



# STUART T. WILSON CPA, PC

Fiscal Intermediary

## West Michigan CMH

### Medicaid PROVIDER Paperwork for Self-Determination Participants

In order to be considered a Medicaid provider and be paid with Medicaid funds, this packet must be completed in its entirety. Do not provide any services prior to the notification of a clear background check.

The employment relationship is with the Participant and not with Stuart T. Wilson CPA, PC or Community Mental Health.

**IMPORTANT:** Please ensure this checklist is completed prior to submission. There are portions of this packet that must be completed by the employer. If an incomplete packet is submitted payment may be delayed.

- ☐ Criminal Background Check Authorization
- ☐ W-4
- ☐ I-9 (Identification is required. Please refer to page two for all options.)
  - Employer Signature
  - Employee Signature
- ☐ Employment Agreement
  - Employer Signature
  - Employee Signature
- ☐ 42 CFR 431.107 Agreement
  - Provider Signature (Employee is the provider)
  - Our office obtains the second signature after the paperwork is processed
- ☐ Employee Wage Information
- ☐ Payroll Procedures (Please read carefully)
- ☐ Payment Options
- ☐ Required Training (Training must be submitted with/by your first timesheet)

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Employee Email

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Employee Phone #

If you have any questions, please feel free to contact the Personnel Department at 989-832-5400. Return packet via Fax: 989-832-5404 Email: [training@stuartwilsonfi.com](mailto:training@stuartwilsonfi.com) Mail: Stuart T. Wilson CPA, PC Attn: Personnel 6300 Schade Dr. Midland, MI 48640.



# STUART T. WILSON CPA, PC

Fiscal Intermediary

## Criminal Background Check Authorization Form

Do not provide any services prior to authorization.

*You will not be paid for any time worked prior to a clear criminal background check and the completion of required trainings.*

Employer (Participant): \_\_\_\_\_ Organization/Agency: \_\_\_\_\_

Employee Full Name: \_\_\_\_\_

Previous Names Used (Include maiden name): \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**You MUST include a copy of your Driver's License or State ID with this form.**

I authorize the release of my criminal background information and driving record to my employer, to be run ongoing, and to the "Host Agency" which acts as project administrator; and to the "Fiscal Intermediary" which serves as my employer's financial administrator.

Furthermore, I acknowledge that I am required to notify Stuart T. Wilson CPA, PC as soon as possible, but no later than the next business day, if I have been convicted of any crime.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Results are released to the participant/guardian or case manager.*

**For results contact:**

Participant/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

or

Case Manager: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2023****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**TIP:** If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$ _____

**Step 5:**  
**Sign**  
**Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

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

**Employers**  
**Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**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 with no other entries on the form; 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 territories 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<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 (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)				
		If you check <b>Item Number 4.</b> , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(2) An endorsement of the individual's status or parole 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.</div></div></div> <div>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</div>		<div>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</div> <div>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</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security</div> <div>For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</div> <div>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</div>
<div>Acceptable Receipts</div> <div>May be presented in lieu of a document listed above for a temporary period.</div> <div>For receipt validity dates, see the M-274.</div>				
<div>• Receipt for a replacement of a lost, stolen, or damaged List A document.</div> <div>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</div> <div>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</div>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# EMPLOYMENT AGREEMENT

## Self-Determination and HSW

This agreement is between \_\_\_\_\_ (herein referred to as  
Consumer Employer's Name  
"Employer")

and \_\_\_\_\_ (herein referred to as  
Employee's Name  
Employee").

### I. Definitions.

**Self Determination**—An administrative function of West Michigan Community Mental Health System (WCMCHS) offered to Adult Consumers of Services for Individuals with a Mental Illness or Developmental Disability. Self-Determination allows WCMCHS Consumers to control CMH funds to purchase Medicaid eligible services in order to have greater authority, control, and freedom in decision-making over their person centered plan and identified supports and services.

**Habilitation Supports Waiver**: --A service option of WCMCHS as outlined in the Medicaid Provider Manual. Persons eligible for this set of specialty mental health services must meet the following criteria: have a developmental disability, is Medicaid-eligible, is residing in the community, if not for HSW services, would require ICF/MR level of care services; and chooses to participate in the HSW in lieu of ICF/MR services.

**Fiscal Intermediary**—A contractual service provided to Consumers participating in SD or HSW. A Fiscal Intermediary acts as an "accountant" who pays service/support bills on behalf of Consumers, and acts as the consumer's designee in managing employer responsibilities.

### II. Contract Authority.

The agreement is subject to and governed by the laws of the State of Michigan.

### III. Agreement Terms.

- A. This agreement shall begin on \_\_\_\_\_ and shall continue until amended or terminated by either party.
- B. Nothing in this Agreement shall be construed as requiring either the SD/HSW Participant, or the Provider, to extend or renew this Agreement or to enter into any subsequent agreements.

### IV. Condition For Employment.

- A. The Employee recognizes that employment is dependent on \_\_\_\_\_  
Consumer Employer's Name  
participation in the SD/HSW.
- B. If my employer is no longer a SD/HSW Participant, I may no longer be employed.
- C. Nothing in this agreement shall be construed as requiring either the SD/HSW Participant, or the provider to extend or renew this Agreement or to enter into any subsequent agreements.

### V. Employee Responsibilities. The Employee shall perform the duties outlined in this agreement:

- A. I agree to assist my employer in maintaining the necessary documentation and records as required by my Employer and/or West Michigan Community Mental Health Services (WCMCHS).
- B. I agree to complete all necessary paperwork with the fiscal intermediary to secure mandatory payroll deductions.

- C. All records I may have, or records I may assist the Employer in maintaining, will be kept confidential and released only upon the verbal or written consent of the Employer.
- D. I acknowledge that all records are the property of the Employer, and must be returned to the Employer at the time the employment relationship is terminated.
- E. I will complete illness and incident reports when necessary, as required or requested by the Employer, or WCMCHS.
- F. I shall immediately notify \_\_\_\_\_ if my employer experiences a medical emergency or illness. I will also notify \_\_\_\_\_ before taking my employer to the physician, except in case of an emergency.
- G. I agree to participate in any meetings if requested by the Employer .
- H. I will agree to abide by all of WCMCHS and the Michigan Department of Community Health regulations for providing supports/services through the SD/HSW.
- I. I shall successfully complete training in Recipient Rights, and Bloodborne Pathogens. The Employee shall assist the Employer in completing right complaints, upon request. The Employee has a responsibility to report rights violations, which they are aware of or any potential abusive or neglect situations they observe. The Employee may be requested to cooperate with a recipient rights investigation, and/or assist with exercising their rights. The employee is responsible for completing other training as identified in the employer's Person Centered Plan.
- J. I will comply with a TB if requested by employer.
- K. During the term of this agreement, I shall provide support and services to my employer; performing the duties outlined in the job description and this agreement.
- L. I will complete time certifications and/or other documentation and return such paperwork to the Fiscal Intermediary and WCMCHS to verify hours.
- M. I understand that this is an "employment at will" relationship, which can be terminated by me, the Employee, or my Employer at any time. The Employee agrees to give 5 days written notice to the Employer, to terminate this Employment Agreement. However, my employer cannot terminate my employment on the basis of my race, religion, sex, disability or other protected status under federal or Michigan law.
- N. My paycheck will be issued by a Fiscal Intermediary, who is acting as a financial administrator of the Employer's Individual Service Budget.
- O. I agree to hold the Fiscal Intermediary harmless for their role as the financial administrator of the Employer's Individual Service Budget, and acknowledges that

\_\_\_\_\_ is the sole employer.  
 \_\_\_\_\_  
 Consumer Employer's Name

- P. I agree to execute a 42 CFR 431.107 agreement with WCMCHS.
- Q. I understand that employment is contingent upon execution of this agreement. This agreement does not alter the fact that WCMCHS is the project administrator of Self Determination,

and that \_\_\_\_\_ is the  
 sole employer. \_\_\_\_\_  
 Consumer Employer's Name

#### **VI. Employer Responsibilities.**

- A. Provide the Fiscal Intermediary with the necessary documentation to assure timely compensation to the Employee.
- B. Compensate the Employee as described in the Job Description.
- C. Provide a job description that outlines job duties and responsibilities.
- D. Payroll will be handled by the fiscal intermediary, which will withhold all necessary tax, unemployment, and other withholdings from the employee's paychecks.

- E. Assure that the Employee receives training in Recipient Rights, and meets the five minimum requirements of the State Medicaid Manual. The requirements are as follows:
1. Be at least 18 years of age.
  2. Prevent the transmission of any communicable disease from self or others in the environment in which they are providing supports
  3. Communicate expressively and receptively with the Employer in order to follow Person Centered Plan requirements, specific emergency procedures, and report on activities performed.
  4. Be in good standing with the law (i.e. not a fugitive from justice, a convicted felon, or an undocumented person). The Employer shall have a criminal background check conducted by the fiscal intermediary for each potential employee.
  5. Able to perform basic first aid procedures.
  6. Obtain training in other areas as outlined in the employer's person centered plan.
- F. Evaluate the performance of the Employee, and provide appropriate feedback to assure quality services are being purchased.
- F. Assure that the Employee executes a 42 CFR 431.107 agreement with WCMCHS.

The parties signing this agreement understand and agree to the provisions listed in this contract.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Power of Attorney/Guardian  
(When Applicable)

\_\_\_\_\_  
Date

Contract No.

## 42 CFR 431.107 AGREEMENT

[Return to Checklist](#)

### Agreement Between WCMCHS and \_\_\_\_\_ SD/HSW Participant Employee

This agreement is between West Michigan Community Mental Health System "herein referred to as WCMCHS" and \_\_\_\_\_ "herein referred to as the Provider".  
SD/HSW Participant Employee

**I.** The purpose of this contract is to define the roles and responsibilities of the above named parties. Each party can initiate a termination or modification, by providing thirty (30) days written notice to the other of the desire to terminate or modify this agreement.

**II. Agreement Term.** This agreement shall begin on \_\_\_\_\_ and remain in effect until it is terminated or modified.

**III. WCMCHS Agrees To Do The Following:**

**A.** To keep any records necessary to disclose the extent of services the Provider furnishes to recipients of services;

**B.** On request, to furnish any information regarding payments claimed by the Provider for services in the person-centered plan to the following agencies; WCMCHS, the State Medicaid Agency, the Secretary of the Department of Health and Human Services or the State Medicaid fraud control unit as indicated in "Attachment A, II. A."

**1.** To comply with the disclosure requirements specified in 42 CFR 455, subpart B, as specified in "Attachment A" of this Agreement.

**2.** To comply with the advance directives requirements specified in 42 CFR 489, subpart I and 42 CFR 417.436 (d).

**III.** Both parties expressly acknowledge that the sole purpose of this Agreement is to assure compliance with 42 USC 1902 (a) 27. Further both parties recognize and reaffirm that ACCMHS is not the employer of the Provider of Services, and that <consumer> is the sole employer of the Provider of Services.

**IV.** This contract sets forth the entire understanding and agreement between the parties with respect to the subject matters, and supersedes any and all other agreements, either oral or in writing between the parties. Either party to this agreement may modify or terminate this contract by providing the other party with thirty (30) days prior written notification. Any termination of the agreement shall not relieve either party of the obligations incurred prior to the effective date of such termination.

The parties agree to terms and conditions of this agreement as specified on the foregoing pages, and so signify with their signatures below.

\_\_\_\_\_  
West Michigan Community Mental Health System

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider:

\_\_\_\_\_  
Date

## ATTACHMENT A

**I. Sec. 1902. [42 U.S.C. 1396a]** A State plan for medical assistance must (27) provide for agreements with every person or institution providing services under the State plan under which such person or institution agrees:

- A.** To keep such records as are necessary fully to disclose the extent of the services provided to individuals receiving assistance under the State plan.
- B.** To furnish the State agency or the Secretary with such information, regarding any payments claimed by such person or institution for providing services under the State plan, as the State agency or the Secretary may from time to time request.

[Code of Federal Regulations]

[Title 42, Volume 3, Parts 430 to End]

[Revised as of October 1, 1999]

From the U. S. Government Printing Office via GPO Access

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## **II. PART 431 – State Organization and General Administration**

Table of Contents

Subpart C – Administrative Requirements: Provider Relations

### **Sec. 431.107 Required provider agreement.**

**A.** Basis and purpose. This section sets forth State plan requirements, based on sections 1902(a)(4), 1902(a)(27), 1902(a)(57), and 1902(a)(58) of the Act, that relate to the keeping of records and the furnishing of information by all providers of services (including individual practitioners and groups of practitioners).

**B.** Agreements. A State plan must provide for an agreement between the Medicaid agency and each provider or organization furnishing services under the plan in which the provider or organization agrees to:

- 1.** Keep any records necessary to disclose the extent of services the provider furnishes to recipients;
- 2.** On request, furnish to the Medicaid agency, the Secretary, or the State Medicaid fraud control unit (if such a unit has been approved by the Secretary under Sec. 455.330 of this chapter), any information maintained under paragraph (b)(1) of this section and any information regarding payments claimed by the provider for furnishing services under the plan;
- 3.** Comply with the disclosure requirements specified in part 455, subpart B of this chapter, and
- 4.** *Comply with the advance directives requirements for hospitals, nursing facilities, providers of home health care and personal care services, hospices, and HMOs specified in part 489, subpart I, and Sec. 417.436(d) of this chapter.*

[44 FR 41644, July 17, 1979, as amended at 57 FR 8292, Mar. 6, 1992]



**STUART T. WILSON CPA, PC**  
Fiscal Intermediary

### Employee Wage Information

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

Employee Phone #: (\_\_\_\_\_) \_\_\_\_\_

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

Is your address the same as your employer? ☐ yes ☐ no

Are you the parent or legal guardian of your employer? ☐ yes ☐ no

**This portion to be completed by the employer/representative.**

*Employers, please review your budget to ensure accuracy.*

Hourly Rate: \_\_\_\_\_

**Benefits:** (If applicable)

Holiday Pay ☐

*Employees receive time and a half for the 7 standard holidays, if worked. Seven standard holidays are New Year's Day, Easter, Memorial Day, July 4, Labor Day, Thanksgiving Day and Christmas Day.*

Vacation/PTO ☐ \_\_\_\_\_ hours per calendar year

*Vacation time is calculated January-December. If left unused, it does not roll over. If employment is terminated or participant leaves the program, any unused vacation is forfeited.*

***Benefits are subject to budget allocation.***

## **CMH PAYROLL PROCEDURES**

*To be paid correctly and avoid any delay with payments, payroll procedures must be followed.*

### **Turning in Timesheets for Payment:**

- **Please refer to the payroll calendar for scheduled pay days.**
  - All time worked must be reported within 14 days of the end of the pay period.
- **Timesheets received late and/or separate may not be paid on time.**
  - All timesheets for a Participant are to be faxed/e-mailed together by noon on Monday each week.
- **Only correct timesheets will be processed.**
  - If a timesheet contains omissions or errors, it will be returned to the employer and payment may be delayed.
    - Overlapping time with another provider will not be processed
    - Only authorized hours will be paid
- **Mileage logs must be turned in weekly with the corresponding timesheet.**
- **No Photocopied signatures will be accepted.**
  - A new timesheet must be used each week. Duplicated timesheets are not accepted.

### **Payment Methods:**

- **Direct Deposit or Netspend Skylight ONE Payroll Card**
  - Check stubs are sent via email.
- **Changes in payment method must be submitted in writing and may take 2-3 weeks to become effective.**
  - Do not close your bank account without providing our office with enough notification; otherwise your payment will be delayed.
  - Address changes must be submitted in writing.

Name: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

**(Must choose one)**

<input type="checkbox"/> <b>Direct Deposit</b> A voided check, a letter from the bank or a copy of a membership card that includes both the account and routing number <b>must</b> be attached. *See information below  Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> <b>Netspend Skylight ONE Payroll Card</b> *See attached information
--	---

When you apply for direct deposit you authorize Stuart T. Wilson CPA, PC to deposit your payroll automatically into your checking or savings account.

- All cancellations must be submitted in writing.
- Any changes may take up to 2 pay periods.
- **Do not close your bank account without providing our office with sufficient notification; otherwise, your payment will be delayed.**
- On payday you will receive your check stub **via email**. This also serves as your notice of deposit. The email comes from [no\\_reply@stuartwilsonfi.com](mailto:no_reply@stuartwilsonfi.com). Please check your spam folder if you do not receive your notice.
- Stuart T. Wilson CPA, PC is not held accountable for any overdraft fees that you may incur for using funds prior to their **actual confirmed deposit**.
- Stuart T. Wilson CPA, PC is authorized to correct errors that may occur. This authority remains in effect until we are notified in writing that you no longer want direct deposit.

**I have read and understood the terms of my chosen payment option with Stuart T. Wilson CPA, PC.**

**I understand that if I do not submit my banking information**

**I will automatically be signed up for the Netspend Skylight ONE Payroll Card.**

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Phone #Return via Fax: 989-832-5404 Email: [payroll@stuartwilsonfi.com](mailto:payroll@stuartwilsonfi.com)

Mail: Stuart T. Wilson CPA, PC Attn: Personnel 6300 Schade Dr. Midland, MI 48640



# Your Skylight Account Info Is With You Wherever You Are

With the Skylight ONE® Mobile App, you can get updates on your Skylight Account from the palm of your hand.<sup>1</sup>

Card account usage is subject to card activation and identity verification.\*



## Check your balance at a glance

Log in to your Skylight Account, and see how much money is there, right from your smartphone.



## Find the nearest ATM

Need some cash? Locate the surcharge-free ATM<sup>2</sup> that is closest to where you are, wherever you are.



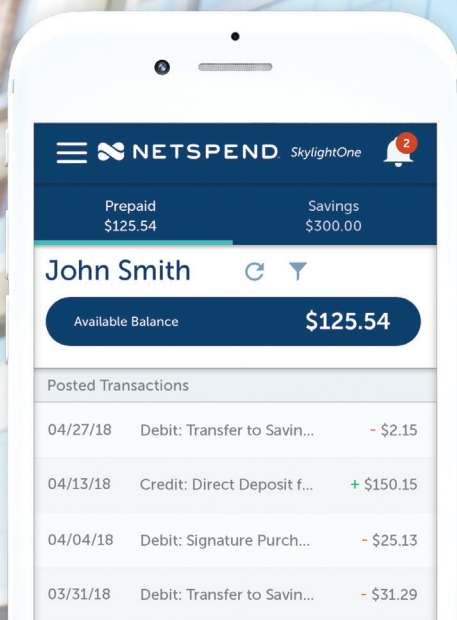
## See your most recent transactions

See if a payment has posted, or if your paycheck has arrived in just a few taps.



## Manage your alerts

Enroll to get a text message<sup>1</sup> or email whenever you get paid, for every transaction, or just periodic balance updates with Anytime Alerts™.



Download the Skylight ONE Mobile App Today!



\* **IMPORTANT INFORMATION FOR OPENING A CARD ACCOUNT:** To help the federal government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires us to obtain, verify, and record information that identifies each person who opens a Card Account. **WHAT THIS MEANS FOR YOU:** When you open a Card Account, we will ask for your **name, address, date of birth, and your government ID number**. We may also ask to see your driver's license or other identifying information. Card activation and identity verification required before you can use the Card Account. If your identity is partially verified, full use of the Card Account will be restricted, but you may be able to use the Card for in-store purchase transactions. Restrictions include: no ATM withdrawals, international transactions, account-to-account transfers and additional loads. Use of Card Account also subject to fraud prevention restrictions at any time, with or without notice.

<sup>1</sup> No charge for this service, but your wireless carrier may charge for messages or data.

<sup>2</sup> Surcharge free ATM options will vary by card program. Please see your Cardholder Agreement for surcharge free options. An ATM Cash Withdrawal Fee applies at ATMs outside the surcharge free network specified in your Cardholder Agreement. A separate ATM owner fee may also apply.

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The Skylight ONE® Visa Prepaid Card is issued by BofI Federal Bank, Republic Bank & Trust Company or SunTrust Bank pursuant to a license from Visa U.S.A. Inc. and may be used everywhere Visa debit cards are accepted. The Skylight ONE® Prepaid Mastercard is issued by BofI Federal Bank, Republic Bank & Trust Company, or SunTrust Bank pursuant to a license by Mastercard International Incorporated. Please see back of card for Issuing Bank. BofI Federal Bank, Republic Bank & Trust Company and SunTrust Bank; Members FDIC. Netspend, a TSYS® Company, is a registered agent of BofI Federal Bank, Republic Bank & Trust Company, and SunTrust Bank. Certain products and services may be licensed under U.S. Patent Nos. 6,000,608 and 6,189,787. Use of the Card Account is subject to activation, ID verification and funds availability. Transaction fees, terms, and conditions apply to the use and reloading of the Card Account. See the Cardholder Agreement for details.

Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated.

Card may be used everywhere Debit Mastercard is accepted.

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# Frequently Asked Questions

## The Skylight® PayOptions™ Program



### What is the Skylight PayOptions Program?

The Skylight PayOptions Program provides you with a safe and convenient alternative to cash and traditional paper paychecks. Your money is direct deposited into an account at BofI Federal Bank, Member FDIC, and can be accessed either through your Skylight ONE® Visa® Prepaid Card or Skylight ONE® Prepaid MasterCard®, or by using a Skylight Check to withdraw all of the cash from your Skylight Account.

### Where can I use my Skylight ONE Card?

Your Skylight ONE® Card can be used at millions of ATMs to withdraw cash, and anywhere Visa debit cards or Debit MasterCard (based on the logo on the front of your card) are accepted for purchases, such as supermarkets and other retail locations.

### What are Skylight Checks and how can I use them?

If you prefer, you can use Skylight Checks to write your own paycheck! Each payday, whether you're at work, at home, or on vacation, you can use a Skylight Check to withdraw all of the cash from your Skylight Account. Skylight Checks can be cashed free of charge at all U.S. Bank branch locations, at participating Walmart locations, and at participating ACE Cash Express locations.<sup>1</sup> You will receive 2 checks in your new account packet. Order additional checks at no cost by calling Customer Service at the number on the back of your card.

### What does the Skylight PayOptions Program cost?

There is no cost to sign up and there are many ways to access your wages for free. Some fees may apply based on how you use your Skylight Account. You will receive a fee schedule with your new account packet.

### Will I get a new card each payday?

No. Once you are enrolled in the program, you'll automatically receive a personalized Skylight ONE Card. Your pay will be added to the card by 8 a.m. CT each payday. If you accidentally lose the card, just give Skylight a call to request a replacement. Your first replacement card per year is available at no additional cost.<sup>2</sup>

### My Skylight ONE Card doesn't have my name on it. Can I still use it to make purchases?

Yes. The first card you receive is a temporary card but it can be used to make signature-based purchases in restaurants, stores, online, and by phone anywhere Visa debit cards or Debit MasterCard are accepted.<sup>3</sup> Once you are enrolled in the program, a card with your name on it will automatically be sent to your mailing address.

### Can I request more than one card?

You can add an additional cardholder to your account simply by calling the number on the back of your card.<sup>2,3</sup>

### What happens if I lose my card?

When you lose cash, your money is gone. If you lose your card, contact Skylight immediately so your lost card can be cancelled and your money stays safe.<sup>4</sup> When you call, you can ask that a replacement card be sent to you. Your first replacement card per year is available at no additional cost.<sup>2</sup>

### How can I check my balance and track my spending?

Skylight makes it convenient for you to manage your money. A toll-free automated telephone service provides 24/7 account information. Plus, when you register for online access at [skylightpaycard.com](http://skylightpaycard.com), you can visit the Online Account Center anytime to check your balance, review your transactions, and view or print your statements. You can also enroll in Anytime Alerts™ to schedule balance, deposit, or payment updates to be sent directly to your cell phone or email inbox.<sup>5</sup> Or, text us and we'll text your balance back to you!

### What if I want to talk to someone about my account?

Skylight's friendly, specially trained Customer Service representatives are available to assist you between 6 a.m. and midnight CT Monday through Friday and on weekends between 8 a.m. and 8 p.m. CT, with bilingual service available. You can reach someone by calling the number on the back of your card.<sup>6</sup>

<sup>1</sup> Skylight Checks can be cashed free of charge at all U.S. Bank branch locations, at participating Walmart locations, and at participating ACE Cash Express locations. Other check cashers set their own policies regarding check acceptance and may charge you a fee to cash Skylight Checks. See the Skylight Checks for step-by-step instructions.

<sup>2</sup> There may be a cost for additional replacement cards. Consult your Cardholder Agreement and fee schedule for details.

<sup>3</sup> There is no application or credit approval process for the Skylight PayOptions Program. **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW CARD ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a Card Account. **What this means for you:** When you open a Card Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In accordance with federal regulations, until it is activated and registered, a prepaid card is subject to initial load limitations, may not be used for ATM use, international transactions or account-to-account transfers, or be reloaded.

<sup>4</sup> To minimize losses, Cardholder must notify Skylight promptly of any loss of the card or compromise of the Skylight Account. Other terms apply. See the Cardholder Agreement for details.

<sup>5</sup> Skylight does not charge for this service, but your wireless carrier may charge you for messages or data.

<sup>6</sup> A fee may apply for this call. Consult your Fee Schedule for details.