



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

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

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

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

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

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

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

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

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

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

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





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**Section 2. Employer or Authorized Representative Review and Verification**

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

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

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

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

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

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

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

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

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

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

### All documents must be UNEXPIRED

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

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

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# The EMPLOYEE completes this form.

## Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

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

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

### General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

#### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Write your full name here

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>W-4</b> Form Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> OMB No. 1545-0074 <b>2019</b>		Write your SSN here
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		Check 1 box here
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.		Write total from line H, pg3
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		Write total from line H, pg3
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here		7		Date here
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		Date		
Employee's signature (This form is not valid unless you sign it.)		8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment
		10 Employer identification number (EIN)		

# 2019 Form OR-W-4

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## Oregon Withholding

### Important information

#### Complete Form OR-W-4 if:

- You're a new employee.
- You filed a 2018 or 2019 federal Form W-4 with your employer and didn't file a separate Oregon form specifying a different number of allowances for Oregon.
- You weren't satisfied with your prior year Oregon tax-to-pay or refund amount.
- You've had a recent personal or financial change that may affect your tax situation, such as a change in your income, filing status, or number of dependents.

- **\$200,000** if filing using the married filing jointly or qualified widow(er) filing status)?
- Are you making **mid-year changes** to your withholding?
- Do you receive pension or annuity payments?
- Are you a part-year resident, nonresident, or nonresident alien?



If you answered **yes to any** of these questions, read the "Specific information" section in the instructions before filling out the corresponding worksheets or Form OR-W-4. The online **Oregon Withholding Calculator** at [www.oregon.gov/dor](http://www.oregon.gov/dor) may provide more accurate results. If you use the online calculator, you don't need to complete any of the corresponding worksheets.

#### Specific information to consider:

- Do you (including your spouse) **have another job**?
- Do you expect your wages or adjusted gross income (AGI) on your 2019 return to be **more than \$100,000** (or

Otherwise, read the instructions and complete all applicable worksheets **before** filling out the Form OR-W-4 and giving it to your employer.

Separate here and **give Form OR-W-4 to your employer.** Keep the worksheets for your records.

### Form OR-W-4

### Oregon Employee's Withholding Allowance Certificate

**2019**

First name and initial	Last name	Social Security number (SSN)		
Address		City	State	ZIP code

**Note:** Your eligibility to claim a certain number of allowances or an exemption from withholding is subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

1. **Select one:**  Single  Married  Married, but withholding at the higher single rate.

**Note:** If married, but legally separated, or if your spouse is a nonresident alien, check the "Single" box.

2. **Allowances.** Total number of allowances you're claiming on line **A4, B15, or C5.** If you meet a qualification to skip the worksheets and you aren't exempt, **enter -0-**.....2.

3. **Additional amount,** if any, you want withheld from each paycheck..... 3.

4. **Exemption from withholding.** I certify that my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete **both** lines below:

• Enter the corresponding exemption code. (See instructions)..... 4a.

• Write "Exempt"..... 4b.

**Sign here.** Under penalty of false swearing, I declare that the information provided is true, correct, and complete.

Employee's signature (This form isn't valid unless signed.)	Date
	/ /

**Employer.** Complete the following:

Employer's name	Federal employer identification number (FEIN)		
Employer's address	City	State	ZIP code

**—Provide this form to your employer—**

2019 Form OR-W-4



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Oregon Withholding

Worksheet A—Personal allowances

Worksheet A—Personal allowances

- A1. Enter "1" for yourself, if no one else can claim you as a dependent. Otherwise, enter -0-..... A1. [ ]
A2. Enter "1" for your spouse, if your spouse doesn't work. Otherwise, enter -0-..... A2. [ ]
A3. Enter the number of dependents you will claim on your Oregon tax return ..... A3. [ ]
A4. Add lines A1 through A3. Enter the result here and follow the instructions below ..... A4. [ ]



Complete all worksheets that apply.

- Worksheet B—Use this worksheet if you plan to do any of the following on your 2019 Oregon return:
o Itemize your Oregon deductions or claim additional standard deduction amounts.
o Claim federal adjustments to income, or Oregon additions, subtractions, or credits (other than personal exemption credits).
o Report nonwage income.
Worksheet C—Use this worksheet if you (including your spouse) have more than one job and the combined earnings from all jobs exceed \$20,000.

If neither of the above worksheets apply, stop here and enter the number from line A4 on Form OR-W-4, line 2.

2019 Form OR-W-4



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Oregon Withholding

Worksheet B—Deductions, adjustments, credits, and nonwage income

Worksheet B—Deductions, adjustments, credits, and nonwage income



Use this worksheet if you plan to do any of the following on your 2019 Oregon return:

- Itemize your Oregon deductions or claim additional standard deduction amounts.
• Claim federal adjustments to income, or Oregon additions, subtractions, or credits (other than personal exemption credits).
• Report nonwage income.

Having your prior year's Oregon tax return on hand may help you when completing this worksheet.

Don't list numbers as negative unless instructed. For example, write a \$1,000 Oregon subtraction as "\$1,000", not "(\$1,000)".

B1. Enter your estimated 2019 nonwage income (such as dividends or interest) .....B1. [ ] .00
B2. Enter your estimated 2019 Oregon additions .....B2. [ ] .00
B3. Add lines B1 and B2 .....B3. [ ] .00
B4. Enter your estimated 2019 Oregon deductions. (See instructions) .....B4. [ ] .00
B5. Enter the standard deduction based on your anticipated 2019 filing status: .....B5. [ ] .00
• Single or Married Filing Separately: \$2,270.
• Head of Household: \$3,655.
• Married Filing Jointly or Qualifying Widow(er): \$4,545.
B6. Line B4 minus line B5. If the result is zero or less, enter -0- .....B6. [ ] .00
B7. Enter your estimated 2019 federal adjustments to income and Oregon subtractions (exception—don't include the federal tax subtraction) .....B7. [ ] .00
B8. Add lines B6 and B7 .....B8. [ ] .00
B9. Line B8 minus line B3. If less than zero, enter as a negative amount .....B9. [ ] .00
B10. Line B9 divided by \$2,700. Round to one decimal place. If less than zero, enter as a negative amount.....B10. [ ] .
B11. Enter your estimated 2019 Oregon standard, carryforward, or refundable credits (exception—don't include personal exemption credits).....B11. [ ] .00
B12. Divide line B11 by \$206. Round to one decimal place .....B12. [ ] .
B13. Add lines B10 and B12. If less than zero, enter as a negative amount. Round down to a whole number by eliminating the decimal value .....B13. [ ]
B14. Enter the number from Worksheet A, line A4 .....B14. [ ]
B15. Add lines B13 and B14. If zero or less, enter -0-. (See instructions) .....B15. [ ]

If you plan to use Worksheet C, also enter the result from line B15 on Worksheet C, line C1. Otherwise, stop here and enter the result from line B15 on Form OR-W-4, line 2.

2019 Form OR-W-4



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Oregon Withholding

Worksheet C—Two-earners / multiple jobs

Worksheet C—Two-earners / multiple jobs



If you (including your spouse) have three or more jobs, consider using the Oregon Withholding Calculator at www.oregon.gov/dor for a more accurate calculation of allowances.

If you don't use the online calculator, use this worksheet to estimate the number of allowances to claim on your highest paying job. Allowances should only be claimed for your highest paying job. Claim zero allowances on Form OR-W-4, line 2 for all your (or your spouse's) other jobs to prevent underwithholding.

Only complete this worksheet if you (including your spouse) have more than one job and the combined earnings from all jobs exceed \$20,000.

C1. Enter the number from Worksheet B, line B15, if used. Otherwise, enter the number from Worksheet A, line A4..... C1. [ ]

C2. Enter the number below based on your 2019 anticipated filing status ..... C2. [ ]
• Single, Head of Household, or Married Filing Separately: Enter "2"; however, if two of your jobs individually exceed \$40,000, enter "4".
• Married Filing Jointly or Qualifying Widow(er): Enter "3"; however, if two of your jobs individually exceed \$50,000, enter "6".

C3. If you (including your spouse) will have three or more jobs at any point during the year, enter the number below based on your 2019 anticipated filing status. Otherwise, enter -0-..... C3. [ ]
• Single, Head of Household, or Married Filing Separately: Enter "2".
• Married Filing Jointly or Qualifying Widow(er): Enter "3".

C4. Add lines C2 and C3 .....C4. [ ]

C5. Is line C1 less than line C4?
• Yes. Enter -0- on line C5 and on Form OR-W-4, line 2. Complete lines C6 through C8 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
• No. Line C1 minus line C4. Enter the result on line C5 (if zero, enter -0-) and on Form OR-W-4, line 2. Don't complete the rest of this worksheet.....C5. [ ]

C6. Line C4 minus line C1 .....C6. [ ]

C7. Line C6 multiplied by \$206 .....C7. [ .00]

C8. Line C7 divided by the number of paychecks remaining in 2019 for the highest paying job and rounded to the nearest dollar. Enter the result here and on Form OR-W-4, line 3. This is the additional amount to be withheld from each paycheck..... C8. [ .00]





## Pay Selection Options

Below are the options employees have for receiving their paychecks through Acumen. Please read the information about each option and select the one that is right for you. Paystubs will be sent to the email provided on the Authorization for Direct Deposit or Pay Card on the following page. **You will need to provide additional information based on your selection; please read the instructions below and return all the necessary forms.**

### Direct Deposit

With this option, your paycheck will be automatically deposited into your bank account on payday. There is no charge from Acumen to receive your pay via direct deposit. You won't have to wait for the mail or make a trip to the bank. Paystubs will be sent to you by email on payday. You can have your paycheck deposited into one or two accounts, and you may change your account information at any time. Please note: if you choose to have your check deposited into two accounts, you must indicate the percentage to be deposited to each. The percentage total must be 100%. If no amounts are indicated, 100% will be deposited into the primary account. To enroll, fill out the information on the Authorization for Direct Deposit section of the form and return it, along with the additional requested items, to Acumen. You will receive paper checks by mail until your bank information is verified – usually within two pay periods.

### Pay Card

Pay cards – also called pre-paid debit cards – work just like a regular debit card, but are used only for payroll deposits. Acumen does not charge for this option, although the card provider may charge fees for certain transactions. Pay cards are up to 80% less expensive to use than check cashing services. To learn more about pay cards, visit <http://tinyurl.com/m6oj4rm>. Paystubs will be sent by email on payday. To enroll, complete the Authorization for Pay Card section of the form and return it to Acumen. Money Network will send you an information kit. **You will need to activate the card with Money Network and then contact Acumen with your account information.** You will receive paper checks by mail until this process is complete.

**Please return the completed form to Acumen.** You may send by email, fax, or mail listed below:

Email: [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

Fax: (844) 343-2590

Mail: 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

Note: if you do not select one of the options, Acumen will send your pay check via regular mail, according to the established pay schedule you have received. We make every effort to get your check to you by payday; however it is impossible to guarantee the date that paper checks will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If your paper check does not arrive within 5 business days of payday, you can call Acumen to issue a stop payment and have a new check issued. A processing fee of \$35 will be deducted from the new check for each stop payment request. This fee may be waived by signing up for direct deposit or pay card.

***I choose to receive my pay by (please check one box below):***

Check  Direct Deposit  Pay Card

**DIRECT DEPOSIT INFORMATION**

**Attach a voided check or bank letter** for checking or savings account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

<b>Primary Account</b> Account Type: <b>Checking</b> (attach a voided check or bank letter) <b>Savings</b> (attach routing & account information printout)	<b>Secondary Account (optional)</b> Account Type: <b>Checking</b> (attach a voided check or bank letter) <b>Savings</b> (attach routing & account information printout)
Financial Institution Name	Financial Institution Name
Financial Institution Address	Financial Institution Address
Routing Number	Routing Number
Account Number	Account Number
% of check to be deposited	% of check to be deposited

**Are you the account holder for the account(s) listed above?**  **Yes**  **No**

If "no," what is the name of the account holder? \_\_\_\_\_

If "no," employee agrees to have their funds deposited into this account. \_\_\_\_\_

*Employee Signature*

**AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD**

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize 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 Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If my method of payment is pay card, as the pay card holder, it is my responsibility to close this account should I no longer choose to have payments deposited in this manner.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email Address for Paystub Delivery

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form by email [enrollment@acumen2.net](mailto:enrollment@acumen2.net), fax (844) 343-2590 or mail to 5416 E. Baseline Rd., Ste. 200, Mesa, AZ 85206



# Oregon Independent Choices Program (ICP) Employee Agreement

Name of Participant (please print) \_\_\_\_\_

Name of Employee (please print) \_\_\_\_\_

Employee Address \_\_\_\_\_

Employee Gender \_\_\_\_\_ Employee Phone \_\_\_\_\_  
Male/Female

Employee Email \_\_\_\_\_

- None**, no relation to employer
- \*Spouse** of the employer,
- \*Child** of the employer and under the age of 21
- \*Parent** of the employer - if this option is marked, read below and check all that apply:
  - You are employed by your son or daughter**
  - Your son or daughter has a child or stepchild living in the home**
  - Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter**
  - Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 continuous weeks in a calendar quarter due to a mental or physical condition**

<b>*Internal Use Only</b>
<ul style="list-style-type: none"> <li>• If Parent (employee) selected all 4 parent conditions, parent/employee is <b>FUTA and SUTA Exempt</b></li> <li>• If Parent (employee) did <b>NOT</b> select all 4 parent conditions, parent/employee is <b>FICA, FUTA, SUTA Exempt</b></li> </ul>
<ul style="list-style-type: none"> <li>• If Spouse or Child are selected, employee is <b>FICA, FUTA, SUTA Exempt</b></li> </ul>

The employee agrees to accept payment for services provided for individuals served through Oregon's Independent Choices Program. Financial Support Services are provided by Acumen Fiscal Agent, LLC, which is not an Oregon government agency. Acceptance and endorsement of payment will signify that the employee agrees to the following terms and conditions:

1. I understand and acknowledge that the participant or the participant's representative is my employer. My employer is not Acumen, the State of Oregon, Oregon Department of Human Services (OR DHS), Seniors and People with Disabilities (SPD) or any other entity involved with this Independent Choices Program.
2. I accept payment as payment in full for the services provided. I cannot accept any additional compensation for the hours I have worked.
3. I will provide only the services that have been approved by my employer and authorized in the participant's Service Budget.
4. I understand I will be required to accurately complete and submit my time worked through the Acumen DCI/Web Time Entry (WTE) portal or Mobile App on a timely basis, as outlined in the Payment Schedule provided to me. I understand that failure to submit my time worked on time will result in the delay of compensation for the hours I have worked.
5. I will provide OR DHS/APD or its designee information regarding the service(s) provided for which payment was made, upon request.



6. I recognize that employment is dependent on the participant's participation in the Independent Choices Program.
7. I will immediately notify a person designated by the employer of any participant medical emergency, illness, or visit to a physician.
8. I will take part in any meetings if requested by and/or regarding the participant.
9. I understand and consent to having a Medicaid List of Excluded Individuals and Entities (LEIE) and Medicare Exclusion Database (MED) background check completed on me. I understand that my employment is contingent on the results of this check in accordance to all applicable laws, rules and policies.
10. I agree to complete all required paperwork and be approved prior to providing any services under the Independent Choices Program.
11. I understand that I may have access to confidential information about the participant and that I am not to repeat this information to anyone other than the participant or the participant's designee.
12. I understand and acknowledge that any untruthful submission of services provided in an attempt to obtain improper payment is subject to investigation as fraud.
13. I understand that I am required to report the abuse or neglect of any individual participating in the Oregon Independent Choices Program to the participant's case manager.
14. I acknowledge that I have the necessary skills, knowledge and experience; and have received sufficient training and orientation to meet the support needs of the participant. I will inform my employer if I feel I need more orientation and/or training to meet the support needs of the participant.

By signing below, I acknowledge that I have read this employee agreement in its entirety (2 pages). I understand that I must sign and return both pages as a condition of employment in this program and that I cannot begin working in this Independent Choices Program until this form is completed and returned to Acumen Fiscal Agent. I further acknowledge by signing below, that I understand what is being required of me, and agree to abide by its terms and conditions. I further understand and agree that violation of any of the terms and/or conditions of this agreement may result in termination of this agreement and payment for employment to any recipient of this program.

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*Employee Signature*

*Date*

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*Participant/Employer or Representative Signature*

*Date*