan within 60 days of the occurrence of the following events:

1. Termination of Medicaid or State Children's Health Insurance Program (SCHIP) as a result of loss of eligibility- If you or your dependent(s) lose coverage under Medicaid or a state child health plan, you may request to enroll yourself and/or your dependent(s) in our group health plan not later than 60 days after the date coverage ends under Medicaid or the state child health plan.
2. Eligibility for state premium assistance under Medicaid or CHIP- If you and/or your dependent(s) become eligible for financial assistance from Medicaid or a state child health plan, you may request to enroll yourself and/or your dependent(s) under our group health plan, provided that your request is made not later than 60 days after the date that Medicaid or the state child health plan determines that you and/ or your dependent(s) are eligible for such financial assistance. If you and/or your dependent(s) are currently enrolled in our group health plan, you have the option of terminating your and/or your dependent's (s') enrollment in our group health plan and enroll in Medicaid or a state child health plan.

Please note that once you terminate your enrollment in our group health plan, your dependent's (s') enrollment will be also terminated.

***All special enrollment requests are processed at the discretion of the insurance carrier and the insurance carrier reserves the right to approve or deny a request after review. The carrier also reserves the right to request proof of the qualifying event either at the time the special enrollment request is made or at any time thereafter.***

To request special enrollment or obtain more information, please contact My HR Professionals at My HR Professionals Benefits Department P.O. BOX 6040, Van Buren, AR 72956 Phone: (479) 474-7752 or (800) 940-8706 Fax: (844) 224-0294 Email: [benefits@myhrpros.com](mailto:benefits@myhrpros.com), Website: [www.myhrprofessionals.com](http://www.myhrprofessionals.com)

# EMPLOYEE SELF SERVICE PORTAL



Access your personal information online 24/7!

**Step 1:** Navigate to [www.myHRprofessionals.com/ESS](http://www.myHRprofessionals.com/ESS)

**Step 2:** For a New User, click "Register"

*Note: If you work for two or more companies whose payroll is processed by My HR Pros, you must have an account for each employer. Please contact My HR Pros for assistance in setting up your access.*

**Step 3:** Complete the "User Registration" page with your information

#### Your Password Must:

- Be at least 8 characters long
- Contain at least 1 uppercase letter
- Contain at least 1 lowercase letter

If you have any questions or concerns regarding the Employee Self Service Portal, please contact My HR Pros at (800) 940-8706 or by email [support@myhrpros.com](mailto:support@myhrpros.com).

Now available in:



Search for "My HR Pros" in your app store & have the Employee Self Service Portal at your fingertips 24/7!