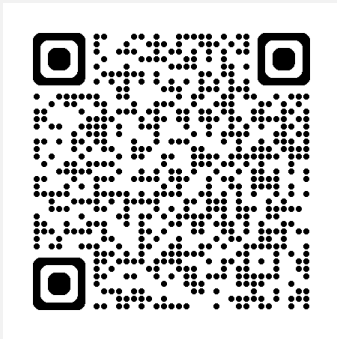


Complete Your New Hire Paperwork (NHP) Online



Scan To Get Started



OR



Visit: paperwork.tempusunlimited.org

Click "User Guide" on the home page
for step-by-step instructions

4 Easy Steps

①



Access PaperWorkr

Use the QR code or website to
access PaperWorkr

②



Create An Account

Create a new account or sign in to
your existing account.

③



Complete Your Forms

Complete all assigned forms and
provide the required information
and documents.

④



Submit

Submit your paperwork



Need Help?

We're here for you!



Call us at (877) 479-7577



Email us at MAPCAOnboarding@tempusunlimited.org



Chat with us on our website



Visit one of our Tempus offices for in-person assistance



Paper New Hire Paperwork packets are available upon request by contacting us.

New Hire Paperwork Checklist (PCA)

Instructions

- Use this checklist to ensure that your PCA's paperwork is filled out completely and correctly
- Use the enclosed sample packet for guidance on how to fill out New Hire Paperwork
- Include your Consumer number on all forms if completing manually
- Your PCA **cannot work** before they are authorized by Tempus FI

Form		Required Information	Tips for Success
☐	PCA/DCW Provider Information Form	<i>All fields marked with a (*) are required for completion</i>	- Use the PCA's legal name as shown on legal documents demonstrating identity and employment authorization - Do not use a P.O. Box for the home address - Provide a valid email address and at least one phone number
☐	PCA Provider Agreement	Important Information Acknowledged by Signing - PCA cannot begin working until authorized by the Fiscal Intermediary (Tempus Unlimited, Inc.) - PCA must be authorized to work in the United States - PCA must comply with MassHealth PCA Program requirements - PCA must follow Electronic Visit Verification (EVV) and Activity Form requirements - PCA must comply with weekly hour and overtime limits - PCA must maintain updated contact information with the Consumer-employer and Fiscal Intermediary - PCA services are limited to authorized and covered services	- Read the entire agreement before signing - Select only one option describing the relationship to the Consumer-employer - Select only one option in the ownership/control section - If ownership or control exists in another MassHealth provider entity, provide the information as requested - Ensure all signatures and printed names are complete and legible - Complete the date signed field - Keep a copy of the signed agreement for your records
☐	Form I-9 <i>Page 1 of 4</i>	Employment Eligibility Verification Section 1: PCA Information and Attestation - PCA's Legal Name - PCA's Address/Date of Birth - PCA's Social Security Number - PCA's Email Address - PCA's Phone Number - PCA's Citizenship/Immigration Status - PCA's Signature - Date	Section 1: PCA Information and Attestation - Fill out Section 1 completely - Select the correct citizenship/immigration status - The PCA must sign this section *Copies of documents establishing identity and employment authorization (Form I-9 acceptable documents) MUST be submitted with new hire paperwork

New Hire Paperwork Checklist (PCA)

	Form I-9 <i>Page 1 of 4</i> <i>(continued)</i>	Section 2: Employer Review and Verification Consumer-employer must: - Physically examine and obtain copies of Form I-9 acceptable documents that establish identity and employment authorization <i>*Page 2 of Form I-9 lists acceptable documents</i> - Enter information from the acceptable documents supplied by the PCA (once reviewed) on Form I-9 Section 2 - Enter first date of employment - Sign the form	Section 2: Employer Review and Verification - Consumer-employer cannot tell the PCA which acceptable documents to provide, the PCA may use Page 2 of Form I-9 to select which acceptable documents they will provide - Form I-9 acceptable documents must be current and valid - Copies of documents being submitted with New Hire Paperwork must be clear and readable - Required signatures must be obtained
☐	Form I-9 <i>Page 2 of 4</i>	Acceptable Documents *Consumer-employer must submit these documents. Page 2 provides a list of acceptable documents for use in establishing the PCA's identity and employment authorization	*Only one document is needed if selecting an acceptable document from List A. If selecting from List B or List C, one document from BOTH List B and List C will be required.
☐	Form I-9 <i>Page 3 of 4</i>	Supplement A: Preparer and/or Translator Certification for Section 1 *Required ONLY if using a Preparer or Translator	If you use a Preparer and Translator, they must complete <u>AND</u> sign this form.
☐	Form I-9 <i>Page 4 of 4</i>	Supplement B: Reverification and Rehire (formerly Section 3) *Required ONLY if the PCA 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	- Complete form including required signatures - You cannot tell the PCA which acceptable documents to provide - Physically review provided documents and submit copies to Tempus Unlimited, Inc. along with the Supplement B form
☐	Form W-4	Employee's Withholding Certificate - PCA's Legal Name - PCA's Address - PCA's Social Security Number - If the PCA chooses to claim additional withholding or other adjustments, complete the applicable sections of the form - PCA's Signature and Date	- Complete all required fields. - Select a filing status before signing the form - PCA must sign and date the form - Use the PCA's legal name as it appears on Form I-9 acceptable documents - Ensure the Social Security Number is entered correctly Tempus Unlimited, Inc. cannot provide tax advice. PCAs should consult a tax professional if they have questions about how to complete Form W-4

New Hire Paperwork Checklist (PCA)

Choose One of the Following Two Options for Payment			
☐	Direct Deposit Form	- PCA's full name as it appears on the bank account - Bank routing number - Bank account number - Consumer name and ID number - PCA's phone number	- PCA must sign and date the form - A voided check or a bank account verification form or letter must be provided - Accounts listed cannot be an account that is shared with the Consumer or surrogate - PCA must be a listed member on the account, 3rd party accounts may not be used - PCA's name on the account must match names on the W4 and Form I-9
or			
☐	Debit Card Enrollment Form*	*Required if no Direct Deposit Information is provided - PCA's full name and address - PCA's PO box (if applicable) - PCA's phone number - PCA's social security number - PCA's email address - Consumer name, ID number and physical address	- PCA must sign and date form - PCA must provide a physical address in addition to PO box
Optional			
You must provide this form to your PCA, but they may choose if they want to complete the form			
☐	Massachusetts M-4	- PCA's Legal Name - PCA's Address - PCA's Social Security Number - Massachusetts withholding election (if applicable) - PCA's Signature - Date	- This form is optional and may be completed if the PCA wishes to make Massachusetts state withholding elections - PCA must sign and date the form if they choose to complete it - Use the PCA's legal name as it appears on Form I-9 acceptable documents - Ensure the Social Security Number is entered correctly - Review the withholding election information for accuracy before signing

PCA/DCW Provider Information Form

This form is to be completed by the PCA/DCW and submitted with the new hire paperwork. Required fields are marked with (*)

PCA/DCW First Name*	PCA/DCW Middle Name <i>If applicable</i>	PCA/DCW Last Name*			
PCA/DCW Date of Birth*	PCA/DCW Unique ID <i>Applies to PCA/DCW's with an existing PCA/DCW Unique ID</i>	PCA/DCW Social Security Number*			
Consumer/Waiver Participant First Name*	Consumer/Waiver Participant Last Name*	Consumer/Waiver Participant Number*			
PCA/DCW Home Address* <i>(P.O. Box is not acceptable)</i>					
Street Address*					
Bldg/Unit/Apt					
City*		State*		Zip Code*	
Is PCA/DCW's mailing address the same as PCA/DCW's home address?*				☐ Yes	☐ No
PCA/DCW Mailing Address* <i>(P.O. Box is acceptable)</i>					
Street Address*					
Bldg/Unit/Apt					
City*		State*		Zip Code*	
PCA/DCW Email Address*					
PCA/DCW Primary Phone* <i>At least one phone number is required. Please use the checkboxes to indicate your primary phone.</i>	PCA/DCW Cell Phone	PCA/DCW Home Phone			
☐ Cell Phone ☐ Home Phone					
PCA/DCW Preferred Language*					

PCA Provider Agreement for Personal Care Attendant (PCA) Program

PCA Provider Agreement



Instructions and Important Information

1. All Personal Care Attendants (PCAs) in the MassHealth PCA Program must read, sign, and return this form to their PCA Consumer-employer before they can begin providing PCA services.
2. The PCA's employer (the Consumer-employer) must submit this form to the fiscal intermediary (FI), along with all other paperwork required by the FI and MassHealth.
3. The PCA Provider must complete and return all required New Hire Paperwork and be issued a Unique Identification Number (ID) before being paid for providing payment as part of the PCA Program.
4. PCA Providers must be eligible to work in the United States to work as a PCA, and that neither MassHealth nor the FI will pay me if I am not authorized to work in the United States.
5. MassHealth does not cover PCA services when:
 - The Consumer-employer is in an inpatient facility, such as a hospital or nursing facility;
 - The Consumer-employer is enrolled in an adult foster care or a group adult foster care program;
 - The Consumer-employer does not have a prior authorization for PCA services;
 - The PCA is providing a non-covered service as outlined in 130 CMR 422.412;
 - The PCA is providing other MassHealth covered services; or
 - The number of hours that has been authorized by MassHealth has been exhausted
 - The PCA works in excess of the maximum weekly hour limit established as outlined in 130 CMR 422.413(K)

The PCA must read, sign, and return this agreement before working and receiving payment as part of the PCA Program.

By signing below, I understand that:

1. As a MassHealth PCA provider, I must comply with the PCA provider's eligibility requirements at 130 CMR 422.404(A)(1) and in accordance with the PCA provider scope of services at 130 CMR 422.404(B)(1) and 422.419(C).
2. **My employer is the Consumer-employer. My employer is NOT MassHealth, the Personal Care Management Agency (PCM) or the Fiscal Intermediary (FI).**
3. My Consumer-employer is responsible for hiring, firing, training, and scheduling PCA providers. My employer may select another person (a surrogate or administrative proxy) to help manage their personal care services. I must notify my employer and the surrogate or administrative proxy (if any), of any changes in my circumstances that would affect my ability to perform my duties as a PCA provider.
4. A Consumer-employer cannot hire, MassHealth cannot authorize, and the FI cannot pay a PCA, that is on the List of Excluded Individuals and Entities (LEIE) maintained by the U.S. Department of Health and Human Services Office of Inspector General (OIG) or the MassHealth List of Suspended/Excluded Providers.
5. My new hire paperwork must be completed and processed before I will be issued a PCA Identification

Number (PCA ID) and before I can receive payment as part of the PCA Program.

6. I must be eligible to work in the United States, and I must complete the Form I-9 Employment Eligibility Verification and provide copies of a valid form of photo identification and employment authorization documentation to my Consumer-employer. The above referenced documents must demonstrate that I am authorized to work in the United States, as required by the Department of Homeland Security (DHS). I understand that the Fiscal Intermediary (FI) will confirm my employment eligibility using E-Verify on my Consumer-employer's behalf. I understand I will not be paid if I am not authorized to work in the United States.
7. I must be at least sixteen (16) years of age or older.
8. MassHealth and the FI cannot pay me if I am on the List of Excluded Individuals and Entities (LEIE) maintained by the U.S. Department of Health and Human Services Office of Inspector General (OIG) and the MassHealth List of Suspended/Excluded Providers.
9. My Consumer-employer has the right to perform a CORI or SORI background check as a condition of my employment and will make a hiring determination based on the information obtained.
10. My Consumer-employer determines the number of hours I am scheduled to work each week. I understand that the number of hours I am scheduled to work may be less than the total number of hours authorized by my Consumer-employer's prior authorization (PA).
11. My wages are established through a collective bargaining agreement (CBA) between the PCA Quality Home Care Workforce Council (the Council) which represents PCA Consumers, and SEIU Local 1199 (the Union), which represents PCAs.
12. I am not eligible to receive any pay differentials, including seniority rate or complex care differentials, until I have completed New Hire Orientation (NHO) or have been exempted from the NHO requirement.
13. I must comply with MassHealth regulations and federal requirements regarding the use of EVV submission of Activity Forms (also known as "timesheets"), including the use of Electronic Visit Verification (EVV) system, as required by federal law and by MassHealth.
14. The FI will process payroll for my Consumer-employer. I understand that I must enroll in Direct Deposit or have the option to enroll in payroll debit card, unless I have applied for and received an exemption from this requirement. If I receive my payment by paper check, I acknowledge that the FI will issue a check in my name and send it to my Consumer-employer.
15. It is my responsibility to immediately notify the FI and my Consumer-employer if any of my contact information changes, such as my name, address, email, phone number, or other information. I must immediately provide my updated contact information to my Consumer-employer and the FI any time this information changes.
16. The MassHealth PCA program pays for personal care services provided by a PCA only when the PCA provider provides physical assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) to an eligible PCA Consumer-employer who has obtained prior authorization from MassHealth for PCA services. PCA services must be provided in accordance with MassHealth regulations at 130 CMR 422.410, the PCA Consumer-employer Prior Authorization, as well as the authorized PCA evaluation or re-evaluation, service agreement.
17. My Consumer-employer will tell me which tasks on the Prior Authorization they require for me to provide physical assistance with.
18. I understand that ADLs may include providing physical assistance to the PCA Consumer-employer with transferring, walking, using medical equipment, taking medications, bathing and grooming,

dressing and undressing, passive range-of-motion exercises, eating, and toileting. I understand that IADLs may include household services that are instrumental to the PCA consumer's PCA care needs such as laundry, shopping, housekeeping, meal preparation and cleanup, transportation to medical appointments, activities such as maintenance of wheelchairs or other medical equipment, completing the paperwork required for receiving PCA services, and other activities approved by MassHealth as being instrumental to the health care needs of the PCA consumer.

19. I understand that I must adhere to PCA Program weekly hour limits, which limit the number of hours I may work each week to maximum weekly hour limit as outlined in 130 CMR 422.413(K) inclusive of all Consumer-employers I work for.
20. I understand that should I work overtime, I must adhere to PCA Program overtime rules and may not work more than 50 hours per week in total across all of my Consumer-employers without an overtime authorization; and that I may not work more than the maximum weekly hour limit as outlined in total across employers for any reason. I must inform my Consumer-employer(s) when I work additional hours for other Consumer-employers, and that all of my Consumer-employers to must obtain authorization in order for a PCA to work over 50 hours (but no more than the maximum weekly hour limit).
21. I understand that I may be subject to sanction, such as suspension or termination as a PCA provider, for failure to comply with the MassHealth PCA program regulations at 130 CMR 422.000 and other applicable MassHealth regulations, including, but not limited to, failure to provide services covered by the MassHealth PCA provider, repeated failure to work within the weekly hour limit or authorized overtime hours, provider eligibility requirements, or other program requirements.
22. I understand that I cannot be paid as a PCA provider if I am a spouse, parent (if the PCA Consumer-employer is a minor child), surrogate or administrative proxy, foster parent, or legally responsible relative of the PCA Consumer-employer (including a relative who is a legal guardian).

In providing MassHealth covered PCA services to my employer (the PCA Consumer), I understand and agree to the following:

23. If my employer has an advance directive concerning the provision of care in the event that he or she becomes incapacitated, I agree to respect the terms of the advance directive, unless, as a matter of conscience, I cannot implement an advance directive. I agree not to condition the provision of care or otherwise discriminate against my employer based on whether or not the individual has executed an advance directive. I understand that I am not required to provide care that conflicts with an advanced directive.
24. I agree to keep any records that are necessary to show the extent of the services I provide to my Consumer-employer, including Activity Forms (also called "timesheets") and I agree to furnish, upon request, copies of records in my possession and any information regarding payments I claimed for furnishing PCA services to my Consumer-employer, to the Medicaid agency, the Secretary of the U.S. Department of Health and Human Services, or the State Medicaid fraud control unit.

I agree to comply with the disclosure requirements contained in 42 CFR Part 455, Subpart B, as follows:

25. Pursuant to 42 CFR 455.104(a)(3), I am identifying below any other MassHealth provider entity in which I have ownership or control. A "MassHealth provider entity could include any provider type enrolled with MassHealth, including a Home Health agency, an Adult Foster Care agency, or any other provider type. Please complete this information on Page 3, below.
26. If requested by MassHealth, I agree to provide information about business transactions in accordance with 42 CFR 455.105.

27. In accordance with state statute M.G.L. c.118E, § 36, and federal requirement, 42 CFR 455.106, by signing this form, I am stating that I have not been convicted of a criminal offense related to my involvement in any program under Medicare, Medicaid, or the title XX services program.
28. I understand that certain relationships between me and my Consumer-employer may affect my tax exemption status. I understand that any tax exemption status resulting from my relationship with my employer is mandatory, based on applicable Federal and State tax rules. I understand that the FI is required to follow all Federal and State rules regarding tax withholding, and MassHealth or the FI cannot change such rules.

Provider Information and Attestation

Please check one option:

The following describes my relationship to my employer (the PCA consumer). Select only one option.	
☐	I am not related to my Consumer-employer
☐	I am my Consumer-employer's daughter or son
☐	I am my Consumer-employer's parent
☐	I am related to my consumer in a different way (please explain):

Please check one option:

Pursuant to 42 CFR 455.104(a)(3), I am identifying below any other MassHealth provider entity in which I have ownership or control. A "MassHealth provider entity could include any provider type enrolled with MassHealth, including a Home Health agency, an Adult Foster Care agency, or any other provider type.

Please check one:

- ☐ I DO NOT have ownership or control of any other MassHealth provider entity
- ☐ I DO have ownership or control of any other MassHealth provider entity. The information for such entity/entities is as follows:

Please complete and attest to the following information:

I certify under pains and penalties of perjury that the information on this signature form, and any accompanying statement that I have provided, has been reviewed and signed by me, and is true, accurate, and complete to the best of my knowledge. I also certify that I understand my duties, rights, and responsibilities as a PCA and that all the information I have provided to my employer (the PCA Consumer), to the fiscal intermediary, to the personal care management agency, or to MassHealth is true and accurate to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

I attest to all the above information, and agree to accept the position of personal care attendant (PCA) provider for:

Consumer Printed Name: _____

PCA Provider Signature: _____

PCA Provider Printed Name: _____

Date Signed: _____

Form I-9 Required Documentation

To avoid new hire paperwork processing delays, you must submit:

-  Completed Form I-9*
**First Date of Employment in Section 2 must be on/after date that forms are submitted to Tempus*
-  Copies/Images of Acceptable Documents Establishing Identity and Employment Authorization

 **Incomplete or unclear documents may delay processing and employment** 

1. PCAs/DCWs must provide one document from List A **or** one document from List B **and** one document from List C.
2. Consumers/Waiver Participants must submit a clear and easy to read copy of each presented document to Tempus when submitting the Form I-9 and other new hire paperwork.

Examples of these documents appear on Page 2 of Form I-9.



Documents Must Be:

-  Clear and easy to read, not blurry, too dark, or too light
-  Complete, including all pages and corners, with no information cut off
-  Current and unexpired *if document has expiration date
-  Submitted with both sides if the document is double-sided
-  Photos taken on phones should be well lit and fully visible

Avoid Delays, Take the Following Actions:

-  Complete and sign all forms
-  Submit supporting documents that match documents provided in Section 2 of Form I-9
-  Only submit clear and readable documents
-  Make sure names on documents identify the PCA/DCW
-  Only submit completed packets

? Questions?

Contact Tempus for assistance before submitting incomplete paperwork.

 (877) 479-7577

 MAPCAOnboarding@tempusunlimited.org

 www.tempusunlimited.org



Instructions for Form I-9, 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

Anti-Discrimination Notice: Employers must allow all employees to choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information entered in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or **Supplement B, Reverification and Rehire**. Employees do NOT need to prove their citizenship, immigration status, or national origin when establishing their employment authorization for Form I-9 or E-Verify. Requesting such proof or any specific document from employees based on their citizenship, immigration status, or national origin, may be illegal. Similarly, discriminating against employees in hiring, firing, recruitment, or referral for a fee, based on citizenship, immigration status, or national origin may be illegal. Employers should not reject acceptable documentation due to a future expiration date. For more information on how to avoid discrimination or how to report it, contact the Immigrant and Employee Rights Section in the Department of Justice's Civil Rights Division at www.justice.gov/ier.

Purpose of Form I-9

Employers and employees must complete their respective sections of Form I-9. The form is used to document verification of the identity and employment authorization of each new employee (both U.S. citizen and alien) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document the verification of the identity and employment authorization of each new employee (both U.S. citizen and alien) hired after November 27, 2011.

Definitions

Employee: A person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term "employee" does not include individuals who do not receive any form of remuneration (e.g., volunteers), independent contractors, or those engaged in certain casual domestic employment.

Employer: A person or entity, including an agent or anyone acting directly or indirectly in the interest thereof, who engages the services or labor of an employee to be performed in the United States for wages or other remuneration. This includes recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Authorized Representative: Any person an employer designates to complete and sign Form I-9 on the employer's behalf. Employers are liable for any statutory and regulatory violations made in connection with the form or the verification process, including any violations committed by any individual designated to act on the employer's behalf.

Preparer and/or Translator: Any individual who helps the employee complete or translates **Section 1** for the employee.

General Instructions

Filing Fee. See Form G-1055, available at www.uscis.gov/forms, for specific information about the fees applicable to this form.

Form I-9 consists of:

- **Section 1:** Employee Information and Attestation
- **Section 2:** Employer Review and Verification
- Lists of Acceptable Documents
- Supplement A, Preparer and/or Translator Certification for Section 1
- Supplement B, Reverification and Rehire (formerly Section 3)

EMPLOYEES

Employees must complete and sign **Section 1** of Form I-9 no later than the first day of employment (i.e., the date the employee begins performing labor or services in the United States in return for wages or other remuneration). Employees may complete **Section 1** before the first day of employment, but cannot complete the form before acceptance of an offer of employment.

EMPLOYERS

Employers in the United States, except Puerto Rico, must complete the English-language version of Form I-9. Only employers located in Puerto Rico may complete the Spanish-language version of Form I-9 instead of the English-language version. Any employer may use the Spanish-language form and instructions as a translation tool.

All employers must:

- Make the instructions for Form I-9 and Lists of Acceptable Documents available to the employee when completing the Form I-9 and when requesting that the employee present documentation to complete Supplement B, Reverification and Rehire. See page 5 for more information.
- Ensure that the employee completes **Section 1**.
- Complete **Section 2** within three business days after the employee's first day of employment. If you hire an individual for less than three business days, complete **Section 2** no later than the first day of employment.
- Complete Supplement B, Reverification and Rehire when applicable.
- Leave a field blank if it does not apply and allow employees to leave fields blank in **Section 1**, where appropriate.
- Retain completed forms. You are not required to retain or store the page(s) containing the Lists of Acceptable Documents or the instructions for Form I-9. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Additional guidance about how to complete Form I-9 may be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) and on [I-9 Central](#).

Section 1: Employee Information and Attestation

Step 1: Employee completes Section 1 no later than the first day of employment.

- All employees must provide their current legal name, complete address, and date of birth. If other fields do not apply, leave them blank.
- When completing the name fields, enter your current legal name and any last names you previously used, including any hyphens or punctuation. If you only have one name, enter it in the Last Name field and then enter "Unknown" in the First Name field.
- Providing your 9-digit Social Security number in the Social Security number field is voluntary, unless your employer participates in E-Verify. See page 5 for instructions related to E-Verify. Do not enter an Individual Taxpayer Identification Number (ITIN) as your Social Security number.

Step 2: Attest to your citizenship or immigration status.

You must select one box to attest to your citizenship or immigration status.

1. **A citizen of the United States.**
2. **A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant.

Conditional residents should select this status. Asylees and refugees should NOT select this status; they should instead select "An alien authorized to work." If you select "lawful permanent resident," enter your 7- to 9-digit USCIS Number (A-Number) in the space provided.

-
- 4. An alien authorized to work:** An individual who has authorization to work but is not a U.S. citizen, noncitizen national, or lawful permanent resident.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the documentation evidencing your employment authorization. If your employment authorization documentation has been automatically extended by the issuing authority, enter the expiration date of the automatic extension in this space.

- Refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens authorized to work whose employment authorization does not have an expiration date, should enter N/A in the Expiration Date field.

Employees who select "an alien authorized to work" must enter **one** of the following to complete **Section 1**:

- (1) **USCIS Number/A-Number** (7 to 9 digits);
- (2) **Form I-94 Admission Number** (11 digits); or
- (3) **Foreign Passport Number and the Country of Issuance**

Your employer may not ask for documentation to verify the information you entered in **Section 1**.

Step 3: Sign and enter the date you signed Section 1. Do NOT back-date this field.

Step 4: Preparer and/or translator completes a Preparer and/or Translator Certification, if applicable.

If a preparer and/or translator assists an employee in completing Section 1, that person must complete a Certification area on Supplement A, Preparer and/or Translator Certification for Section 1, located on Page 3 of Form I-9. There is no limit to the number of preparers and/or translators an employee may use. Each preparer and/or translator must complete and sign a separate Certification area. Employers must ensure that they retain any additional pages with the employee's completed Form I-9. If the employee does not use a preparer or translator, employers are not required to provide or retain Supplement A.

Step 5: Present Form I-9 Documentation

Within three business days after your first day of employment, you, the employee, must present to your employer original, acceptable, and unexpired documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before the Thursday of that week. However, if you were hired to work for less than three business days, you must present documentation no later than the first day of employment.

Choose which documentation to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which documentation you may present from the Lists of Acceptable Documents. You may present either: 1.) one selection from List A or 2.) a combination of one selection from List B and one selection from List C. In certain cases, you may also present an acceptable receipt for List A, B, or C documents. For more information on receipts, refer to the M-274.

- List A documentations show both identity and employment authorization. Some documentation must be presented together to be considered acceptable List A documentation. If you present acceptable List A documentation, you should not be asked to present List B and List C documentation.
- List B documentation shows identity only and List C documentation shows employment authorization only. If you present acceptable List B and List C documentation, you should not be asked to present List A documentation. Guidance is available in the M-274 if you are under the age of 18 or have a disability (special placement) and cannot provide List B documentation.

Your employer must physically examine the documentation you present to complete Form I-9, or examine them consistent with an alternative procedure authorized by the Secretary of DHS. If your documentation reasonably appears to be genuine and to relate to you, your employer must accept the documentation. If your documentation does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documentation. Your employer may choose to make copies of your documentation, but must return the original(s) to you. Your employer may not ask for documentation to verify the information you entered in **Section 1**.

Section 2: Employer Review and Verification

Before completing **Section 2**, you, the employer, should review **Section 1**. If you find any errors or missing information in **Section 1**, the employee must correct the error, and then initial and date the correction.

You may designate an authorized representative to act on your behalf to complete **Section 2**.

You or your authorized representative must complete **Section 2** by physically examining evidence of the employee's identity and employment authorization within three business days after the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete **Section 2** on or before the Thursday of that week. However, if the individual will work for less than three business days, **Section 2** must be completed no later than the first day of employment.

Step 1: Enter information from the documentation the employee presents.

You, the employer or authorized representative, must either physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, the original, acceptable, and unexpired documentation the employee presents from the Lists of Acceptable Documents to complete the applicable document fields in **Section 2**. You cannot specify which documentation an employee may present from these Lists of Acceptable Documents. A document is acceptable if it reasonably appears to be genuine and to relate to the person presenting it. Photocopies, except for certified copies of birth certificates, are not acceptable for Form I-9. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

You may use common abbreviations for states, document titles, or issuing authorities, such as: “DL” for driver's license, and “SSA” for Social Security Administration. Refer to the M-274 for abbreviation suggestions.

List A documentation shows both identity and employment authorization.

- Enter the required information from the List A documentation in the first set of document entry fields in the List A column. Some List A documentation consists of a combination of documents that must be presented together to be considered acceptable List A documentation. If the employee presents a combination of documents for List A, use the second and third sets of document entry fields in the List A column. Use the Additional Information space, as necessary, for additional documents. When entering document information in this space, ensure you record all available document information, such as the document title, issuing authority, document number and expiration date.
- If an employee presents acceptable List A documentation, do not ask the employee to present List B and List C documentation.

List B documentation shows identity only, and List C documentation shows employment authorization only.

- If an employee presents acceptable List B and List C documentation, enter the required information from the documentation under each corresponding column and do not ask the employee to present List A documentation.
- If an employee under the age of 18 or with disabilities (special placement) cannot provide List B documentation, see the M-274 for guidance.

In certain cases, the employee may present an acceptable receipt for List A, B, or C documentation. For more information on receipts, refer to the Lists of Acceptable Documents and the M-274.

Photocopies

- You may make photocopies of the documentation examined but must return the original documentation to the employee.
- You must retain any photocopies you make with Form I-9 in case of an inspection by DHS, the Department of Labor, or the Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section.

Step 2: Enter additional information, if necessary.

Use the Additional Information field to record any additional information required to complete **Section 2**, or any updates that are necessary once **Section 2** is complete. Initial and date each additional notation. See the M-274 for more information. Such notations include, but are not limited to:

- Those required by DHS, such as extensions of employment authorization or a document's expiration date.
- Replacement document information if a receipt was previously presented.
- Additional documentation that may be presented by certain nonimmigrant employees.

You may also enter optional information, such as termination dates, form retention dates, and E-Verify case numbers, if applicable.

Step 3: Select the box in the Additional Information area if you used an alternate procedure for document examination authorized by the Secretary of DHS.

You must select this box if you used an alternative procedure authorized by DHS to examine the documents. You may refer to the M-274 for guidance on implementing alternative procedures for document examination approved by the Secretary of DHS.

Step 4: Complete the employer certification.

Employers or their authorized representatives, if applicable, must complete all applicable fields in this area, and sign and date where indicated.

Reverification and Rehire

To reverify an employee's work authorization or document an employee's rehire, use Supplement B, Reverification and Rehire (formerly Section 3). Employers need only complete and retain the supplement page when employment authorization reverification is required. Employers may choose to document a rehire on the supplement as well. Enter the employee's name at the top of each supplement page you use. In the New Name field, record any change the employee reports at the time of reverification or rehire. Use a new section of the supplement for each instance of a reverification or rehire, sign and date that section when completed, and attach it to the employee's completed Form I-9. Use additional supplement pages as necessary. Use the Additional Information fields if the employee's documentation presented for reverification requires future updates.

Reverifications

When reverification is required, you must reverify the employee by the earlier of the employment authorization expiration date stated in Section 1 (if any), or the expiration date of the List A or List C employment authorization documentation recorded in Section 2. Employers should complete any subsequent reverifications, if required, by the expiration date of the List A or List C documentation entered during the employee's most recent reverification.

For reverification, employees must present acceptable documentation from either List A or List C showing their continuing authorization to work in the United States. You must allow employees to choose which acceptable documentation to present for reverification. Employees are not required to show the same type of document they presented previously. Enter the documentation information in the appropriate fields provided.

You should not reverify the employment authorization of U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551) or other employment authorization documentation that is not subject to reverification (such as an unrestricted Social Security card).

Reverification does not apply to List B documentation. Reverification may not apply to certain aliens. See the M-274 for more information about when reverification may not be required.

Rehires

If you rehire an employee within three years from the date the employee's Form I-9 was first completed, you may complete the supplement and attach it to the employee's previously completed Form I-9. If the employee remains employment-authorized, as indicated on the previously completed Form I-9, record the date of rehire and any name changes. If the employee's employment authorization or List A or C documents have expired, you must reverify the employee as described above.

Alternatively, you may complete a new Form I-9 for rehired employees. You must complete a new Form I-9 for any employee you rehired more than three years after you originally completed a Form I-9 for that employee.

Employee and Employer Instructions Related E-Verify

E-Verify uses Form I-9 information to confirm employees' employment eligibility. For more information, go to www.e-verify.gov or contact us at www.e-verify.gov/contact-us.

For employees of employers who participate in E-Verify:

- You must provide your Social Security number in the Social Security number field in **Section 1**.
 - If you have applied for, but have not yet received, your Social Security number, you should leave the field blank until you receive the number. Update this field once you receive it, and initial and date the notation.
 - If you can present acceptable identity and employment authorization documentation to complete Form I-9, you may begin working while waiting to receive your Social Security number.
- Providing your email address and telephone number in **Section 1** will allow you to receive notifications associated with your E-Verify case.
- If you present a List B document to your employer, it must contain a photograph.

For E-Verify employers:

- Ensure employees enter their Social Security number in **Section 1**.
- You must only accept List B documentation that contains a photograph. This applies to individuals under the age of 18 and individuals with disabilities.
- You must retain photocopies of certain documentation.

USCIS Forms and Information

Employers may photocopy or print blank Forms I-9. To ensure you are using the latest version of this form and corresponding instructions, visit the USCIS website at www.uscis.gov/i-9. You may order paper forms at www.uscis.gov/forms/forms-by-mail or by contacting the USCIS Contact Center at **1-800-375-5283** or **1-800-767-1833** (TTY).

For additional guidance about Form I-9, employers and employees should refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) or USCIS' Form I-9 website at www.uscis.gov/i-9-central.

You can obtain information about Form I-9 by e-mailing USCIS at I-9Central@uscis.dhs.gov. Employers may call **1-888-464-4218** or **1-877-875-6028** (TTY). Employees may call the USCIS employee hotline at **1-888-897-7781** or **1-877-875-6028** (TTY).

Retaining Completed Forms I-9

An employer must retain Form I-9, including any supplement pages, on which the employee and employer (or authorized representative) entered data, as well as any photocopies made of the documentation the employee presented, for as long as the employee works for the employer. When employment ends, the employer must retain the individual's Form I-9 and all attachments for one year from the date employment ends, or three years after the first day of employment, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is three years after the first day of employment.

Completed Forms I-9 and all accompanying documents should be stored in a safe and secure location. Employers should ensure that the information employees provide on Form I-9 is used only as stated in the DHS Privacy Notice below.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR section 274a.2. Employers creating, modifying, or storing Form I-9 electronically are encouraged to review these and any other relevant standards for electronic signature, and the indexing, security, and documentation of electronic Form I-9 data.

Penalties

Employers may be subject to penalties if Form I-9 is not properly completed or for employment discrimination occurring during the employment eligibility verification process. See 8 U.S.C. section 1324a and section 1324b, 8 CFR section 274a.10 and 28 CFR Part 44. Individuals may also be prosecuted for knowingly and willfully entering false information, or for presenting fraudulent documentation, to complete Form I-9.

Employees: By signing **Section 1** of this form, employees attest under penalty of perjury (28 U.S.C. section 1746) that the information they provided, along with the citizenship or immigration status they select, and all information and documentation they provide to their employer, is true and correct, and they are aware that they may face penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties or removal proceedings, and may adversely affect an employee's ability to seek future immigration benefits.

Employers: By signing **Sections 2 and 3**, as applicable, employers attest under penalty of perjury (28 U.S.C. section 1746) that they have physically examined the documentation presented by the employee, that the documentation reasonably appears to be genuine and to relate to the employee named, that to the best of their knowledge the employee is authorized to work in the United States, that the information they enter in **Section 2** is complete, true, and correct to the best of their knowledge, and that they are aware that they may face civil or criminal penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing Form I-9.

DHS Privacy Notice

AUTHORITIES: The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

PURPOSE: The primary purpose for providing the requested information on this form is for employers to verify your identity and employment authorization. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of individuals who are not authorized to work in the United States. This form is completed by both the employer and the employee and is ultimately retained by the employer.

DISCLOSURE: The information employees provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. USCIS does not store Form I-9 data obtained from external employers or retrieve the information by a personal identifier. DHS may share the information you provide on this form and any additional requested evidence with authorized organizations. DHS follows approved routine uses described in the associated published system of records notice [DHS/USCIS-011 E-Verify, June 18, 2019, 84 FR 28326] and the privacy impact assessments [DHS/USCIS/PIA-036(b) Form I-9 Employment Eligibility Verification Update]. A complete list of the routine uses can be found in the system of records notice associated with this form at <http://www.dhs.gov/system-records-notices-sorns>. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 34 minutes per response, when completing the form manually, and 25 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop Number 2140, Camp Springs, MD 20588-0009; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



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
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.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		☐ 1. A citizen of the United States				
		☐ 2. A noncitizen national of the United States (See Instructions.)				
		☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		☐ 4. An alien authorized to work until (exp. date, if any)				
		If you check Item Number 4. , 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)		Additional Information			
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)					
Certification: 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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For 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. 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		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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		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. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	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 Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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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 Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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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 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
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>)	
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.			
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.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
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>)	
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.			
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.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
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>)	
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.			
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.	

Employee's Withholding Certificate

OMB No. 1545-0074

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.

2026

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying surviving spouse ☐ 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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at 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.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate ☐
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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.)

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

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . ☐
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Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

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

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.

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

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 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 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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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.

- 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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) **4** \$ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$	11 \$ _____
12	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	12 \$ _____
13	Add lines 11 and 12. Enter the result here	13 \$ _____
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	14 \$ _____
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	15 \$ _____

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

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

Direct Deposit Form (MA)

PCAs/DCWs are required to use direct deposit for payment. PCAs and DCWs must complete this form and upload the documents listed below. Required fields are marked with an asterisk (*).

PCA/DCW Full Name*	PCA/DCW Phone Number*	PCA/DCW Unique ID
Consumer/Waiver Participant Full Name*		Consumer/Waiver Participant ID

Action Requested*					
☐ First-Time Direct Deposit Enrollment			☐ Update Direct Deposit Information		
Current Bank Information*			Previous Bank Information (Complete only if you are updating your information)		
Bank Name:			Bank Name:		
Account Type:	☐ Checking	☐ Savings	Account Type:	☐ Checking	☐ Savings
Routing Number:			Routing Number:		
(9 digits)			(9 digits)		
Account Number:			Account Number:		

Per PCA/Waiver Program Regulations – Direct Deposit Accounts must be in the name of the PCA/DCW only. The account cannot be a joint account shared by the PCA/DCW and the Consumer/Waiver Participant or the Surrogate.

Required Documentation*
For a checking account, provide a voided check or official bank documentation (ex. Direct deposit verification letter) showing the PCA/DCW's name, routing number, and account number. Starter checks are acceptable with preprinted name and account number. For a savings account, provide official bank documentation that includes the PCA/DCW's name, routing number, and account number. Note: Do not submit any handwritten documents or deposit slips as they will not be accepted. Tempus will not process this form without the required documentation.

I hereby authorize Tempus Unlimited, Inc. (hereinafter "Company") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the Company and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and the Bank reasonable opportunity to act on it.



PCA/DCW Signature*

Printed Name*

Date*

U.S. Bank Focus Card

Enrollment Form

To receive your payments on a U.S. Bank Focus Card, fill out this form and return it to Tempus Unlimited. Your card will be mailed to the address provided in 7-10 business days.



First Name:

Last Name:

Address:

City:

State:

ZIP Code:

Phone Number¹:

Social Security Number:

Date of Birth:

Email Address²:

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 Tempus Unlimited 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 Tempus Unlimited.

I acknowledge receipt of the Pre-Acquisition Disclosure and the Fee Schedule, as evidenced by my signature below.

Signature:

Date:

Information below this line will be used by Tempus Unlimited only.

To assist Tempus Unlimited in processing your pay, please provide information about the individual to whom you provide Services (your "Consumer"):

Consumer Name:

**Consumer
Address**

Street:

Consumer No.:

Apt/Suite:

City:

State:

Zip:

¹ 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 access fees from your cellular provider. ² An email address is required for all requests. We use email to communicate information about your request. Confidential, personal or financial information will never be sent or requested in an email from U.S. Bank.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. ©2023 U.S. Bank. Member FDIC.



Form M-4

Massachusetts Employee's Withholding Exemption Certificate

Print full name		Social Security number	
Home address			
City/Town	State	Zip	

Employee: File this form with your employer. Otherwise, Massachusetts income taxes will be withheld from your wages without exemptions.

Employer: Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

How to Claim Your Withholding Exemptions

- 1 Your personal exemption. Enter "1" or, if you are age 65 or over or will be before next year, enter "2" 1
- 2 If married and if exemption for spouse is allowed, enter "4" in line 2. If your spouse is age 65 or over or will be before next year and if otherwise qualified, enter "5." See Instruction C below 2
- 3 Enter the number of qualified dependents. See Instruction D below 3
- 4 Total number of withholding exemptions. Add lines 1 through 3 4
- 5 Additional withholding per pay period under agreement with your employer 5

A. ☐ Fill in you will file as head of household.

B. ☐ Fill in you are blind.

C. ☐ Fill in your spouse if blind and not subject to withholding.

D. ☐ Fill in you are a full-time student engaged in seasonal, part-time, or temporary employment whose estimated annual income will not exceed \$8,000. **Employer:** Do not withhold if D is filled in.

General Information

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example,

if during the year your dependent son's income indicates that you will not provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholdingg exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

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

Signature	Date
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THE U.S. BANK FOCUS CARD CARDHOLDER AGREEMENT

TERMS AND CONDITIONS FOR THE U.S. BANK FOCUS CARD

By activating, accepting and/or using the U.S. Bank Focus Card ("Card"), you agree to be bound by the terms and conditions contained in this Focus Card Cardholder Agreement as well as the Fee Schedule and Transaction Limitations, incorporated herein by reference (collectively the "Agreement"), which will govern your use of your Card and your Account. Your Card is a reloadable Visa® branded prepaid debit card issued by U.S. Bank National Association ("U.S. Bank"), and your Card accesses your U.S. Bank Focus Card account ("Account"). "You" and "your" means the person(s) who received the Card from U.S. Bank and are authorized to use the Card and Account as provided for in this Agreement. "We," "us," and "our" mean U.S. Bank, our successors, affiliates or assigns. "Funder" means an organization providing an actual dollar value, or funds, to your Card. The "Sponsor" is the employer that originally offered you the Card and Account. Please read this Agreement carefully and keep it for future reference. The laws of the state of Ohio govern the interpretation of this Agreement, without giving effect to conflict of law principles thereof that may cause the law of another state to apply.

Your Card and Account are not connected in any way to any other account. You will not receive any interest on the funds in your Account. The Card is not a credit card. The Card is not for resale. The Card is nontransferable, and it may be canceled, repossessed, or revoked at any time without prior notice subject to applicable law. We may refuse to process any transaction that we believe may violate the terms of this Agreement or applicable law. Funds in the Account are insured by the Federal Deposit Insurance Corporation ("FDIC") up to the maximum allowed by law for the benefit of the named cardholder.

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION (INCLUDING A CLASS ACTION ARBITRATION WAIVER). IT IS IMPORTANT THAT YOU READ THE ARBITRATION SECTION CAREFULLY.

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 may ask for your name, address, date of birth and other information that will allow us to identify you. If necessary, we may also ask to see your driver's license or other identifying documents.

HOW TO USE YOUR CARD

1. Activating Your Card; PIN Selection. You can activate your Card by calling us at 877-474-0010 (we accept relay calls) or online at www.usbankfocus.com. During the activation process, you will select a Personal Identification Number ("PIN"), which you may use to conduct certain transactions, such as point of sale transactions or ATM transactions. The Card and PIN are provided for your use and protection, and you agree to make sure only you know your PIN – do not write your PIN on your Card or tell anyone – and to notify us immediately if your PIN has been compromised.

2. Using Your Card. You are able to use your Card and Account to conduct the types of transactions described in this Agreement:

- A. Paying for goods or services, with or without cash back, at stores and businesses that have agreed to accept the Card ("point-of-sale transactions");
- B. Performing transactions at automated teller machines ("ATMs");
- C. Transferring funds to or from another Focus Card registered through your Sponsor;
- D. Obtaining a ChekToday Convenience Check; and
- E. Obtaining cash at the teller window from any bank or credit union that accepts the network brand on your Card.

Fees and transaction limits may apply. Not all transaction types are available for all programs. See "Card Fees and Transaction Limits" for more details on the transactions available for your program.

3. Loading Your Card

All loads to your Card count toward the Maximum Daily Credit limit shown in the Transaction Limits. Third-party providers may set lower limits.

- A. *Loads from Your Sponsor.* Your Sponsor may deposit money (load value) onto your Card at any time. Monies deposited into the Account are available for your use in accordance with this Agreement.
- B. *Other Loads; Maximum Balance.* Depending on your program, you may be able to make cash deposits through participating reload networks, receive automated clearing house ("ACH") direct deposits from sources other than your Sponsor, and deposit checks through a third-party remote deposit capture service. If these options are available on your Account you will receive information on available reload methods with your Card materials. If your program

permits loads from sources other than your Sponsor, you will be required to take additional steps to verify your identity before these services may be accessed. At our discretion, we may allow a load in excess of the Maximum Card Balance limit shown in Transaction Limits. If such a load is permitted to post to your Account on one occasion, there is no guarantee that any load(s), in any form, in excess of the disclosed limits will be permitted in the future. All checks and money orders mailed or directly sent to us will be returned.

- i. **Cash Reloads.** Please note that if you reload your Card at reload networks, those networks may charge a fee and/or set load limits that are lower than what we set. Terms as to what source (i.e., cash, check, or other) can be used to deposit to the Account may be defined by each reload network. Generally, funds deposited through reload networks should be available no later than the next business day, but timing and availability of deposits through reload networks depends on the reload network completing the transaction.
- ii. **Check Reloads.** If permitted by your program, you may load additional funds to your Card via a third-party remote deposit capture service. This third-party service requires that you accept the service provider's terms and conditions, including fees, and download the service provider's mobile app. Generally, funds deposited through reload networks should be available no later than the next business day, but timing and availability of deposits through reload networks depends on the reload network completing the transaction.
- iii. **Limits on Loads.** In addition to the limitations in the Transaction Limitations section, the transaction limitations below apply to loads. Please note, for this purpose a "day" is a rolling 24-hour period.

Maximum Load amount by ACH--\$250,000 per load, 100 loads per day, not more than \$250,000 per day

Maximum Load amount by Cash Reload--3 loads per day, not more than \$950 per day

Maximum Load amount by Check Reload Service (Ingo)--\$10,000 per load, 10 loads per day, not more than \$20,000 per day

- C. Funds Availability for ACH Loads.** Funds loaded to your card by ACH, also known as direct deposit, are generally available for use on the Business Day funds from your payor are received by us. In our sole discretion, for certain recurring ACH loads, we may make funds available for your use up to two days before we receive the funds from your payor. When funds are made available early, they will be reflected in your account's available balance. Whether we make funds available early depends on (1) when we receive the payor's payment instructions, (2) any limitations we set on the amount of early availability, and (3) standard fraud prevention screening. The criteria we use for making funds available early is determined at our sole discretion, based on confidential criteria necessary for maintaining the security of your account and our payment services, and is subject to change without notice. Not all ACH loads are eligible for early availability. Loads received through other types of transactions, like check reloads or from person-to-person payments services, and other online transfers are not eligible for early availability. We do not guarantee that any particular ACH load will be made available before the date scheduled by the payor, and early availability of funds may vary between loads from the same payor. If we make funds available early and the payor reverses or requests a return of the deposit, or the funds are otherwise uncollected by the us, you understand and agree that we may debit your account up to the amount of the deposit that was previously made available – even if you have already withdrawn the funds or it creates a negative balance on your account. In this instance, you are responsible for any fees assessed – including those charged by merchants or third parties – as a result of the negative balance. Early crediting of ACH loads is offered at our discretion, and we reserve the right to cancel the service at any time and without notice to you.

4. Transfers.

- A. Card to Card.** If your program permits, you may transfer available funds from your Card to another Focus Card also registered by or through your Sponsor, and you may receive funds from another Focus cardholder whose Card was registered by or through your Sponsor. Funds transferred are available the same business day the transfer is completed. Visit www.usbankfocus.com or call Cardholder Services at 877-474-0010 to confirm availability of this service. In addition to the limitations in the Transaction Limitations section, the following transaction limitations apply:

Maximum Transfer Amount from another Card--\$2,500 per transfer, 2 times per day, not more than \$5,000 per day

Maximum Transfer Amount to another Card--\$10,000, 2 times per day, not more than

\$20,000 per day

Transfers to your Card also count toward the Maximum Daily Credit limit shown in Transaction Limits. Transfers from your Card count toward the Maximum Daily Debits limit.

- B. External Transfer Service.** You may be required to accept the terms in this section electronically at the time you initiate use of this service. The provisions of subsection B(i) apply only if you accept these terms electronically. By completing set-up of an External Card Account for External Transfers or conducting an External Transfer, you agree your use of the External Funds Transfer Service (the "Service") will be governed by the terms and conditions below (the "External Transfer Disclosures"), which are incorporated into your Cardholder Agreement by reference, and by your Cardholder Agreement. All capitalized terms have the same meaning given in your Cardholder Agreement unless specifically defined here.

- (i) **Acceptance of electronic disclosures.** By completing set-up of an external card account for External Transfers or conducting an External Transfer, you agree to accept External Transfer Disclosures electronically.
- a. **Scope of Communications to Be Provided in Electronic Form.** Your consent to electronic disclosures applies only to the External Transfer Disclosures and not to any other disclosures we are required to provide to you in writing.
 - b. **Method of Providing Communications to You.** The External Transfer Disclosures are viewed during your use of the Service and are available in the Cardholder Agreement also available on the cardholder website.
 - c. **How to Withdraw Consent.** To withdraw your consent to receiving this disclosure electronically, do NOT proceed with the set up of an external card account or an External Transfer.
 - d. **Technical Requirements.** To receive this disclosure, use an Internet browser that supports Mozilla Firefox, Google Chrome, Microsoft Edge, and Apple Safari (For Mac). Your access to this page verifies that your browser and encryption software/device meet these requirements.
 - e. **Requesting Paper Copies.** You may receive a copy of this disclosure in writing by contacting Cardholder Services or requesting a copy of your Cardholder Agreement.
 - f. **Federal Law.** You acknowledge and agree that your consent to electronic receipt of this disclosure is being provided in connection with a transaction affecting interstate commerce that is subject to federal Electronic Signatures in the Global and National Commerce Act (the "Act"), and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.
 - g. **Termination/Changes.** We reserve the right, at our sole discretion, to discontinue the electronic provision of this disclosure.
- (ii) **Use of External Transfers.** Your use of External Transfers is subject to this External Transfers Disclosure and your Cardholder Agreement, which includes limitations on the transactions that you may conduct. External Transfers cannot be used to load or transfer funds into your Card Account.
- (iii) **External Accounts.** The account to which you transfer funds using External Transfers is the "External Card Account."
- a. You must set-up an External Card Account using the cardholder website before you may conduct External Transfers. The External Account must be associated with a debit card to be eligible for set-up. However, not all accounts are eligible, and eligibility may be impacted by account features set by the provider of your External Card Account. Only two (2) External Card Accounts may be set-up for use at any one time.
 - b. You are responsible for providing accurate account information for the External Card Account. Inaccurate account data may cause External Card Account set-up to fail or External Transfers to be misdirected. We are not responsible for misdirected transfers if we follow your instructions.
- (iv) **External Transfers.** You may use the External Transfer service only to initiate one-time payments.
- a. You are responsible for providing accurate account information for the External Card Account and confirming the transfer amount. Review payment instructions carefully before initiating a transfer. We are not responsible for errors in transfer amount or duplication of transfers by you if we follow your instructions.
 - b. You may only use available funds for an External Transfer to an External Card Account. When you submit an External Transfer, you authorize us to debit your Card Account immediately in the amount of the transfer plus any applicable fees. Generally, you will not be permitted to submit an External Transfer request for more money than your available balance. In the event a transfer not supported by available funds is accepted, and funds are not available at the time the transfer is processed, the transfer will fail.
 - c. We may delay or refuse an External Transfer in certain situations, which may include: if we need to confirm that you have authorized the transfer, if other transactions to or from your Card Account have been subject to reversal, if you have made recent changes to your contact information, or if the transfer exceeds transaction limitations for your Card Account. If we refuse a transfer, we will return the funds associated with the transfer to you unless we are legally obligated to take other action.
 - d. Generally, transfers will be processed when submitted. **You do not have the right to cancel an External Transfer after it is submitted by you.** Availability of funds in the External Account may vary based on the terms of that account. Contact the provider of your External Account for information on their funds availability practices.
 - e. Processed External Transfers will be reflected on your transaction history. Always review your transaction history carefully and report any errors to us immediately.
- (v) **Transaction Limitations.** Refer to the transaction limits table ("Transaction Limits") below your Fee Schedule for transaction limits. External Transfers are subject to the withdrawal limits disclosed there, as well as limits described here. You may make up to 3 transfers and transfer up to \$1,000.00 per day using External Transfers. These daily limits are measured over a rolling 24-hour period. We may limit your ability to add External Accounts or conduct External Transfers after changes to your contact information or login credentials.
- (vi) **Our Liability.** We are responsible for errors caused by our failure to process an External Transfer according to your properly transmitted instructions unless we have reasonably delayed or rejected the transaction in accordance with this Agreement. We are not responsible for any costs, late fees, or other damages incurred if the External Transfer

is delayed. We are not responsible for misdirected transfers or errors in payment instructions you give to us if we follow your instructions. If you believe an error has occurred, you should report it immediately using the error resolution process described in the “*Your Right to Dispute Errors*” section of your Agreement.

(vii) **Cancellation of Service.** We may cancel the External Transfer at any time in our sole discretion by notice in accordance with applicable law. You may cancel use of the External Transfer Service by deleting your External Accounts.

- C. Savings.** You may use the Savings Feature with your Card. Use of Savings is governed by the Terms and Conditions for Savings. Funds transferred to your Card from Savings are available the same business day the transfer is completed.

5. ChekToday Convenience Checks. If available for your program, you may request and use a ChekToday Convenience Check (“Check”) to access the funds in your Account. Visit www.usbankfocus.com or call Cardholder Services at 877-474-0010 to confirm availability of this service. Use of this service is limited to Checks payable to you for the full balance of your Account. Checks may not be endorsed to a third party or authorized for payment to a third party. Checks are not valid unless they are authorized. Checks that are not authorized will be rejected and returned unpaid. Once a Check is authorized, funds to pay the Check will be placed on hold. To place a stop payment on a Check or for further information about how to authorize a Check, contact Cardholder Services at 877-474-0010.

6. Holds Upon Authorization. Transactions with some merchants - restaurants, car rental agencies, hotels, salons, mail-order companies, cruise lines and pay-at-the-pump gas stations, for example - will authorize in an amount greater than your purchase. If you do not have available funds in the amount requested in the authorization, then your transaction will be declined. If the transaction is authorized, funds in the authorized amount will be held and will not be available for other purchases. The authorized amount will be held until the transaction posts to your Account. Transaction posting can generally take up to 10 days, except for certain travel and lodging related authorizations that can take up to 21 days. In some cases, the authorization amount will be held even if you do not complete your transaction.

7. Split Transactions; Rescinded Transactions; Failure to Honor

- A.** If you do not have enough money in your Account to complete a particular transaction, you may split your purchases between your Card and another form of payment. Tell the cashier how much you want to pay first with your Card. If you do not know your exact balance, please call customer service at 877-474- 0010 to verify your balance prior to attempting to make a purchase. Please note, not all merchants permit this type of split transaction.
- B.** If you authorize a purchase but do not make the purchase as planned, the authorized amount will be held until the authorization expires or the merchant releases the hold, which may take up to seven days.
- C.** Neither we nor any other bank or business will be liable to you for failure to accept or honor the Card.

8. No ACH Payment/Transfer. Do not attempt to make an ACH payment/transfer out of your Account using the underlying Account number of your Card (depending on your program, this number may be printed in your Card materials, but is separate from the Card number which you use to make ordinary Card purchases). If you do so, we may close your Card and Account. The underlying Account number is to be used only to enable ACH direct deposits into your Account from your Funder.

9. Returns and Refunds. If you authorize a purchase of goods or services, and there is a problem or dispute with the purchase, you must address it directly with the merchant involved. Refunds and returns are subject to the merchant's policies or applicable laws. If you are entitled to a refund for any reason for goods or services obtained with your Card, you agree to accept credits to your Card in place of cash.

10. Payment. Each time you use your Card, the amount of the transaction will be debited from your Account. You may not be allowed to exceed the balance available in your Account by any individual or series of purchases. Nevertheless, if you make a purchase that exceeds the balance in your Account (an “overdraft”), you will be fully responsible for the amount of your purchase that exceeded the balance in your Account. We also reserve the right to automatically debit such overdrafts from current or future money deposited to your Account or any other account you have with us. In such case, you agree to be responsible for payment to us for all overdrafts.

11. Using Your Card in a Foreign Country. You may use your Card for retail purchases at foreign (outside the United States) merchants and for cash withdrawals from foreign ATMs that bear either the PLUS System or the Visa logo. Some merchant and ATM transactions, even if you and/ or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable Visa rules, in which case we will add the “foreign fee” described below to those transactions. We do not control how these merchants, ATMs and transactions are classified for this purpose. The exchange rate in effect when the transaction is processed may differ from the rate in effect on the date of the transaction or the date of the posting of the transaction to your Account. If you use your Card at a merchant or an ATM that bears the Visa logo (and no PLUS System logo), the transaction will be processed through the Visa system and will be converted into U.S. Dollars

according to the applicable rules established by Visa from time to time. For transactions processed through Visa, the foreign currency transaction will be converted to U.S. Dollars by multiplying the amount of the foreign currency times (a) a rate selected by Visa from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate Visa itself receives, or (b) the government-mandated rate in effect for the applicable central processing date. If you use your Card at an ATM that bears only the PLUS System logo (and no Visa logo), the transaction will be processed through the PLUS System and will be converted into U.S. Dollars at the exchange rate established, from time to time, by the operator of that ATM. If you use your Card at an ATM that bears both the Visa and PLUS System logos, the ATM operator will determine whether to send your transaction over the Visa or PLUS System network using such network's respective currency conversion rules then in effect (as explained above). We may assess a foreign fee, calculated as a percentage of your transaction amount. The percentage, if any, is listed on the Fee Schedule. We may assess the foreign fee on all foreign transactions, even in transactions that do not require currency to be converted.

12. Network Rules; Lawful Purpose. Use of your Card is subject to all applicable rules and customs of any clearinghouse or other association involved in transactions. Your Card may not be used for any unlawful purpose. You agree that you will not use your Card for illegal internet-gambling or any transaction that is illegal under applicable law, or not permitted by network rules.

13. Use by Others; Secondary Card

- A. The person to whom the Card and Account was first issued is the "Primary Account Holder". The Primary Account Holder is at all times liable and responsible for all transactions, fees, and other activity with respect to the Card, Account and any Secondary Card (as defined below). Except by requesting a Secondary Card (as described below), you may not permit another person to have access to your Card or Account. If you do provide access to your Card or Account to another person, you are liable for all transactions and fees incurred by such person. You must notify us in writing to revoke permission for any person you previously authorized to use or access your Card or Account.
- B. If your program permits an additional Card to be issued to access your Account (a "Secondary Card"), the Primary Account Holder may request we issue a Secondary Card to a trusted person who is 13 years of age or older (the "Secondary Cardholder"). We reserve the right to refuse any Secondary Card request. The Primary Account Holder is at all times liable and responsible for all transactions, fees, and other activity with respect to the Secondary Card. The holder of the Secondary Card may report that Card as lost or stolen. The Secondary Cardholder may not request additional Cards to access the Account, but in other respects may have the same ability as the Primary Account Holder to access information or make decisions regarding the Card or Account. We reserve the right to require the Primary Account Holder to make or approve particular decisions in our discretion. If you wish to terminate the authority of the Secondary Cardholder, you must call us at 877-474-0010 to request revocation of the Secondary Cardholder's access to your Account. The Primary Account Holder will continue to be liable for all transactions, fees and other activity resulting from continued use of the Secondary Card unless you request that we cancel all of your Cards and issue a replacement Card for you. A fee for Card replacement may apply. See the Fee Schedule for details. Terminating the Secondary Card may require that we cancel all your Cards. As with all card cancellations, you will not have access to your Account until a replacement Card is received and activated by you. To the extent permitted by law, you are also liable and responsible for all costs and expenses, including attorneys' fees, that we incur enforcing these rules governing the Secondary Card.

CARD FEES AND TRANSACTION LIMITS

14. Fees and Transaction Limits; Third Party Fees

- A. Under some situations, you will be charged fees for using your Account. We will charge you and you agree to pay the fees and charges (collectively "Fees") described on the Fee Schedule included with your Card and made available to you before or during your enrollment in the Card program. Fees will be deducted automatically from the available Account balance. Any time your Account balance is less than the amount of the fee being assessed, the balance of your Account will be applied to the fee amount. Unpaid fee amounts will accumulate and will be deducted after your next load.
- B. Some of the ways you use or access your Account may incur third party fees, like mobile carrier fees for text messages or data used while accessing information on or through the Mobile App, or fees charged by out-of-network ATM owners.
- C. There are several ways to access the funds in your Account without incurring fees. In-network domestic ATM withdrawals are always free. In addition, domestic teller assisted cash withdrawals of up to your full net wages are free at any bank that is a member of the Visa network. You also may use your Card to make purchases and pay bills wherever Visa prepaid cards are accepted, and many merchants provide cash back with purchases without fees.
- D. Available transaction types and applicable transaction limitations are displayed in the transaction limits table ("Transaction Limits" or "Transaction Limitations") below your Fee Schedule. For limits applied per "day," a "day" is a rolling 24-hour period. For security reasons there may be additional limits on the amount, number or type of transactions you can make using the Card or Account.
- E. Fees and Transaction Limits are incorporated into this Agreement by reference and are subject to change from time to time. You will receive prior notice of Fee and Transaction Limit changes to the extent required by applicable law.

You may receive a copy of the Fee Schedule and Transaction Limits by calling us toll free at 877-474-0010 or you may view them online at www.usbankfocus.com.

HOW TO OBTAIN ACCOUNT INFORMATION

15. Account Information

- A. If you have arranged to have loads made to your card, including by direct deposit, you can review information about your Account, including loads from your Funder, online at www.usbankfocus.com, in the Mobile App or by calling us at 877-474-0010 to find out whether or not a load has been made.
- B. You may obtain Account balances and review Account activity by visiting www.usbankfocus.com, accessing the Mobile App, or calling 877-474-0010. You can access a 12-month history of Account transactions online at www.usbankfocus.com. The statement will describe all Account activity during the statement period.
- C. You also have the right to obtain a 24-month written history of Account transactions, recurring monthly paper statements and/or a single-month paper statement by visiting www.usbankfocus.com, calling 877-474-0010, or by writing us at Focus Card Services, P.O. Box 551617, Jacksonville, FL 32255. You will not be charged a fee for this information.
- D. You can get a receipt at the time you make any transfer to or from your Account using an ATM or point of sale terminal.

16. Contact Information and Business Days and Hours. For general inquiries by mail, write us at: Focus Card Services, P.O. Box 551617, Jacksonville, FL 32255. For service inquiries and/or to report your Card lost or stolen, call 877-474-0010, 24 hours a day, 7 days a week. Our business days are Monday through Friday. Holidays are not included.

17. Mobile Alerts. You may enroll to receive or manage electronic notifications ("Alerts") relating to your Account online at www.usbankfocus.com, via the Mobile App, or by calling 877-474-0010. Alerts will be sent via SMS / text message to a mobile phone, handheld, or other wireless device or by email as designated by you. This service allows you to request and receive certain messages about your Account. You may elect to receive Alerts relating to specific transactions on your Account. Once you have logged in, you may choose which Alerts you would like to receive and a limited number of electronic addresses (which electronic addresses may include email addresses and any devices accepting text messages) to which the Alerts will be sent. Alerts will be sent each day, at various times, when transactions occur that meet your specified criteria. You understand and agree that Alerts will not be sent on a "real time" basis, but will rather be sent at the next scheduled delivery time after the specified transaction event occurs. We reserve the right to change the frequency or timing of Alerts, at any time and from time to time. Alerts are not intended to replace your Account statements or any other communications we may provide to you regarding your Account. You are responsible for and must provide all telephone and other equipment, software, and services necessary to receive Alerts. By enrolling in Alerts and providing us with your cellular phone number, you consent to receiving SMS messages related to Alerts. Data and messaging charges from your telecommunications provider may apply, and you are responsible for any such charges. In the event your enrolled mobile or cellular device is lost or stolen, you agree to update your enrollment information and make the appropriate changes to disable the use of such devices. You agree to notify us of any change to your electronic addresses in order to ensure continued delivery of your Alerts. You understand that there are risks associated with using a mobile device, and that in the event of theft or loss, your confidential information could be compromised. We are not responsible for any failures on the part of your telecommunications, internet and/or email provider to properly enable your receipt of Alerts.

PREAUTHORIZED PAYMENTS AND ERRORS

18. Preauthorized Payments

- A. *Right to stop payment and procedure for doing so.* If you have preauthorized payments with your Card, you can stop any of these payments. Here's how: Call us at 877-474-0010 or write us at Focus Card Services, P.O. Box 551617, Jacksonville, FL 32255, in time for us to receive your request three business days or more before the payment is scheduled to be made. Your request must include information necessary to identify the preauthorized payment. If you call, we may also require you to put your request in writing and get it to us within 14 days after you call.
- B. *Notice of varying amounts.* If these regular payments vary in amount, the person you are going to pay will tell you, 10 days before each payment, when it will be made and how much it will be. You may choose instead to get this notice only when the payment would differ by more than a certain amount from the previous payment, or when the amount would fall outside certain limits that you set.
- C. *Liability for failure to stop payment of preauthorized transfer.* If you order us to stop payment three business days or more before the transfer is scheduled, and we do not do so, we will be liable for your losses or damages.

19 Contact in the Event of Loss, Theft or Unauthorized Use; Your Liability for Unauthorized Transactions

- A. Tell us AT ONCE if you believe your Card or PIN has been lost or stolen or if you believe an electronic fund transfer has been performed without your permission. Telephoning is the best way of notifying us and keeping your possible losses down. You may contact us by calling us toll-free at 877-474-0010 or by writing us at Focus Card Services, P.O. Box 551617, Jacksonville, FL 32255. If your Card has been lost or stolen, we will close your Card.
- B. Zero Liability. You are generally protected from all liability for unauthorized transactions. However, if you do not tell us

within 60 days after the earlier of the date you electronically access your Account, if the transaction could be viewed in your electronic history, or the date we sent the first statement or transaction history on which the unauthorized transfer appears, you may not get back any money you lost after the 60 days if we can prove we could have stopped someone from taking the money if you had told us in time. Alternatively, we may require you to report an unauthorized transaction(s) or other error within 120 days after the transfer or transaction allegedly in error was credited or debited to your Account.

- C. If a good reason (such as a long trip or a hospital stay) kept you from telling us, we will extend the time periods.

20. Your Right to Dispute Errors

- A. In case of errors or questions about your Card, call 877-474-0010 or write to Focus Card Services, P.O. Box 551617, Jacksonville, FL 32255, as soon as you can if you think your statement, transaction history, or receipt is wrong or if you need more information about a transaction listed on the statement, transaction history, or receipt. We must allow you to report an error until 60 days after the earlier of the date you electronically access your Account, if the error could be viewed in your electronic history, or the date we sent the FIRST written history on which the error appeared. Alternatively, we may require you to report an unauthorized transaction(s) or other error within 120 days after the transfer or transaction allegedly in error was credited or debited to your Account. You may request a written history of your transactions at any time by calling us at 877-474-0010 or writing us at Focus Card Services, P.O. Box 551617, Jacksonville, FL 32255.
- B. You will need to tell us:
- (i) Your name and your Card number;
 - (ii) The dollar amount of the suspected error;
 - (iii) Approximately when the error took place; and
 - (iv) Describe the error or the transaction you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- C. If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days after speaking with us.
- D. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will provisionally credit your Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Account until the investigation is complete, although we will still investigate your complaint or question. For errors involving new Cards (open less than 30 days), point of sale, or foreign initiated transactions, we may take up to 90 days to investigate your complaint or question. For new Cards, we may take up to 20 business days to provisionally credit your Card for the amount you think is in error. We will tell you the results within three business days after completing our investigation.
- E. If we decide there was no error, we will send you a written explanation within three business days after we finish our investigation. You may ask for copies of the documents used in our investigation. If we have issued provisional credit to you and there is no error, the amount of that credit will be subtracted from your Card. We will give you advance notice of the amount and date of the debit against your Card for that credit.
- F. If you need more information about our error-resolution procedures, call us at the telephone number shown above.

21. Our Liability. If we do not complete a transfer to or from your Account on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages with some exceptions. We will not be liable, for instance:

- (i) If, through no fault of ours, you do not have enough money in your Account to make the transfer.
- (ii) If the automated teller machine where you are making the transfer does not have enough cash.
- (iii) If the terminal system was not functioning properly and you were aware of that when you started the transfer.
- (iv) If circumstances beyond our control (such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- (v) There may be other exceptions stated in our agreement with you.

OTHER IMPORTANT TERMS

22. Amendment, Termination and Other Rights

- A. We may at any time change or terminate these terms and conditions, or transfer our rights under this Agreement. We do not give up our rights by delaying or failing to exercise them at any time. If any term of this Agreement is found by a court to be illegal or unenforceable; all other terms will still be in effect. Refer to www.usbankfocus.com for the most current version of the Agreement. You will be notified of any change in the manner required by applicable law. However, if the change is made for security purposes, we can implement such change without prior notice. We may terminate or suspend this Agreement or any features or services of the Card described herein at any time.
- B. The terms, conditions and fees associated with your Account do not automatically change when your employment with

the Sponsor ends.

- C. You may close your Account at any time without incurring a fee. Account termination or closure, whether by you or us, will not affect prior transactions or obligations relating to your Account existing at the time of termination.
- D. From time to time, we may monitor telephone calls you make to us or our agents.

23. Disclosure of Card Information. We will disclose information to third parties about your Card and Account or the transfers you make: (i) where it is necessary for completing transfers, (ii) in order to verify the existence and condition of your Account for a third party, such as a credit bureau or merchant, (iii) in order to comply with government agency or court orders, (iv) as otherwise permitted by applicable law, or (v) if you give us your written permission.

24. Program Information. You are electing to participate in the Focus Card program offered by your Sponsor that may be discontinued at some time in the future. If the program is discontinued, you will be notified in advance and given information about how to receive future payments by an alternate means. This program is provided by U.S. Bank National Association, which may contact you from time to time about this program or other services related to this program.

25. Role of Your Sponsor and Funder

- A. Your Sponsor is responsible for providing information to you about your payment options and may be required to provide additional information about the Account or your payment options under applicable law. Your Sponsor is also responsible for providing us information about you to open your Account, which may include your name, date of birth, physical address, and/or state of employment. If your relationship with your Sponsor ends, the terms, conditions and fees associated with your Account do not automatically change.
- B. Your Funder is responsible for transferring funds to us to load into your Account. These funds will be transferred by your Funder to us and loaded into your Account by us according to the schedule agreed to by Funder and us. We have no obligation to you in the event your Funder delays in providing or fails to provide funds to your Account.
- C. Your Funder may retain the right to deduct funds from the Account in order to correct a previous error or overpayment to you or for other reasons. You hereby authorize us to accept instructions from your Funder to credit or debit funds to or from your Account and, in the case of a debit, to return those funds to your Funder. If you have a dispute with your Funder about the amount that the Funder loads onto or deducts from your Account, you agree to not involve us in that dispute and to resolve that dispute solely with your Funder.
- D. You acknowledge and agree that except as set forth in this section, your Sponsor and Funder shall not be liable for any claims by you in connection with this Agreement.

26. Cellular Phone Contact Policy. 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 access fees from your cellular provider.

27. RESOLUTION OF DISPUTES BY ARBITRATION

The terms in this section 27 apply to all Cardholders that received a U.S. Bank Focus Cardholder Agreement with the reference number 05870-30-101 or higher when their Card Account was initially opened. The reference number can be found immediately above the title of the Cardholder Agreement. All other Cardholders remain subject to the Arbitration Section of the U.S. Bank Focus Cardholder Agreement with reference 05870-30-44 shown below in Section 28.

PLEASE READ THIS PROVISION CAREFULLY. UNDER THIS PROVISION, YOU WAIVE YOUR RIGHTS TO TRY ANY COVERED CLAIM IN COURT BEFORE A JUDGE OR JURY AND TO BRING OR PARTICIPATE IN ANY CLASS OR OTHER REPRESENTATIVE ACTION.

The following provision applies to any claim, cause of action, proceeding, or any other dispute between you, on the one hand, and us, our respective parents, subsidiaries, affiliates, agents, employees, predecessors- in-interest, personal representatives, heirs and/or successors, and assigns, on the other hand (each a "Claim" as further defined under the heading "Claims Covered by Arbitration"), including all questions of law or fact related thereto.

A. Agreement to Arbitrate

Either you or we may elect in writing, and without the consent of the other, to arbitrate all Claims covered by this provision.

B. Claims Covered By Arbitration

Claims subject to our agreement to arbitrate shall include all of the following: (i) Claims related to or arising out of this Agreement, or any prior or later versions of this Agreement as well as any changes to the terms of this Agreement; (ii) Claims related to or arising out of any aspect of any relationship between us that is governed by this account

Agreement, whether based in contract, tort, statute, regulation, or any other legal theory; and (iii) Claims that relate to the construction, scope, applicability, or enforceability of this arbitration provision. Claims include Claims that arose before we entered into this Agreement (such as Claims related to advertising) and after termination of this Agreement.

C. Claims Not Covered by Arbitration

Claims subject to our agreement to arbitrate shall not include any Claim you file in a small claims court, so long as the Claim remains in such court and advances only an individual claim for relief.

D. Commencing an Arbitration

The party initiating arbitration must choose one of the following arbitration forums to administer the arbitration:

- The American Arbitration Association (in this Section J, "AAA") under AAA's Consumer Arbitration Rules, except as modified by this account Agreement. AAA's Rules may be obtained from www.adr.org or 1-800- 778-7879 (toll-free).
- JAMS/Endispute ("JAMS") under JAMS' Comprehensive Arbitration Rules & Procedures or Streamlined Arbitration Rules & Procedures, including JAMS' Consumer Minimum Standards, except as modified by this account Agreement. JAMS' Class Action Procedures shall not apply. JAMS' rules may be obtained from www.jamsadr.com or 1-800-352-5267 (toll free).

If the chosen arbitration forum is for any reason unable to serve, then the parties may agree to a comparable substitute organization. If the parties are unable to agree, then a court of competent jurisdiction shall appoint a substitute organization.

E. Arbitration Procedure

The arbitration shall be decided by a single neutral arbitrator selected in accordance with AAA's or JAMS' rules, as applicable. The arbitrator will decide the dispute in accordance with the terms of our Agreement and applicable substantive law, including the Federal Arbitration Act and applicable statutes of limitation. The arbitrator shall honor claims of privilege recognized at law. The arbitrator may award damages or other relief (including injunctive relief) available to the individual claimant under applicable law. The arbitrator will not have the authority to award relief to, or against, any person or entity who is not a party to the arbitration. The arbitrator will take reasonable steps to protect customer account information and other proprietary or confidential information. Any arbitration hearing shall take place in the federal judicial district that includes your home address, unless you and we agree in writing to a different location or the arbitrator so orders. If all Claims are for \$10,000 or less, you may choose whether the arbitration will be conducted solely on the basis of documents submitted to the arbitrator, through a telephonic hearing, or by an in-person hearing in accordance with AAA's or JAMS' rules.

At your or our request, the arbitrator will issue a reasoned written decision sufficient to explain the essential findings and conclusions on which the award is based. The arbitrator's award shall be final and binding, subject to judicial review only to the extent allowed under the Federal Arbitration Act. You or we may seek to have the award vacated or confirmed and entered as a judgment in any court having jurisdiction.

F. No Class Action or Joinder of Parties

You and we agree that no class action, private attorney general, or other representative claims may be pursued in arbitration, nor may such action be pursued in court if either you or we elect arbitration. Unless mutually agreed to by you and us, Claims of two or more persons may not be joined, consolidated, or otherwise brought together in the same arbitration (unless those persons are joint account owners or beneficiaries on your account and/or related accounts, or parties to a single transaction or related transaction). If this specific paragraph is determined by the arbitrator to be unenforceable, then this entire provision shall be null and void.

G. Arbitration Costs

Unless the applicable arbitration rules at the time of filing a Claim are more favorable to you, we will advance (i) all arbitration costs in an arbitration that we commence, and (ii) the first \$2,500 in arbitration filing, administration, and arbitrator's fees in an arbitration that you commence. To the extent allowed by applicable law and our agreements, the arbitrator may award arbitration costs and attorneys' fees to the prevailing party.

H. Applicable Law

You and we agree that you and we are participating in transactions that involve interstate commerce and that this provision and any resulting arbitration are governed by the Federal Arbitration Act. To the extent state law applies, the laws of the state governing your account relationship apply. No state statute pertaining to arbitration shall apply.

I. Severability

Except as this provision otherwise provides, if any part of this provision is deemed to be invalid or unenforceable by the arbitrator, that part will be severed from the remainder of this provision and the remainder of this provision will be enforced.

28. Arbitration Provisions

The terms in this section 28 apply to all Cardholders that received a U.S. Bank Focus Cardholder Agreement with the reference number 05870-30-44 or lower when their Card Account was initially opened. The reference number can be found immediately above the title of the Cardholder Agreement.

All other Cardholders are subject to Section 27 of this Agreement.

- A.** This section does not apply to any dispute in which the amount in controversy is within the jurisdictional limits of, and is filed in, a small claims court. This Arbitration Provision shall not apply to a party who is a covered borrower under the Military Lending Act. These arbitration provisions shall survive closure of your account or termination of all business with us. If any provision of this section is ruled invalid or unenforceable, this section shall be rendered null and void in its entirety.
- B.** Arbitration Rules: In the event of a dispute relating to or arising out of your account or this Agreement, you or we may elect to arbitrate the dispute. At your election, the arbitration shall be conducted by either JAMS or the American Arbitration Association ("AAA") (or, if neither of these arbitration organizations will serve, then a comparable substitute arbitration organization agreed upon by the parties or, if the parties cannot agree, chosen by a court of competent jurisdiction). If JAMS is selected, the arbitration will be handled according to its Streamlined Arbitration Rules unless the Claim is for \$250,000.00 or more, in which case its Comprehensive Arbitration Rules shall apply. If the AAA is selected, the arbitration will be handled according to its Commercial Arbitration Rules. You may obtain rules and forms for JAMS by contacting JAMS at 1.800.352.5267 or www.jamsadr.com and for the AAA by contacting the AAA at 1.800.778.7879 or www.adr.org. Any arbitration hearing that you attend will take place in the federal judicial district in which you reside. Without regard to which arbitration body is selected to resolve the dispute, any disputes between you and us as to whether your claim falls within the scope of this arbitration clause shall be determined solely by the arbitrator, and not by any court.
- C.** Arbitration Process: Arbitration involves the review and resolution of the dispute by a neutral party. The arbitrator's decision will generally be final and binding. At your request, for claims made to consumer accounts, we will advance your filing and hearing fees for any claim you may file against us; the arbitrator will decide whether we or you will ultimately be responsible for those fees. Arbitration can only decide our or your dispute and cannot consolidate or join claims of other persons who may have similar claims. There will be no authority or right for any disputes to be arbitrated on a class action basis.
- D.** Effects of Arbitration: If either of us chooses arbitration, neither of us will have the right to litigate the dispute in court or have a jury trial. In addition, you will not have the right to participate as a representative or member of any class of claimants, or in any other form of representative capacity that seeks monetary or other relief beyond your individual circumstances, pertaining to any dispute subject to arbitration. There shall be no authority for any claims to be arbitrated on a class action or any other form of representative basis. Arbitration can only decide your or our claim, and you may not consolidate or join the claims of other persons who may have similar claims, including without limitation claims for public injunctive or other equitable relief as to our other customers or members of the general public. Any such monetary, injunctive, or other equitable relief shall be limited solely to your accounts, agreements, and transaction with us. Notwithstanding the foregoing, any question as to the validity and effect of this class action waiver shall be decided solely by a court of competent jurisdiction, and not by the arbitrator.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. © 2024 U.S. Bank. Member FDIC.

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
\$0	\$0	\$0 in-network	\$5.95*
		\$2.00 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. Find details and conditions for all fees and services inside the card package or call **1-877-474-0010** or visit **usbankfocus.com**.

U.S. Bank Focus Card Fee Schedule
Program Number: 87265213

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 ingomoney.com 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 usa.visa.com/pay-with-visa/cards/services-locator.html 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 greendot.com 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® or Allpoint® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator.html or allpointnetwork.com .
ATM Withdrawal(out-of-network)	\$2.00	This is our fee per withdrawal. “Out-of-network” refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint 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.

For general information about prepaid accounts, visit 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.

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

State-Specific Pre-Enrollment Disclosure

The following is important information about the U.S. Bank Focus Card program offered by your employer to you. If you are employed in **Connecticut, Hawaii, Illinois, Minnesota, New Hampshire, New York, Pennsylvania, or Vermont**, the following disclosures are applicable. Additionally, please review the U.S. Bank Focus Cardholder Agreement and Fee Schedule provided with this document for a complete list of terms and fees associated with the card.

Payroll Options. You have several options for receiving your pay, including the Focus Card, direct deposit to another account, or a check. Use of the Focus Card is voluntary. You are not required to accept your wages on the Focus Card. You may change the method by which you receive your pay at any time. Please see your employer for details.

Access to Your Wages at No Charge. You own wages and other funds loaded to your payroll card. There are several ways to access your pay loaded to the Focus Card without incurring fees. Domestic withdrawals at any in-network ATM, as indicated on your Fee Schedule, are always at no cost. In addition, there is no cost for domestic teller assisted cash withdrawals of up to your full net wages at any bank that is a member of the network indicated on the front of your card (either Visa® or Mastercard®). You also may use your card to make purchases and pay bills wherever Visa or Mastercard cards are accepted, and many merchants provide cash back with purchases without fees. Foreign transactions may carry fees. Please note, there are transaction limits (including limits on withdrawals) on the Focus Card which protect you from potential fraud. In the event your balance exceeds the daily withdrawal limits and you would like to withdraw all your funds, please contact Cardholder Services at 877-474-0010.

Fees. The Focus Card offers many transactions and services at no cost. There are no fees for enrolling and participating in the program, receiving and activating your first payroll card or accessing your wages as specified above. *Some transactions, services and methods of cash access may have fees.* The Fee Schedule provided to you together with this disclosure contains a list of all fees that may be incurred when using your card. Please retain the Fee Schedule so you can refer to it. You may not be charged any fees by the card issuer other than those listed on the Fee Schedule. Your employer may not charge you fees for the payroll card. *Third-parties, like ATM operators and mobile carriers, may charge you additional fees when you use their services.*

How to Access Your Account Balance. You can access your account balance online at www.usbankfocus.com or by calling Cardholder Services at 877-474-0010. You can use these services 24 hours a day, 7 days a week without cost. You also can sign up to receive email or text alerts with information about your account balance. Log into www.usbankfocus.com and select the "ALERTS" option to sign up for these services.

How to Access Transaction Histories. You may view a 12-month history of your payroll card transactions electronically at www.usbankfocus.com. You also may request a 24-month written history, or elect to receive monthly written transaction histories, at no cost, by calling 877-474-0010 or writing us at Focus Card Services, P.O. Box 9127, Minneapolis, MN 55480.

Closing Your Payroll Card Account. You may close your payroll card account by calling Cardholder Services at 877-474-0010. When you close your account, you may request the remaining balance in the Focus Card account be paid to you by check. You will not be charged a fee for closing the account or receiving your balance by check. However, you will be responsible for applicable fees associated with transactions you authorized prior to closing the account.

Link to Credit. There are no overdraft fees associated with the Focus Card, and the card cannot be linked to any type of credit.

Replacement Card Prior to Expiration Date. U.S. Bank will send you a replacement card at no cost before the expiration date listed on your card. Funds loaded to your card do not expire.

Important Information: Fee waivers for workers of a particular state are applied based on information regarding your state of employment received during the registration process. Changes may only be made by your sponsoring employer.

Additional Disclosures Required for Minnesota Employees

Consent. You should receive a copy of the signed written consent from your employer, and the consent must include the terms and conditions of the payroll card account option.

Language Requirements. If your employer offers a payroll card to you using materials in a language other than English, all disclosures, written consent, and payroll card account agreements must be in that other language.

Change in Payment Option. You may request to be paid using another method allowed by law, using a form your employer must provide you. Your employer must begin payment using the new method within 14 days of receiving your request.

Personal Information. Unless you consent in writing, information generated by your possession or use of the Focus Card or card account may only be used to process transactions and administer the card and card account.

Additional Disclosures Required for New Hampshire Employees

Consent. The written consent must include the terms and conditions of the payroll card account option.

Change in Terms. Your employer must provide written notice of any changes to the terms and conditions of the payroll card, including the itemized list of fees, and obtain written assent from you to continue paying your wages to the payroll card after the change. Your employer is responsible for any increase in fees charged to you before written notice of the change is provided to you.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. or Mastercard International Incorporated. Mastercard is a registered trademark and the circles design is a trademark of Mastercard International Incorporated.

APPLICATION FOR MEMBERSHIP

STRENGTHENING OUR VOICE

SECTION 1. MEMBERSHIP AGREEMENT Membership in 1199SEIU is without regard to race, color, sex, sexual orientation, age, disability, religion, national origin, political belief or affiliation. **YES**, I want to join healthcare workers across the state for a stronger voice for quality healthcare, living wages, and good benefits. I accept membership in 1199SEIU United Healthcare Workers East and designate 1199 to act for me as collective bargaining agent in all matters pertaining to conditions of employment. I pledge to abide by the Constitution of 1199SEIU United Healthcare Workers East.

SIGNATURE

X

DATE

SECTION 2. CHECK OFF AUTHORIZATION* I recognize the need for a strong Union and believe everyone represented by our Union should pay their fair share to support our Union’s activities. You are authorized and directed to deduct my monthly membership dues from my wages or salary as required by 1199SEIU United Healthcare Workers East as a condition of my membership; and to remit all such deductions to 1199SEIU United Healthcare Workers East, 498 Seventh Avenue, New York, NY 10018, no later than the tenth day of each month immediately following the date of deduction, or pursuant to the date provided in the Collective Bargaining Agreement. This deduction is a voluntary act on my part. This dues deduction authorization shall remain in effect unless I revoke it by providing notice to 1199SEIU via U.S. mail (or other method if permitted by 1199SEIU’s policies) at 498 Seventh Ave NY, NY 10018 within 15 days before or after (1) the annual anniversary date of this agreement or (2) the termination of the applicable collective bargaining agreement between my employer and union (“my window periods”). This authorization will renew automatically from year to year even if I have resigned my membership, unless I revoke during one of my window periods and as required by 1199SEIU policies.

**I acknowledge that contributions, gifts, and dues payments to 1199SEIU United Healthcare Workers East are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.*

SIGNATURE

X

DATE

PRINT CONTACT INFO HERE

NAME (PRINT)PCA#

ADDRESS

CITYSTATEZIP

HOME PHONECELL PHONE

EMAIL

LAST 4 DIGITS SSNDATE OF BIRTH

By providing my phone number, I understand the Service Employees International Union, its local unions, and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 30644 to stop receiving messages. Text HELP to 30644 for more information.

☐ I want to get involved in 1199SEIU! Please have an organizer follow up with me.

BUILDING OUR POWER

SECTION 3. 1199SEIU MASSACHUSETTS POLITICAL ACTION FUND The 1199SEIU Massachusetts Political Action Fund builds strength for healthcare and homecare workers. By uniting our voices and growing our political power, healthcare and homecare workers can be stronger advocates for our jobs and the people in our care. Elected officials make decisions that directly impact funding for our jobs and the services we provide. Together, we can elect leaders who respect healthcare and homecare workers and who honor the work that we do.

I hereby authorize 1199SEIU United Healthcare Workers East to file this payroll deduction form on my behalf with my employer to withhold ☐ \$10 per month, ☐ \$15 per month or ☐ \$___ per month and forward that amount to the 1199SEIU Massachusetts Political Action Fund, 498 Seventh Ave NY, NY 10018.

This authorization is made voluntarily based on my specific understanding that: (1) I am not required to sign this form or make voluntary contributions to the 1199SEIU Massachusetts Political Action Fund as a condition of my employment or membership in the union; (2) I may refuse to contribute without reprisal; (3) the contribution amounts on this form are merely suggestions, and I may contribute more or less by this or other means without fear or disadvantage from 1199SEIU or my employer; (4) The 1199SEIU Massachusetts Political Action Fund uses the money it receives for political purposes, including but not limited to, making contributions to and expenditures on behalf of candidates for federal, state, and local offices and addressing the political issues of public importance; (5) My contribution is subject to the limits and prohibitions of the Federal Election Campaign Act and Massachusetts Campaign and Political Finance law.

Contributions to the 1199SEIU Massachusetts Political Action Fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year and Massachusetts state law requires the same information on contributions that total \$50 in a calendar year. This authorization shall remain in full force and effect until revoked by me in writing to the 1199SEIU Massachusetts Political Action Department at 108 Myrtle Street, Suite 400, Quincy Massachusetts, 02171.

SIGNATURE

X

DATE

FOR INTERNAL USE ONLY

1199SEIU

CARD COLLECTED BY:

LAST FOUR DIGITS OF COLLECTOR'S SSN#

CARD COLLECTED AT: ☐ TRAINING/ORIENTATION ☐ PPE ☐ CANVASS ☐ FI ☐ CONSUMER TAUGHT ☐ OTHER