



## SUNWEST EMPLOYER SERVICES, INC. NEW HIRE PACKET

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**EMPLOYEE NAME:**

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**Please Print:** **Last Name**, **First Name**, **Initial**

Included in this packet are nine (9) forms you must sign and return to the Sunwest Employer Services, Inc. Payroll Department. The Earned Income Advance Payment (W-5), if applicable, may be requested or printed from our website ([www.sunwestes.com](http://www.sunwestes.com)).

- ☐ New Employee Information Form
- ☐ IRS Form W-4                      ☐ Arizona Form A-4
- ☐ Employment Eligibility Verification (1-9)
- ☐ Employee Authorization Agreement for Direct Deposit
- ☐ Post-Injury Drug and Alcohol Testing Acknowledgement
- ☐ Consent for Release of Medical Information Form
- ☐ Employer Request for Disclosure of Wage Assignment Order to Provide Child Support
- ☐ Group Life Insurance Enrollment/Beneficiary Form

Welcome to Sunwest Employer Services, Inc. (Sunwest). Your employer has contracted with us to provide assistance in the management of the human resources, employee benefits, payroll and workers' compensation functions of our business. The assistance of Sunwest frees your employer from some human resource administrative details so they can focus on the operations of their business. Some of these details may include, but are not limited to processing paychecks, unemployment taxes, workers' compensation and benefits administration. Sunwest also provides Human Resource assistance in compliance to federal, state and local employment legislation. Please read the information in this packet carefully and complete each form in its entirety. Should you have any questions, do not hesitate to ask your supervisor



## NEW EMPLOYEE INFORMATION FORM

### PERSONAL DATA (as shown on last issued Social Security Card)

<b>First Name</b> (name must match the name on latest Social Security Card) <b>Middle</b> (name must match the name on latest Social Security Card) <b>Last</b> (name must match the name on latest Social Security Card)	
<b>Social Security Number</b>	<b>Date of Birth</b>
<b>Address</b>	
<b>City/State/Zip</b>	<b>Home Phone</b> (    )
<b>Emergency Contact Name</b>	<b>Relationship</b>
<b>Address</b>	<b>Emergency Contact Phone</b> (    )
<b>Employee's Signature</b>	<b>Date</b>

### THIS SECTION MUST BE COMPLETED BY THE WORK-SITE EMPLOYER

<b>Employee Job Title</b>	<b>Job Function (e.g. Clerical)</b>
<b>Division/Department</b>	<b>Workers' Compensation Code</b>
<b>Client Date of Hire</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/On-Call/Seasonal
<b>State(s) in which Employee Works</b>	<b>State of Employee's Primary Residence</b>

### PAY CODE

<input type="checkbox"/>	Hourly employee non-exempt from overtime per the Fair Labor Standards Act (FLSA)
<input type="checkbox"/>	Salaried employee not-exempt from overtime per the Fair Labor Standards Act (FLSA)
<input type="checkbox"/>	Salaried employee exempt from overtime per the Fair Labor Standards Act (FLSA)

### EMPLOYEE'S PAY FREQUENCY

<input type="checkbox"/> Monthly	Rate: \$	Per	<input type="checkbox"/> Year
<input type="checkbox"/> Semi-Monthly			<input type="checkbox"/> Month
<input type="checkbox"/> Bi-Weekly			<input type="checkbox"/> Pay Period
<input type="checkbox"/> Weekly			<input type="checkbox"/> Hour

# Form W-4 (2012)

**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 2012 expires February 18, 2013. 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 cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not 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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____		
<b>B</b>	Enter "1" if: <table border="0"><tr><td><ul style="list-style-type: none"><li>• You are single and have only one job; or</li><li>• You are married, have only one job, and your spouse does not work; or</li><li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li></ul></td><td>_____</td></tr></table>	<ul style="list-style-type: none"><li>• You are single and have only one job; or</li><li>• You are married, have only one job, and your spouse does not work; or</li><li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li></ul>	_____	<b>B</b> _____
<ul style="list-style-type: none"><li>• You are single and have only one job; or</li><li>• You are married, have only one job, and your spouse does not work; or</li><li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li></ul>	_____			
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____		
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____		
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____		
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____		
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"><li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children.</li><li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li></ul>	<b>G</b> _____		
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____		
<table border="0"><tr><td>For accuracy, complete all worksheets that apply.</td><td><ul style="list-style-type: none"><li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li><li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li><li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li></ul></td></tr></table>			For accuracy, complete all worksheets that apply.	<ul style="list-style-type: none"><li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li><li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li><li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li></ul>
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----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
		► <b>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.</b>		<b>2012</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		<b>4</b> 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"/>			
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$			
<b>7</b> I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ►		<b>7</b>			
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ►					
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> 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.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

**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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

**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.

Type or print your full name	Your social security number
Home address (number and street or rural route)	
City or town, state, and ZIP code	

**Arizona Withholding Percentage Election Options****Choose only one:**

- 1 ☐ I choose to have Arizona withholding at the rate of  
(**check only one box**): ☐ 0.8% ☐ 1.3% ☐ 1.8% ☐ 2.7% ☐ 3.6% ☐ 4.2% ☐ 5.1% of my gross taxable wages.  
Additional amount to be withheld per paycheck \$ \_\_\_\_\_

- 2 ☐ I hereby elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**EMPLOYEE'S INSTRUCTIONS**

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. This amount is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages of every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

**What are my "Gross Taxable Wages"?**

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

**New Employees**

Complete this form in the first five days of employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

**Current Employees**

If you want to change the current amount withheld, you must file this form to change the Arizona withholding percentage or change the extra amount withheld.

**What Should I do With Form A-4?**

Give your completed Form A-4 to your employer.

**Electing a Withholding Percentage of Zero**

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a percentage that applies to you.

**Voluntary Withholding Election by Certain Nonresident Employees**

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect an Arizona withholding percentage.



### Instructions

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

#### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

#### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

#### Filling Out Form I-9

##### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in Section 1. For employees who indicate an employment authorization expiration date in Section 1, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

##### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his or her own. However, the employee must still sign Section 1 personally.

##### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, Section 2 must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document OR a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

##### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in Section 2. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. Employers are still responsible for completing and retaining Form I-9.



For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  - 2. Record the document title, document number, and expiration date (if any) in Block C; and
  - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.



**Form I-9, Employment  
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):


- ☐ A citizen of the United States  
☐ A noncitizen national of the United States (see instructions)  
☐ A lawful permanent resident (Alien #) \_\_\_\_\_  
☐ An alien authorized to work (Alien # or Admission #) \_\_\_\_\_  
until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
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		Date (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card		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
	5. U.S. Military card or draft record		
	6. Military dependent's ID card		
	7. U.S. Coast Guard Merchant Mariner Card		5. Native American tribal document
	8. Native American tribal document		
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	9. Driver's license issued by a Canadian government authority		6. U.S. Citizen ID Card (Form I-197)
	For persons under age 18 who are unable to present a document listed above:		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card		
	11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record		8. Employment authorization document issued by the Department of Homeland Security

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





## EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize and request Sunwest Employer Services, Inc., herein Sunwest, to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank(s) named below, herein Bank, and I authorize and request Bank to accept any credit entries initiated by Sunwest to such account and credit the same to such account without responsibility for the correctness thereof.

I also authorize and request Sunwest to effect repayment to Sunwest for amounts owed it because of a prior erroneous credit initiated to my account, if prior to the initiation of the correction entry Sunwest has sent or delivered to me written notice of the correction, and the reason therefore, and the correcting entry is transmitted in such time as to be delivered, or make available to Bank before midnight of the tenth day following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me at any time by written notification to Sunwest. Any notification to Sunwest shall be effective only with respect to entries initiated by Sunwest after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge and accept that this service is being provided for my convenience. As such, I agree to hold Sunwest, each participating bank, and NACHA harmless from any claim incident to the operation of this plan arising from any act or omission by Sunwest including, without limitation, and claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by me as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to my account. I further understand that should I change, or close the account given to Sunwest and fail to notify Sunwest in writing prior to the initiation of the credit, I will be charged a bank fee of no less than \$15.00 to reprocess the payment owed to me.

Your Workplace Employer Name \_\_\_\_\_

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

Employee Name \_\_\_\_\_

Please Print Name

☐ I do not elect direct deposit or I wish to cancel all my direct deposits *(Check Here and Sign Below)*

☐ I authorize direct deposit into the following accounts ONLY *(any previous form(s) submitted will be void)*

### Financial Institution/Account Number(s):

Account 1. \_\_\_\_\_ Checking ☐ Savings ☐ Amount or % Deposited: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account 2. \_\_\_\_\_ Checking ☐ Savings ☐ Amount or % Deposited: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account 3. \_\_\_\_\_ Checking ☐ Savings ☐ Amount or % Deposited: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account 4. \_\_\_\_\_ Checking ☐ Savings ☐ Amount or % Deposited: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yy

ATTACH VOIDED CHECK(s) HERE:

# VOIDED CHECK(s)





## **POST-INJURY DRUG AND ALCOHOL TESTING POLICY**

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Sunwest Employer Services, Inc. (hereafter known as "The Company") believes that it is important to promote a drug-free community, to maintain safe, healthy, and efficient operations, and to protect the safety and security of our employees, facilities, and property. Drugs and alcohol may pose serious risks to the user and all those who work with the user. In addition, the use, possession, sale, transfer, manufacture, distribution, and dispensation of alcohol or illegal drugs in the workplace pose unacceptable risks to the maintenance of a safe and healthy workplace and to the security of The Company's employees, facilities, and property. Substance abuse, while at work or otherwise, seriously endangers the safety of employees, as well as the general public, and creates a variety of workplace problems, including increased injuries on the job, increased absenteeism, increased health care and benefit costs, increased theft, decreased morale, decreased productivity, and a decline in the quality of products and services provided by The Company. For all of those reasons, The Company has established this Post-Injury Drug and Alcohol Testing Policy. This Policy was written to ensure compliance with Arizona Revised Statutes, 23-493.

### **I. SCOPE OF POLICY**

This Policy applies to all employees of The Company.

### **II. DISSEMINATION OF POLICY**

All employees will receive a copy of this Policy upon hire and will be required to sign the Post-Injury Drug and Alcohol Testing Acknowledgement.

### **III. DEFINITIONS**

#### **A. Illegal Drugs**

"Illegal drugs" means any controlled substance, medication, or other chemical substance that (1) is not legally obtainable; or (2) is legally obtainable, but is not legally obtained, is not being used legally, or is not being used for the purpose(s) for which it was prescribed or intended by the manufacturer. Thus, "illegal drugs" may include even over-the-counter medications, if they are not being used for the purpose(s) for which they were intended by the manufacturer.

#### **B. Legal Drugs/Medication**

"Legal drugs" means prescribed or over-the-counter drugs that are legally obtained and used for the purpose(s) for which they were intended by the manufacturer.

### **IV. DRUG AND ALCOHOL TESTING: POST-INJURY**

The Company requires that employees submit to post-injury drug and alcohol testing within 24 hours of notification of injury on all injuries treated at a medical facility. Furthermore, employers may send employees for drug and alcohol testing even if treatment is not sought.

### **V. SPECIMEN COLLECTION AND TESTING PROCEDURES**

#### **A. Specimen Collection Procedures**

##### **1. Test Subject Privacy**

Appropriate professional personnel will supervise the collection of urine and blood specimens for testing.

##### **2. Chain of Custody Procedures**

The Company will take steps to preserve the chain of custody of specimens, in order to ensure testing accuracy.

**B. Specimen Testing Procedures**

1. Specimens will be tested only by laboratories that are properly approved to conduct drug testing by the National Institute on Drug Abuse, the Department of Health and Human Services, or the College of American Pathologists. Specimens will be tested only for the presence of illegal drugs, and their metabolites.

2. The Company will rely only on positive initial screening test results that also have been confirmed by gas chromatography/mass spectrometry (GC/MS) or other methods of confirmatory analysis provided for by the National Institute on Drug Abuse, the Department of Health and Human Services, or the College of American Pathologists ("confirmatory test").

**C. Cost of Testing**

The Company will pay for any drug or alcohol test that it requests or requires.

**D. Test Results**

The Company will promptly communicate positive test results to test subjects.

**E. Employees: Test Result Report**

Employees may request, in writing, a copy of their test result report provided that The Company receives the request within five (5) calendar days after the employee has been informed of the positive test result.

**VI. CONFIDENTIALITY OF TEST RESULTS**

The Company will not disclose test results except as authorized by the test subject or as authorized, permitted, or required by applicable law.

**VII. CONSEQUENCES OF REFUSAL**

Employees may refuse to undergo drug and alcohol testing. However, employees who refuse to undergo testing or who fail to cooperate with the testing procedures (1) may be subject to discipline, up to and including immediate discharge; and/or (2) may result in the denial of Workers' Compensation Benefits and the employee may be required to incur the medical and testing costs related to the accident, injury or illness.

**VIII. CONSEQUENCES OF CONFIRMED POSITIVE TEST RESULTS**

Any employee who tests positive on a confirmatory drug and alcohol test required by The Company (1) may be subject to discipline, up to and including immediate discharge; and/or (2) may result in the denial of Workers' Compensation Benefits and the employee may be required to incur the medical and testing costs related to the accident, injury or illness.

**IX. EMPLOYEES: RIGHT TO EXPLAIN TEST RESULTS**

Any employee who tests positive on a confirmatory drug and alcohol test required by The Company, may request, in writing, the opportunity to explain the positive test result in a confidential setting, provided that The Company receives the request within five (5) calendar days after the employee has been informed of the positive test result. Furthermore, any employee who tests positive on a confirmatory drug and alcohol test required by The Company may request, in writing, the confirmatory retest of the original sample, at his or her own expense, provided that The Company receives the request within five (5) calendar days after the employees has been informed of the positive test result. Confirmatory retests requested and paid for by the employee may be conducted only by laboratories that are properly approved to conduct drug and alcohol testing by the National Institute on Drug Abuse, the Department of Health and Human Services, or the College of American Pathologists.



## POST-INJURY DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT

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I have received and read a copy of the Sunwest Employer Services, Inc. (hereafter known as "The Company") Post-Injury Drug and Alcohol Testing Policy (hereafter known as the "Policy"). I understand that the Policy applies to me, and that I must abide by the Policy as a condition of employment. I understand that if I fail to comply with any aspect of the Policy or test positive on a drug and alcohol test: (1) I may be subject to discipline, up to and including immediate termination of my employment; and/or (2) my Workers' Compensation Benefits may be denied and I may be required to incur the medical and testing costs related to the accident, injury or illness.

I understand that the Policy supersedes and revokes all previous practices, procedures, policies, and other statements of The Company, whether written or oral, that modify, supplement, or conflict with this Policy. I also understand that The Policy may be amended at any time. The Policy was written to ensure compliance with Arizona Revised Statutes, 23-493.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND UNDERSTANDS THE CONTENT THEREOF.

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SIGNATURE

---

DATE

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PRINTED NAME





## INJURY INCIDENT PROCEDURES

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**Please read carefully and keep this form for your personal records. This form defines your responsibilities in the event you are injured on-the-job.**

- ❖ If an injury occurs on-the-job during designated working hours, assess the injury and provide **first aid** whenever possible. Employees are responsible for notifying their supervisor immediately.
- ❖ Sunwest Employer Services, Inc. (Sunwest) requires **ALL** injuries that occur on-the-job be reported before leaving work for the day. **Failure to report on the day of injury may result in a denial of benefits.**
- ❖ If the injury is **life threatening**, proceed to the nearest emergency room. Provide facility staff with the name of **your** employer including the name of Sunwest (i.e. ACE Construction/Sunwest Employer Services). In addition, please provide the following workers compensation contact information:

<b>SUNWEST CONTACT:</b>	<b>PAULINE MORALES</b>	<b>KATIE KLASSY</b>
<b>PHONE NUMBER:</b>	<b>602-386-3555</b>	<b>602-386-3556</b>
<b>TOLL FREE:</b>	<b>888-284-3734 EXT: 233</b>	<b>888-284-3734 EXT: 234</b>
<b>FAX NUMBER:</b>	<b>602-386-3586</b>	<b>602-386-3587</b>

- ❖ If medical attention is required beyond first aid and it is not an emergency, employees must seek initial treatment at the nearest **approved medical provider**. Please provide clinic or physician with the workers' compensation contact information listed above.
- ❖ Approved medical providers lists are available at each employer location or you may contact the Sunwest Risk Management Department.
- ❖ Employees are required to submit to a **post-injury drug and alcohol test within 24-hours of notification of injury on all injuries treated at a medical facility.**
- ❖ If an employee fails to pass, refuses to cooperate with, or refuses to take the post-injury drug and alcohol impairment test, workers' compensation benefits may be denied.
- ❖ The supervisor must immediately notify Sunwest at the time of injury or within 24-hours. If the supervisor is unavailable, the employee may report the injury directly to Sunwest immediately or within 24-hours.
- ❖ The supervisor and employee must complete the **Client Report of Injury/Illness** and fax to the Sunwest Risk Management Department @ 602-778-9857, on the day of injury or within 24-hours.
- ❖ Failure to follow the above instructions may result in the denial of workers' compensation benefits. If benefits are denied, employees will be responsible for all costs incurred related to the injury.
- ❖ **For all questions regarding work related injuries, contact the Sunwest Payroll Department at the direct numbers listed above.**

## CONSENT FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize and request any person or organization to allow **AmTrust North America** or its authorized representative to examine, discuss and copy any information, records, reports and x-rays regarding my medical condition and treatment.

**Disclosure of medical records for the purpose of administration of workers' compensation claims is authorized by the Health Insurance Portability and Accountability Act (HIPAA), §42 CFR §164.512.**

This pertinent information will be discussed with other professionals involved in my treatment or any institution that, through the Workers' Compensation program or otherwise, is paying all or part of the cost associated with my medical care.

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(month) (day) (year)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_  
(please print clearly)

Work Site Employer: \_\_\_\_\_  
(client site where you work – please print clearly)

Date of Injury: \_\_\_\_\_  
(date input when injury occurs)

X \_\_\_\_\_  
(signature of employee) (date)

Submit to: Sunwest Employer Services  
Fax: (602) 386-3575

***A PHOTOCOPY OR FACSIMILE COPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL.***



**SUNWEST EMPLOYER SERVICES INC.**  
**DESIGNATION OF BENEFICIARY AND CONTINGENT BENEFICIARY(IES)**

Basic Term Life Insurance through Humana is a benefit provided by Sunwest (at no charge) to all full-time employees. This benefit becomes effective first of the month following 90 days of full-time employment with Sunwest. Sunwest considers full-time employment as working 30 hours per week.

Humana Group Policy: #547722 Insured employee's social security number: \_\_\_\_\_

**Primary Beneficiary Designation**

<b>FULL NAME (Last, First, Middle Initial)</b>	<b>RELATIONSHIP</b>	<b>DATE OF BIRTH</b>	<b>ADDRESS (Street, City, State, Zip)</b>	<b>SHARE%</b>

**Payment will be made in equal shares or all to the survivor unless otherwise indicated. Total share designation must equal 100%**

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies) below:

**Contingent Beneficiary Designation**

<b>FULL NAME (Last, First, Middle Initial)</b>	<b>RELATIONSHIP</b>	<b>DATE OF BIRTH</b>	<b>ADDRESS (Street, City, State, Zip)</b>	<b>SHARE%</b>

**Payment will be made in equal shares or all to the survivor unless otherwise indicated. Total share designation must equal 100%**

If no primary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

I, the insured, reserve the right to change this designation at any time. In the event I change the designation, the revised designation is binding and rescinds all other previous designation(s).

This designation becomes effective upon receipt by the Benefits Department at Sunwest Employer Services.

\_\_\_\_\_  
Name and address of Insured or Owner (if assigned). (Please print)

\_\_\_\_\_  
Signature of Insured or Owner (if assigned)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Please print your full name for clarification purposes

**Please do not elect yourself as a beneficiary.** Life benefits are paid out upon the death of the "covered employee". Without a beneficiary elected, the life benefit cannot be paid out.

**Please note – Do not erase or attempt to make any corrections, please utilize a new form for changes and/or corrections. When the beneficiary is not related to you by blood or marriage, the "Relationship" designation should read "Nonrelative".**





## EMPLOYER REQUEST FOR DISCLOSURE OF WAGE ASSIGNMENT ORDER TO PROVIDE CHILD SUPPORT

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Arizona Revised Statute 23-722.02, states that after an employee is hired, rehired or returns from an unpaid leave of absence, the employer shall request that the employee disclose whether the employee is subject to a wage assignment order to provide child support. If the employee is subject to a wage assignment order to provide child support, they shall provide a copy of the order of assignment to the employer.

In accordance with the foregoing statute, Sunwest Employer Services, Inc. (Sunwest) requests that every employee disclose whether they are subject to a wage assignment to provide child support. If an employee has multiple orders, the employee shall provide Sunwest with a copy of each order. On the disclosure of an obligation to pay child support along with a copy of the order, Sunwest shall begin withholding the support payments according to the terms of the order. An employee who is ordered to pay child support and who fails to comply with this request is guilty of a class 3 misdemeanor.

Are you subject to a wage assignment order to provide child support? **Yes** \_\_\_\_ If yes, please attach a copy of the order of assignment

**No** \_\_\_\_

By signing this request, I certify that the information presented in this request is true and accurate.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Name (Printed)**

\_\_\_\_\_  
**Name of Work-Site Employer**