

Welcome to CoAdvantage!

Your employer has entered into a relationship with CoAdvantage to provide human resource management services which may include:

- Payroll processing
- Benefit administration
- Workers' compensation claims
- HR guidance and support

While CoAdvantage is a valued HR administrative partner, your employer maintains day-to-day direction of your employment. Policies, procedures, rate of pay, hours of work and employment practices are the responsibility of your employer and company.

Employee Instructions

- Please complete this packet only AFTER you have accepted an offer of employment.
- If completing a printed packet, fill out all items, sign and return to your supervisor.
- If submitting forms online, the following items must still be printed and signed:
 - W-4 Employee's Withholding Allowance Certificate
 - Employee Authorizations and Acknowledgements

Employer Instructions

- Fill out the worksite employer section.
- Verify the new employee has filled out and signed all forms and acknowledgements.
- Email all pages to your payroll service team and keep the original packet for your records.
 - If the employee is completing forms online, the finished W-4 and employee authorizations must still be emailed to your payroll service team.
- If your state requires submission of Commission Agreements, Wage Statement Forms, Wage Affirmation Forms or other applicable employment documents, please include these items.

Form I9 (Retain this form onsite)

- Each newly hired employee must complete and sign Section 1 of Form I-9 no later than his or her first day of employment. Form I-9 may be completed as soon as the employer has offered the individual a job and the individual has accepted the offer.
- Employers **must** complete and sign Section 2 of Form I-9, Employment Eligibility Verification, within three business days of the date of hire of their employee. This form can be located in the CoAdvantage Document repository on the home page or it can be found here <https://www.uscis.gov/i-9>.

I. Employee Information (Please PRINT your name EXACTLY as shown on your Social Security Card)

First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Address Line One	Address Line Two
City	State	Zip Code
County	Email Address	
Work Phone	Personal Phone	
Emergency Contact	Relationship	Phone

II. Worksite Employer (Client) Only

Worksite Employer (Client)	Work Location*		Work State*
Employee Date of Hire with Client	CoAdvantage Start Date		Job Title
W/C Code	Department	Division	Project
Pay Type <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Tipped			Classification <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Status (You are responsible for immediately notifying CoAdvantage of changes in employee status.) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Part-Time On Call <input type="checkbox"/> Part-Time Variable <input type="checkbox"/> Full-Time Seasonal <input type="checkbox"/> Part-Time Seasonal			
Pay Cycle <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			
Rate of Pay			
Per Week: _____		<input type="checkbox"/> Standard Rate	Rate \$ _____ <input type="checkbox"/> Per _____
Supervisor: _____		<input type="checkbox"/> Secondary Rate	Rate \$ _____ <input type="checkbox"/> Per _____
		<input type="checkbox"/> Other: _____	Rate \$ _____ <input type="checkbox"/> Per _____
PTO/Accrual Class/Code	Benefit Classes (Required if benefits are administered by CoAdvantage)		

Authorized Signature

Title

Date

***Notes to Employer:**

- Please provide notice of at least 10 business days for a new location or state.
- I-9s. Client shall be responsible for obtaining and completing an Employment Eligibility Verification Form I-9 ("I-9") for each and every Work Site Employee and retaining such form in compliance with the requirement of the state and federal regulations. Client agrees not to allow a Work Site Employee to provide any labor or services for Client prior to the time that Client obtains and completes an I-9 for the Work Site Employee. For each Work Site Employee, Client agrees to retain completed I-9s for a period of three (3) years from the date of employment or one (1) year from the date of termination of employment, whichever is later, or for any other period as prescribed by state and federal regulations, as they may change from time to time.

Form W-4 (2018)

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.

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 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 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 2018 expires February 15, 2019. 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 2018 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 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 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 2018. 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 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, 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 Other Income Worksheet on page 3 or the calculator at 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 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 can 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 might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. 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, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. 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 income includes all of

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
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 withheld at higher Single rate. Note: If married filing separately, check "Married, but withheld at higher Single rate."		
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. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete 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)	

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: }
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.**D** _____
- E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F** **Credit for other dependents.**
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" **F** _____
- G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here **G** _____
- H** Add lines A through G and enter the total here **H** _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

- Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.
- 1** Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details **1** \$ _____
 - 2** Enter: }
 - \$24,000 if you're married filing jointly or qualifying widow(er)
 - \$18,000 if you're head of household
 - \$12,000 if you're single or married filing separately**2** \$ _____
 - 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
 - 4** Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
 - 5** **Add** lines 3 and 4 and enter the total **5** \$ _____
 - 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) **6** \$ _____
 - 7** **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses **7** \$ _____
 - 8** **Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
 - 9** Enter the number from the **Personal Allowances Worksheet**, line H above **9** _____
 - 10** **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You aren't required to provide the information requested on a form that's 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.

Employee Name	Social Security Number
---------------	------------------------

Client Name

Option 1: Direct Deposit

Financial Institution	Routing Number	Account Number	Type	Amount
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____

Direct Deposit checks must pre-note prior to having funds deposited into your account. Attach a voided check (or copy) for each checking account or a Bank Specification Sheet for savings accounts.

Option 2: CashPay Card

The card will arrive in seven -10 business days. A printed check will be provided for a maximum of two pay cycles. Bank fees apply.	<input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____%
---	--

I hereby authorize and request CoAdvantage to initiate deposit entries into the accounts as indicated above and to initiate adjustments, if necessary, for any entries made in error. I understand that direct deposit will remain in effect until CoAdvantage receives written notification indicating my desire to terminate the service. If I elect to discontinue the service, my notification will occur in such time and in such manner as to afford CoAdvantage and my financial institution a reasonable opportunity to act on the discontinuance request.

Signature	Date
-----------	------



Employee Authorizations & Acknowledgments

Acknowledgment of PEO Relationship: I acknowledge, and I have been notified, that my worksite employer ("Employer") has entered into a Client Services Agreement with CoAdvantage or an affiliated company ("CoAdvantage"), whereby CoAdvantage has agreed to provide certain specifically identified employment-related services for my Employer and me. CoAdvantage is a licensed professional employer organization ("PEO"). I understand that my Employer will still manage, direct and control my day-to-day activities, and that I remain, unless I have an express employment agreement with my Employer to the contrary, an at-will employee of the Employer. As an at-will employee, I acknowledge that my employment is terminable by either my Employer or by me at any time, without prior notice, and for any reason. In the event I have an employment agreement with my Employer, I acknowledge that such agreement is solely with my Employer and is not enforceable against CoAdvantage.

Acknowledgment/Disclaimer of Employment Status: I understand I will not be considered a co-employee of CoAdvantage for any purpose until a completed new employee packet and required paperwork is fully completed and received by CoAdvantage.

Wages: I acknowledge that my Employer is responsible for paying my wages. In the event that my Employer fails to pay CoAdvantage fully under the terms of the Client Services Agreement, and as a result, does not transmit sufficient funds necessary to pay my wages, I agree to accept from CoAdvantage an amount equal to the number of hours that I have worked that remains uncompensated (including overtime) multiplied by the federal or state hourly minimum wage, whichever is applicable, as full recourse of amounts I may claim from CoAdvantage. I acknowledge that CoAdvantage has no obligation to make any such payments unless required by applicable state law. I understand that my Employer remains ultimately obligated to me for unpaid wages and I agree to seek such unpaid wages or other amounts due directly from the Employer. In the event that my Employer files a petition in bankruptcy at a time when monies are due to CoAdvantage from my Employer for wages paid to me, I hereby assign CoAdvantage any and all rights I have to assert a priority wage claim in the bankruptcy proceeding. I also authorize CoAdvantage and its affiliates to initiate any adjustments on future wages for any entries made in error.

Wage Deduction Authorization (For Texas employees only): This policy is intended for clients of CoAdvantage exclusively and only with the Employer's prior approval. I understand and agree that CoAdvantage and my Employer may deduct money from my pay from time to time for reasons that fall into the following categories: 1) My share of the premiums for an Employer-sponsored group health plan; 2) Installment payments on wage advances given to me by my Employer, and if there is a balance remaining when I leave the Employer, the balance of such advances; 3) The cost of repairing or replacing any of the Employer's supplies, materials, equipment, uniforms or other property that I may damage (other than normal wear and tear), lose, fail to return or take without appropriate authorization from the Employer during my employment and/or 4) If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Employer before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered.

Payroll Deductions: CoAdvantage is required by law in some circumstances to recognize certain court orders and wage garnishments. CoAdvantage will notify me of any pending garnishments or wage deductions. Additionally, CoAdvantage will make proper mandated legal deductions from my earnings including state and federal taxes. I authorize CoAdvantage to make certain other voluntary deductions that may be deducted from my paycheck including health insurance coverage, 401(k) and other voluntary deductions. I consent to and agree that CoAdvantage may rely on any Wage Deduction Authorization I signed for other deductions provided by my Employer.

CoAdvantage Workers' Safety and Reporting: If my Employer is covered by an outside workers' compensation policy not provided by CoAdvantage, I understand and acknowledge that I should contact my Employer's designated representative or my supervisor for specific policy rules and reporting recommendations.

If CoAdvantage maintains my workers' compensation coverage, I agree to immediately report to my Employer and CoAdvantage any accidents or injuries I suffer while working or while on my Employer's premises. I further agree to follow all safety rules and regulations established by either CoAdvantage or my Employer and realize that failure to do so may alter any workers' compensation benefits provided to me. I recognize the fact that any work-related injuries sustained by me



Employee Authorizations & Acknowledgments

are covered by state workers' compensation statutes, and to avoid the circumvention of such statutes, I hereby waive and forever release any rights I might have to make claims or bring suit against CoAdvantage or its other clients or customers for damages based upon injuries which are covered under such workers' compensation statutes.

Notice to Texas Employees: You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the Employer that the Employer has obtained coverage, you notify CoAdvantage or your Employer (as applicable) in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

Drug Testing: I understand that CoAdvantage or my Employer may now have, or may establish, a drug-free workplace or a drug and/or alcohol testing program consistent with applicable federal, state or local law. I understand that, pursuant to the Employer's policy and federal, state or local law, I may, as a condition of hire or continued employment, be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. I also understand that I may be subject to an alcohol and/or drug test before any treatment of a work-related accident or injury. I understand that refusal to submit to an alcohol and/or drug test may be considered a positive test result and/or grounds for termination.

Background Check: I understand that all information contained in this employee packet is subject to verification. In the event my Employer requires a complete background and/or credit check, I authorize and consent, to the extent permitted by federal, state and local law, to allow my Employer, CoAdvantage or their respective agent(s) to obtain information including, but not limited to, motor vehicle reports (driving records), credit history, employment or educational references, criminal history and any other information concerning me.

Anti-Harassment Reporting: I understand that CoAdvantage and my Employer follow the policy of a harassment-free work environment and I will conduct myself accordingly. I further understand and agree to report to my Employer or CoAdvantage incidents of harassment against myself or witnessed co-worker harassment. Complaints of harassment may be reported to CoAdvantage at (877) 535-5226.

Authorization Release: I hereby authorize any party or agency contacted by my Employer, CoAdvantage or their respective agent(s) to furnish information requested. I understand that I may be required to complete additional releases authorizing my Employer or its agent(s) to investigate all statements contained in this or any other employment-related documents. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, my Employer, CoAdvantage, their respective agent(s) and any party delivering information to them pursuant to this authorization from any liabilities, claims, charges or causes of action that I may have as a result of the gathering, delivery or disclosure of any requested information.

Acknowledgment for Participation in Client-Sponsored Benefit Plans: If my Employer notifies CoAdvantage that I am participating in a client-sponsored benefit plan (a benefit plan sponsored by my Employer and not by CoAdvantage) then I authorize CoAdvantage to take payroll deductions in an amount specified by my Employer and to remit such deducted amounts to my Employer. I acknowledge that CoAdvantage has no discretionary authority over the assets of these benefit plans and relies solely on information supplied by my Employer.

_____ **Part-Time or On-Call Employees Only** (Initial if Applicable): I understand and acknowledge that my employment status with my Employer will be Part-Time and/or On-Call, and there will be no guarantee of how many hours I will be assigned and/or work in any given week.

Consent to Electronic Signature: I hereby grant to my Employer a limited power of attorney to electronically submit such information and bind me to any electronic version of any form included as part of the new employee packet that I have manually completed and signed, but only to the extent permitted by law and only to the extent such form is used in connection with my co-employment by CoAdvantage and my Employer.



Employee Authorizations & Acknowledgments

Non-Exclusive Acknowledgment and Consent: I acknowledge that this document is not exclusive and does not contain all of my Employer's workplace policies and procedures, which may be contained in a separate employee handbook to be provided by my Employer.

Employee Certification

I hereby certify that all information contained in this employee packet or in any other application, résumé or document provided to my Employer or CoAdvantage is true, accurate and complete, and is provided knowingly and voluntarily. I understand that providing any false, inaccurate or incomplete information may result in disciplinary action, up to and including termination of my employment.

Employee Printed Name: _____ Employer: _____

Employee Signature: _____ Date: _____



New Employee Packet Addendum

TO EMPLOYEES LOCATED IN COLORADO

Any employee located in the state of Colorado agrees that by signing below, such employee knows of and consents to the co-employment of the employee by CoAdvantage pursuant to Colorado Statute 8-70-114.

TO EMPLOYEES LOCATED IN MONTANA

Pursuant to Montana Statutes 39-8-207.(2)(a)(i) and 39-8-207.(2)(a)(ii), CoAdvantage reserves a right of direction and control over employees assigned to your Employer's location. Your Employer may retain sufficient direction and control over employees necessary to conduct business and without which your Employer would be unable to conduct business, discharge fiduciary responsibilities or comply with state licensing laws. CoAdvantage retains authority to hire, terminate, discipline and reassign employees. The Employer has the right to accept or cancel the assignment of an employee.

TO EMPLOYEES LOCATED IN NEW HAMPSHIRE

In accordance with New Hampshire law, CoAdvantage is the Employer of the leased employees during the term of the Client Services Agreement. CoAdvantage has the ultimate right to hire, terminate and reassign the leased employees. Client and employee recognize the restrictions of responsibility and liability of the worksite employer in the co-employment relationship and that, at the employee level, New Hampshire does not recognize co-employment. As such, as referenced in the Employee Acknowledgment, the term co-employment for New Hampshire residents recognizes that CoAdvantage is the employer of record.

TO EMPLOYEES LOCATED IN SOUTH CAROLINA

CoAdvantage and your Employer are parties to a Client Services Agreement that provides, among other matters, for the following: (i) CoAdvantage reserves the right of direction and control over assigned employees; (ii) CoAdvantage assumes responsibility for payment of wages to the assigned employees without regard to payments by the Employer as set forth therein; (iii) CoAdvantage assumes responsibility for the payment of payroll taxes and collection of taxes from payroll on assigned employees; (iv) CoAdvantage retains the right to hire, fire, discipline and reassign the assigned employees; (v) If CoAdvantage maintains workers' compensation coverage for assigned employees, CoAdvantage retains the right of direction and control over the adoption of the employment and safety policies and the management of workers' compensation claims, claims filings and related procedures as set forth in the Agreement; (vi) If CoAdvantage is providing workers' compensation notice to or acknowledgement of the occurrence of an injury on the part of the Employer that for the purpose of Title 42, the jurisdiction of the Employer is the jurisdiction of CoAdvantage and its workers' compensation insurer, that CoAdvantage and its workers' compensation insurer are bound by and subject to the awards, judgments and decrees rendered against them under the provisions of Title 42, and that insolvency, bankruptcy or discharge in bankruptcy of CoAdvantage or your Employer does not relieve CoAdvantage (if CoAdvantage is providing workers' compensation coverage), your Employer or their respective workers' compensation insurers from payment of compensation for disability or death sustained by an employee during the life of a workers' compensation policy; (vii) The Client Services Agreement, or its addenda or exhibits, specifies whether the client, CoAdvantage or both are securing workers' compensation coverage. CoAdvantage is operating under and subject to the Workers' Compensation Act of South Carolina. In case of accidental injury or death to an employee, the injured employee or someone acting on his or her behalf, will notify immediately your Employer or CoAdvantage (if CoAdvantage is sponsoring the workers' compensation policy) by calling 813-935-2000 or toll-free 888-278-6055 or sending notice to 3350 Buschwood Park Drive, Suite 200, Tampa, Florida 33618. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to you or your beneficiaries and may result in failure to receive any compensation benefits.

NO MAILING OF CLAIMS IS PERMITTED BY THE COADVANTAGE WORKERS' COMPENSATION PROGRAM.

TO EMPLOYEES LOCATED IN TEXAS

The general nature of the PEO relationship is set forth in the letter that is part of these state required notices. Any unresolved complaints regarding CoAdvantage or questions concerning regulation of staff leasing services may be addressed to the Texas Department of Licensing and Regulation located at P.O. Box 12157, Austin, Texas 78711 or by calling 512-463-6599



New Employee Packet Addendum (cont.)

or toll-free 800-803-9202. The department's website is located at tdlr.texas.gov. Additionally, please be advised that pursuant to Section 91.032(c) of the Texas statutes, your Employer is solely obligated to pay any wages for which: (1) the obligation to pay is created by an agreement, contract, plan or policy between you and your Employer and (2) CoAdvantage has not contracted to pay. Your signature in the Employee Certification portion of this document is also an acknowledgement that you have received this notice.

TO EMPLOYEES LOCATED IN VIRGINIA

To file for unemployment benefits in Virginia, contact the Virginia Employment Commission at 866-832-2363. You may also access Virginia Unemployment Claim for Benefits Form (VEC - B-10) at vec.virginia.gov. To file a workers' compensation claim in Virginia, provide immediate notice of your injury or illness to CoAdvantage and your Employer and file a claim with the Virginia Workers' Compensation Commission within two years of the date of injury. Claims forms can be accessed online at wvc.state.va.us/wvc-forms and mailed to 1000 DMV Drive, Richmond, Virginia 23220.



Equal Employment Opportunity Reporting Voluntary Self-Identification

CoAdvantage and your Employer are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race and ethnicity by completing this self-identification form.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Again, this information has no impact on any employment decision and is to be completed only after an offer of employment has been accepted. This information will be kept confidential and is used for no purpose other than equal employment opportunity reporting.

First Name: _____ **Middle Initial:** ____ **Last Name:** _____

Race/Ethnicity Identification:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify):

- Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
- White**
A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American**
A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific**
A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian**
A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand and Vietnam.
- American Indian or Alaska Native**
A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or more races**
All persons who identify with more than one of the above five races.

Date completed: _____

New Health Insurance Marketplace Coverage Options and Your Health Coverage

When key parts of the health care law took effect in 2014, it provided a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. For coverage starting in 2019, the Open Enrollment Period for health insurance coverage through the Marketplace is **November 1, 2018 - December 15, 2018**.

Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet the standards for affordable minimum value coverage*. The savings on your premium that you're eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets the standards for affordable minimum value, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost sharing if your employer does not offer coverage to you at all or does not offer coverage that meets these standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.66 percent of your household income for the year, or if the coverage your employer provides does not meet the minimum value standard set by the Affordable Care Act, you may be eligible for a tax credit.

NOTE: *If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.*

How can I get more information?

If your employer sponsors health insurance for you, please check your summary plan description or contact your employer with specific questions.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **healthcare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

* An employer-sponsored health plan meets the minimum value standard if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.