



NEW HIRE EMPLOYEE IMPLEMENTATION PACKET

(To be completed by the Client Company)

Client Company: _____

Employee Name: _____ Supervisor: _____

Location/Property: _____

Client Original Hire Date: _____ PEO Hire Date: _____

Job Title: _____ Comp Code: _____ Work State: _____

Employee Status: Full Time Part Time Temp Full Time Temp Part Time

Employee #: _____ Clock #: _____ Division: _____ Department: _____

Rate of Pay: \$ _____ Hourly Salary Commission Other

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

CLIENT COMPANY CHECKLIST

Please indicate below each section/form that has been completed and returned to SWBC PEO:

- | | |
|--|---|
| <p>_____ Employee Information</p> <p>_____ Emergency Contact Information</p> <p>_____ EEO/Affirmative Action Information</p> <p>_____ Veteran Status</p> <p>_____ Payroll Direct Deposit/Electronic Pay Card Enrollment</p> <p>_____ Free Life Insurance</p> | <p>_____ Employee Notice of Workers' Compensation Network Requirements</p> <p>_____ Form W-4 (For current year) (Please include copy of SS Card)</p> <p>_____ Form I-9 Employment Eligibility Verification (Please attach copies of Identity & Employment Authorization documents)</p> <p>_____ Unemployment Benefits Position Reassignment</p> <p>_____ Employee Acknowledgement</p> |
|--|---|

Employee Name _____ **Employee Signature** _____ **Date** _____



EMPLOYEE INFORMATION

(To Be Completed by Employee)

Employee Name: _____

Social Security #: _____ Date of Birth: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, please list the name, address, and telephone number of the individual you would like us to contact:

Primary Contact Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____



EEO/AFFIRMATIVE ACTION INFORMATION

The information on this form is collected from all employees for the purpose of complying with Equal Opportunity and Affirmative Action Laws and Regulations. Employment opportunities are open to qualified applicants without regard to a person's race, color, sex, age, religion, national origin or ancestry, disability, veteran status or any other basis that is prohibited by federal, state or local law. Reasonable accommodations are made for qualified disabled individuals.

All employees are required to complete this form **upon hire**. Any information given will be used only in accordance with applicable Equal Employment and Affirmative Action Orders, Acts and Regulations.

Gender: Male Female

Please check the EEO Identification Group that **best** applies to you:

- Hispanic or Latino:**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino):**
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):**
A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):**
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):**
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 (Not Hispanic or Latino):**
All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.
- Decline to State**



VETERAN STATUS

This information may be reported to the United States Department of Veteran's Employment Training Service.

- | | |
|---|---|
| <input type="checkbox"/> Yes (If yes, please select from below) | <input type="checkbox"/> No |
| <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Other Protected Veteran | |
| <input type="checkbox"/> Armed Forces Service Medal | |
| <input type="checkbox"/> Recently Separated Veteran | |

Disabled Veteran – a Veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran – A Veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

Armed Forces Service Medal – A Veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).

Recently Separated Veteran – A Veteran during the three-year period beginning on the date of such Veteran's discharged or release from active duty in the U.S. Military, ground, naval or air service.



PAYROLL DIRECT DEPOSIT/ELECTRONIC PAY CARD ENROLLMENT

- 1) You may have your paycheck directly deposited to an account of your choice (either Direct Deposit or Electronic Pay Card). If you elect Direct Deposit, you must complete and return to SWBC Professional Employer Services ("SWBC PEO") the following authorization form together with a voided check or deposit slip. You may have up to two (2) accounts on Direct Deposit.
- 2) There is a waiting period (usually one (1) payroll) to ensure your financial institution's routing number and your account number are correct. If you change financial institutions or account numbers, you will be required to submit a new authorization form and voided check or deposit slip.
- 3) When you elect Direct Deposit, you will still receive a pay stub each payroll period.
- 4) Direct Deposit may take up to three (3) business days from your scheduled payday to reach your account. SWBC PEO is not responsible for overdrafts or NSF check charges caused by late delivery or posting of Direct Deposits to your account(s).
- 5) If you desire to cancel your Direct Deposit, you must provide prior written notification to SWBC PEO.
- 6) If you are terminated, your final wages may be paid by a regular paycheck and not by Direct Deposit.

DIRECT DEPOSIT

Financial Institution	Routing Number	Account Number	Type of Account	Dollar Amt. or Percentage
1.				
2.				

OR

ELECTRONIC PAY CARD

Meta Bank Routing Number: 073972181

First Name:	M.I.	Last Name:
Social Security #:		Date of Birth:
Cell Number (Optional): <small>**For text message confirmations/balances**</small>		Email Address: <small>**For email notifications**</small>

This authorization is to remain in full force and effect until SWBC PEO has received timely written notification from me of its termination. This authorization supersedes all other direct deposit agreements or authorization forms.

I authorize SWBC to initiate credit entries and, if necessary, to initiate any actions to reverse or correct an erroneous credit entry to my Direct Deposit or Electronic Pay Card account at Meta Bank, for the purpose of automatically depositing funds into my account.

**** Reminder: Please submit a voided check or form provided by your financial institution for each account in which you have authorized a Direct Deposit.**

To be completed by SWBC PEO

Pay Card Number: _____



FREE LIFE INSURANCE

If you are a regular full time employee who works at least 30 hours a week, you are provided a \$2,000 basic life insurance policy. Please complete the beneficiary information, sign and date below.

Member Name (Last, First M.I.)				
Employer Name: SWBC PEO				
Beneficiary - If you designate a trust or a trustee, you must have a written Trust Agreement. If you designate a minor (a person not of legal age) it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. This means legal expense for the beneficiary and delay in the payment of insurance. Please take this into consideration when naming your beneficiary.				
PRIMARY BENEFICIARY				
Full Name	% of Benefit	Address	Social Security #	Relationship
1.				
2.				
CONTINGENT BENEFICIARY				
Full Name	% of Benefit	Address	Social Security #	Relationship
1.				
2.				
Beneficiary Examples:				
Two Primary Beneficiaries:				
Peter Smith	60%	77 America St, Anytown, USA 77777	xxx-xx-xxxx	Husband
Anna Smith	40%	777 USA St, Anytown, USA 77777	xxx-xx-xxxx	Daughter
One Primary & One Contingent Beneficiaries:				
Primary:				
Peter Smith	100%	77 America St, Anytown, USA 77777	xxx-xx-xxxx	Husband
Contingent:				
Quincy Smith	100%	789 Tree St, Anytown, USA 77777	xxx-xx-xxxx	Son



WORKWELL, TX EMPLOYEE ACKNOWLEDGEMENT OF WORKERS' COMPENSATION NETWORK

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packeton, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I might have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature

Date

Printed Name

I live at: _____

Street Address

City, State, Zip Code

Name of Employer: _____

Name of Network: WorkWell, TX

To the Employer:

Each employee must sign this form when you begin the program or within three (3) days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- Initiating the network program (companywide)
- Initial employee notification (new hire)
- Injury notification (Date of Injury: / /)

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.

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	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
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. <ul style="list-style-type: none"> • 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.)					
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.)		Date		9 First date of employment	
				10 Employer identification number (EIN)	



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<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. (See instructions)	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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

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

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

STOP *Employer Completes Next Page* STOP



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 Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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UNEMPLOYMENT BENEFITS POSITION REASSIGNMENT

If you are terminated or laid off by the Client Company, you must contact SWBC PEO by the end of the first business day immediately following the day you were terminated or laid off in order to seek reassignment to a new position.

You must contact the SWBC PEO Human Resources department by calling (830) 980-1200, and request reassignment. If you fail to contact SWBC PEO within the time frame stated above, you will be deemed to have abandoned your employment relationship with SWBC PEO and, under Texas law, you may be denied unemployment insurance benefits. Reassignment is not guaranteed.

Employee Name

Employee Signature

Date



Additional employee documents on pages 13-46 are to be retained by employee.

EMPLOYEE ACKNOWLEDGEMENT

Employee acknowledges that he/she has read each document contained in this New Hire Packet, understood its terms, has had the opportunity to ask any questions he/she may have regarding its contents, and is signing this Acknowledgement of his/her own free will. Employee further acknowledges their receipt and agreement to abide by the following documents:

- | | |
|--|---------------------------------------|
| Conditions of Employment Agreement | Substance Abuse Policy |
| Notice of Worker’s Compensation in Texas | Employee Wage Deduction Authorization |

I agree to comply with all of the policies, procedures, rules and regulations of the Co-Employers whether oral or written, including those contained in this New Hire Packet.

I understand and agree that the Co-Employers may deduct from my pay from time to time for the reasons that fall within the terms of the Wage Deduction Authorization found on Page 18 of this New Hire Packet.

SWBC PEO and the Client Company are equal opportunity employers and do not discriminate in recruitment, hiring, training, promotion, or other employment policies on the basis of age, race, sex, color, religion, national origin, disability, veteran status or any other basis that is prohibited by federal, state or local law.

I agree to immediately notify SWBC PEO and the Client Company if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, during my period of employment.

I understand that false or misleading information given in my application or this New Hire Packet may result in discharge regardless of time of discovery. I also understand that I am required to abide by all rules and regulations of SWBC PEO and the Client Company.

Employee Name	Employee Signature	Date
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