



ENROLLMENT INFORMATION

Congratulations!

Client Company _____

Your employer has elected to utilize services provided by A Plus Benefits. This decision allows you to experience some of the benefits of working with one of the nation's largest and most reputable Professional Employer Organizations (PEO). One of the services we provide to small businesses is management of employee paperwork. This packet includes several documents we maintain at our offices and need to have on file to process payroll. Please complete all highlighted sections. If you have any questions as you complete these forms, please call our offices at 800-748-5102 and ask for the Customer Service Department. Thank you.

Personal Information

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

A Plus Benefits and their client companies have a strong desire and commitment to maintain a drug free environment. All individuals receiving a conditional job offer and those employed are subject to drug and alcohol testing. In the event an individual declines to be tested or tests positive for illegal drug use or alcohol use, contrary to the drug and alcohol policy, any conditional offer of employment or continuing employment may be withdrawn. All individuals receive consideration for employment without discrimination based on race, creed, color, sex, age, religion, handicap, veteran status, or any other legally protected status.

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

To Be Completed by the Client/Employer

A Plus Benefits Hire Date	Client Hire Date	Job Title
Pay Type <input type="checkbox"/> Salary \$ _____ per _____	<input type="checkbox"/> Hourly \$ _____ per hour	<input type="checkbox"/> Per Diem \$ _____
Job Type <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Full-time <input type="checkbox"/> Temporary Part-time	Workers' Compensation Code	
<input type="checkbox"/> Seasonal Full-time <input type="checkbox"/> Seasonal Part-time <input type="checkbox"/> On Call		
EEO Code (see definitions on back) <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	Overtime Status	<input type="checkbox"/> Non-exempt <input type="checkbox"/> Exempt
Primary Job Duties		
Section Completed by		Date

EEO Job Category Definitions

The major job categories are listed below, including a brief description of the skills and training required for occupations in that category and examples of the job titles that fit each category. The examples shown below are illustrative and not intended to be exhaustive of all job titles in a job category.

1.1) Executive/Senior Level Officials and Managers. Individuals who plan, direct and formulate policies, set strategy and provide the overall direction of enterprises/organizations for the development and delivery of products or services, within the parameters approved by boards of directors or other governing bodies. Residing in the highest levels of organizations, these executives plan, direct or coordinate activities with the support of subordinate executives and staff managers. They include, in larger organizations, those individuals within two reporting levels of the CEO, whose responsibilities require frequent interaction with the CEO.

1.2) First/Mid-level Officials and Managers. Individuals who serve as managers, other than those who serve as Executive/Senior Level Officials and Managers, including those who oversee and direct the delivery of products, services or functions at group, regional or divisional levels of organizations. These managers receive directions from the Executive/Senior Level Management and typically lead major business units. They implement policies, programs and directives of Executive/Senior Level Management through subordinate managers and within the parameters set by Executive/Senior Level Management. The First/Mid-level Officials and Managers subcategory also includes those who report directly to middle managers. These individuals serve at functional, line of business segment or branch levels and are responsible for directing and executing the day-to-day operational objectives of enterprises/organizations, conveying the directions of higher level officials and managers to subordinate personnel and, in some instances, directly supervising the activities of exempt and non-exempt personnel.

2) Professionals. Requires bachelor's and graduate degrees, and/or professional certification. In some instances, comparable experience may establish a person's qualifications. Examples include: accountants and auditors; airplane pilots and flight engineers; architects; artists; chemists; computer programmers; designers; dietitians; editors; engineers; lawyers; librarians; mathematical scientists; natural scientists; registered nurses; physical scientists; physicians and surgeons; social scientists; teachers; and surveyors.

3) Technicians. Requires applied scientific skills, usually obtained by post-secondary education of varying lengths, depending on the particular occupation, recognizing that in some instances additional training, certification, or comparable experience is required. Examples include: drafters; emergency medical technicians; chemical technicians; and broadcast and sound engineering technicians.

4) Sales Workers. Includes non-managerial activities that wholly and primarily involve direct sales. Examples include: advertising sales agents; insurance sales agents; real estate brokers and sales agents; wholesale sales representatives; securities, commodities, and financial services sales agents; telemarketers; demonstrators; retail salespersons; counter and rental clerks; and cashiers.

5) Administrative Support Workers. Involves non-managerial tasks providing administrative and support assistance, primarily in office settings. Examples include: office and administrative support workers; bookkeeping; accounting and auditing clerks; cargo and freight agents; dispatchers; couriers; data entry clerks; computer operators; shipping, receiving and traffic clerks; word processors and typists; proofreaders; desktop publishers; and general office clerks.

6) Craft Workers. Includes higher skilled occupations in construction (building trades craft workers and their formal apprentices) and natural resource extraction workers. Examples of these types of positions include: boilermakers; brick and stone masons; carpenters; electricians; painters (both construction and maintenance); glaziers; pipe layers, plumbers, pipefitters and steamfitters; plasterers; roofers; elevator installers; earth drillers; derrick operators; oil and gas rotary drill operators; and blasters and explosive workers. Also includes occupations related to the installation, maintenance and part replacement of equipment, machines and tools, such as: automotive mechanics; aircraft mechanics; and electric and electronic equipment repairers. Additionally, includes some production occupations that are distinguished by the high degree of skill and precision required to perform them, based on clearly defined task specifications, such as: millwrights; etchers and engravers; tool and die makers; and pattern makers.

7) Operatives. Includes intermediate skilled occupations and workers who operate machines or factory-related processing equipment. Most of these occupations do not usually require more than several months of training. Examples include: textile machine workers; laundry and dry cleaning workers; photographic process workers; weaving machine operators; electrical and electronic equipment assemblers; semiconductor processors; testers, graders and sorters; bakers; and butchers and other meat, poultry and fish processing workers. This category also includes occupations of generally intermediate skill levels that are concerned with operating and controlling equipment to facilitate the movement of people or materials, such as: bridge and lock tenders; truck, bus or taxi drivers; industrial truck and forklift operators; parking attendants; sailors; conveyor operators; and hand packers.

8) Laborers and Helpers. Includes workers with more limited skills who require only brief training to perform tasks that require little or no independent judgment. Examples include: production and construction worker helpers; vehicle and equipment cleaners; laborers; freight, stock and material movers; service station attendants; construction laborers; refuse and recyclable materials collectors; septic tank servicers; and sewer pipe cleaners.

9) Service Workers. Includes food service, cleaning service, personal service, and protective service activities. Skill may be acquired through formal training, job-related training or direct experience. Examples of food service positions include: cooks; bartenders; and other food service workers. Examples of personal service positions include: medical assistants and other healthcare support positions; hairdressers; ushers; and transportation attendants. Examples of cleaning service positions include: cleaners; janitors; and porters. Examples of protective service positions include: transit and railroad police and fire fighters; guards; private detectives and investigators.

Questions? Call A Plus Benefits at 1-800-748-5102

Form W-4 (2017)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017
1	Your first name and middle initial	Last name	2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5	
6	Additional amount, if any, you want withheld from each paycheck		6	\$
7	I claim exemption from withholding for 2017, 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 lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not 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 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. 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 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	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 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 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.



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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>									
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town	State ZIP Code									
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number									
	<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>					-			-					
			-			-								

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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

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





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		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 A Plus Benefits, Inc.		
Employer's Business or Organization Address (Street Number and Name) 395 W 600 N	City or Town Lindon	State UT	ZIP Code 84042	

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.



EMPLOYEE POLICY GUIDE ACKNOWLEDGEMENT FORM

The Employee Policy Guide describes important information about my employment. I understand that I should consult the Human Resources Office concerning any questions not answered in the policy guide or by my supervisor. I have entered into my employment relationship with the understanding that I am an at-will employee and acknowledge that there is no specific length of employment. Accordingly, either I or my employer, or those designated by my employer, can terminate the employment relationship at-will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

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

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

EMPLOYEE NAME	First Name	Last Name
EMPLOYEE SIGNATURE	X	Date

GROUP LIFE INSURANCE BENEFICIARY DESIGNATION

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

Employee Information	
Name of Insured (First and Last Name)	Social Security Number

Beneficiary Designation				
Primary Beneficiary(ies)				
Full Name and Address	SSN	Relationship <small>If not spouse, see below*</small>	Date of Birth	%

Contingent Beneficiary(ies)				
Full Name and Address	SSN	Relationship	Date of Birth	%

Employee Signature	Date
X	

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

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

Signature of Employee Spouse: _____ Date: _____



DIRECT DEPOSIT AUTHORIZATION FORM

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

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

Please Provide the Following Information

Employee Name Social Security Number Client Company

Please check one of the following

- Start Stop Change Amount

Please check one of the following

- Deposit Payroll Check
 Deposit \$ _____ As Deducted

Please check one of the following

- Checking Account
 Savings Account

Bank Name Bank Phone Number

Bank Street Address City State Zip Code

Transit/ABA Number Account Number

Employee Signature Date

X

FORM MUST BE ACCOMPANIED BY A VOIDED CHECK FOR THE ACCOUNT



For Company Use Only

Company Number	Client Number
Completed By	Effective Date



GLOBAL CASH CARD AUTHORIZATION FORM

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

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

Please Provide the Following Information

Employee Name

Social Security Number

Client Company

Home Address (Street Address, Apt#, Suite, City, State, Zip Code)

Occupation

Email Address

Employee Phone Number (including area code)

Birth Date (MM/DD/YYYY)

Please check one of the following

Start

Stop

Add

Change Amount

Please check one of the following

Deposit Payroll Check

Deposit \$ _____ As Deducted

Employee Signature

Date

X



For Company Use Only

Company Number

Client Number

Transit Routing Number

Account Number

Completed By

Effective Date



PERSONAL INSURANCE & RETIREMENT PLANNING QUESTIONNAIRE

This is an optional request for information about supplemental benefits			
Full Name	Email Address		
Street Address	City	State	ZIP
Date of Birth / /	Spouse's Date of Birth / /	Phone Number	Work Phone Number
Worksite Employer	Best Time to Call	Household Income	

* To contact our office regarding these benefits please call 801-443-1099 or email service@aplusplanning.net.



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

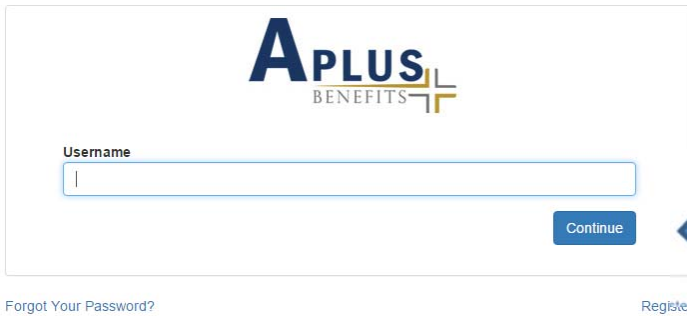
Life Insurance
<input type="checkbox"/> Individual Life Insurance (Universal Life, Whole Life, Term, etc.) <input type="checkbox"/> Group Term Life Insurance <input type="checkbox"/> Key Man Insurance and Buy-Sell Funding (Business Owners)
Retirement Planning
<input type="checkbox"/> Personal Retirement Planning <input type="checkbox"/> 401(k)/IRA (Enrollment and Rollovers) <input type="checkbox"/> Annuities <input type="checkbox"/> Physical Gold and Silver <input type="checkbox"/> Wills and Trusts
Supplemental Insurance
<input type="checkbox"/> Individual Health Insurance <input type="checkbox"/> Short & Long Term Disability <input type="checkbox"/> Allstate Benefits Supplemental Insurance (Critical Illness & Accident Insurance)



Personal Insurance
<input type="checkbox"/> Home Owners, Condo, Renters <input type="checkbox"/> Auto <input type="checkbox"/> Personal Umbrella <input type="checkbox"/> Other (RV, ATV, Motorcycle)

A Plus Benefits Employee Self-Service Portal

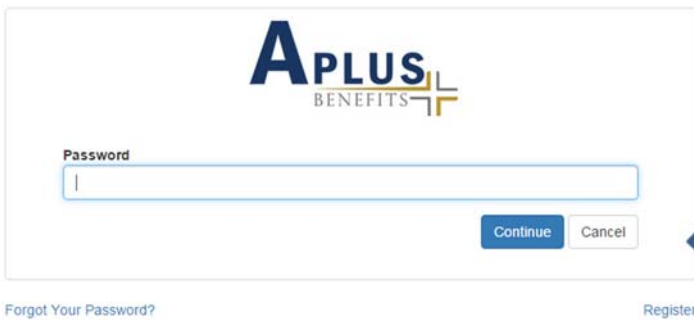
Our online Employee Self-Service Portal allows employees to view and print their pay stubs and W-2s.



Go to: <https://aplee.prismhr.com/apl/cmd/login>

Enter your username

Click on: **Continue**



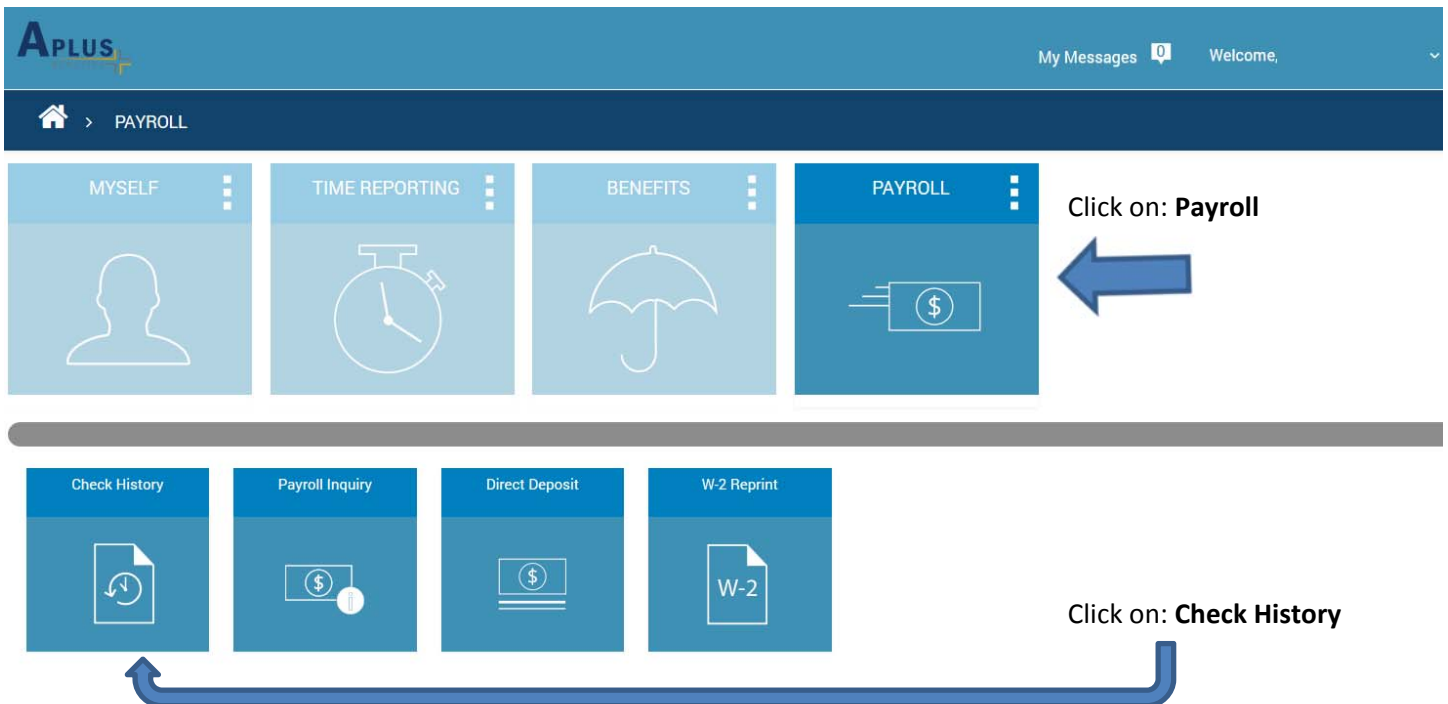
Enter your password you created

Click on: **Continue**



After logging in, you will be taken to the main Dashboard seen below.

To view and print your paystubs:



A list of all of your paychecks will be shown. Click on the row of the check stub you wish to view or print.

Check Number	Gross Pay	Taxes	Deductions	Net Pay	Payment Type	Pay Date	Voucher Number
3	3,045.00	1,049.08	75.92	1,920.00	C	08/17/2015	000022
2	1,950.00	453.17	75.92	1,420.91	C	08/07/2015	000014
1	736.00	161.87	75.92	498.21	C	07/31/2015	000002



If you have any questions about the employee self-service portal, please contact a member of the Account Management team at A Plus Benefits at 1-800-748-5102.