

Workers Compensation

If you are injured on the job BBSI will assist you promptly with your claim and provides workers compensation insurance that will pay medical expenses and wages.

BBSI complies with its legal obligations to provide a safe work environment. We urge employees to immediately report any unsafe working conditions as well as any work-related injuries and accidents.

You should be aware that California law makes it a crime to knowingly file a false or fraudulent claim for Workers Compensation benefits, or to knowingly submit false or fraudulent information in connection with any Workers Compensation claim. Such conduct is also against company policy and will result in disciplinary action up to and including termination of employment.

Fraude de compensación de trabajadores es un delito

BBSI toma en serio su responsabilidad para proporcionar un entorno de trabajo seguro para todos los empleados y va a las grandes longitudes a asegurar que cada empleado trabaje seguro.

Si usted es lesionado en el trabajo con BBSI. Sin embargo, no tenemos amplia experiencia en la investigación de reclamos, combatir y perseguir en la medida de la ley de reclamaciones fraudulentas con todos los recursos disponibles.

Cualquier persona que haga una ocasión que tenga una declaración intencionalmente falsa con el fin de obtener los beneficios de la remuneración laboral o la responsabilidad culpable de un delito. Si es declarado culpable, la persona tendrá que pagar multas de hasta \$ 150,000 o servirá hasta cinco años de cárcel.

Global Cash Card Paycard Advantages



Key Points:

- **Know your balance, avoid declined transactions:**
 - Account Alerts: Be notified via e-mail or text for loads or low balances on your card. Log on to www.globalcashcard.com to set up today.
 - Two-Way Texting: Check card balance and view recent activity - at no fee! Log on to www.globalcashcard.com to set up today.
 - Mobile Access: Access account information on any smart phone or web-enabled device at: www.globalcashcard.com.
- **Using paycard for merchant transactions:**
 - Signature Purchases: Use your paycard as a credit (signature) transaction wherever Visa is accepted without any fees!
 - Debit Transaction: Requires your PIN number, and best used when you want cash back as an alternative to an ATM.
- **Family Cards**
 - Request up to five (5) additional cards for family members. Card-to-card transfers are instant. The family card only has access to funds transferred to it by you. Excellent for college students, out-of-state family, and out-of-country family.
- **Bill Pay**
 - Pay bills online, direct to merchant, or use the online bill pay system at www.globalcashcard.com for no fee.

Learn To Use Your Paycard Efficiently: (go to You Tube to view)

Card use 101:

<http://www.youtube.com/watch?v=K6sDCpJ2l6I>

Card use 201:

<http://www.youtube.com/watch?v=tXroCmtgsAc>

Pre- Authorizations:

https://www.youtube.com/watch?v=5A4oBe_Rxvw

Disputes:

<https://www.youtube.com/watch?v=IPrYjtrUCOs>



Using an ATM*:

1. Insert your paycard into the ATM
2. Select English or Spanish
3. Enter your PIN
4. Select Withdrawal from checking
5. Enter amount of cash to withdraw

****Use the Surcharge-Free Allpoint ATM Network!***

Activating your card:

- Activate online at www.globalcashcard.com/activate or call 866-929-8096
- After payroll deposits, a new personalized card will be sent to your home address
- Keep your instant issue card in case you lose your new card

Lost or Stolen Card?

- Call Global Cash Card immediately at: 949-751-0360
- Funds can be transferred to your original instant issue card, or you can go to your closest company location and obtain a new instant issue card
- Your new replacement card will arrive in 7-10 business days

Global Cash Card Visa Payroll Card is issued by MetaBank pursuant to a license from Visa U.S.A Inc., Global Cash Card is an Independent Sales Organization ("ISO") pursuant to an agreement with MetaBank.

Policy Against Harassment, Discrimination, and Retaliation

The Company is committed to providing a work environment that is free of unlawful harassment, discrimination, and retaliation. In furtherance of this commitment, the Company strictly prohibits all forms of unlawful discrimination and harassment, including: discrimination or harassment on the basis of race, ethnicity, religion, color, sex (including childbirth, breast feeding, and related medical conditions), gender, gender identity or expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability, or any other category protected by applicable state or federal law.

The Company's policy against unlawful harassment, discrimination, and retaliation applies to all employees, including supervisors and managers, as well as to all unpaid interns and volunteers. The Company prohibits managers, supervisors, and employees from harassing co-workers as well as the Company's customers, vendors, suppliers, independent contractors, and others doing business with the Company. Any such harassment will subject an employee to disciplinary action, up to and including immediate termination. The Company likewise prohibits its customers, vendors, suppliers, independent contractors, and others doing business with the Company from harassing our employees, unpaid interns and volunteers.

Examples of Prohibited Sexual Harassment: Sexual harassment includes a broad spectrum of conduct including harassment based on sex, gender, gender transition, gender identity or expression, and sexual orientation. By way of illustration only, and not limitation, some examples of unlawful and unacceptable behavior include:

- Unwanted sexual advances;
- Offering an employment benefit (such as a raise, promotion, or career advancement) in exchange for sexual favors, or threatening an employment detriment (such as termination or demotion) for an employee's failure to engage in sexual activity;
- Visual conduct, such as leering, making sexual gestures, and displaying or posting sexually suggestive objects or images, cartoons, or posters;
- Verbal sexual advances, propositions, requests, or comments;
- Sending or posting sexually-related messages, videos or images via text, instant messaging, or social media;
- Verbal abuse of a sexual nature, graphic verbal comments about an individual's appearance, sexually degrading words used to describe an individual, and suggestive or obscene letters, notes, or invitations;
- Physical conduct, such as touching, kissing, groping, assault, or blocking movement;
- Physical or verbal abuse concerning an individual's gender, gender transition, gender identity, or gender expression; and
- Verbal abuse concerning a person's characteristics such as pitch of voice, facial hair or the size or shape of a person's body, including remarks that a male is too feminine or a woman is too masculine.

Other Examples of What Constitutes Prohibited Harassment: In addition to the above listed conduct, the Company strictly prohibits harassment concerning any other protected characteristic. By way of illustration only, and not limitation, such prohibited harassment includes:

- Racial or ethnic slurs, epithets, and any other offensive remarks based on a protected characteristic;
- Jokes, whether written, verbal, or electronic that are based on a protected characteristic;
- Mocking or ridiculing another's religious or cultural beliefs, practices, or manner of dress;
- Threats, intimidation, horseplay, or other menacing behavior that are based on a protected characteristic;
- Inappropriate verbal, graphic, or physical conduct;
- Sending or posting harassing messages, videos or images via text, instant messaging, or social media; and
- Other harassing conduct based on one or more of the protected characteristics identified in this policy.

If you have any questions about what constitutes prohibited harassing behavior, ask your supervisor or another member of management.

Prohibition Against Retaliation: The Company is committed to prohibiting retaliation against those who themselves or whose family members report, oppose, or participate in an investigation of alleged unlawful harassment, discrimination, or other wrongdoing in the workplace. By way of example only, participating in such an investigation includes, but is not limited to:

- Filing a complaint with a federal or state enforcement or administrative agency;
- Participating in or cooperating with a federal or state enforcement agency conducting an investigation of the Company regarding alleged unlawful activity;
- Testifying as a party, witness, or accused regarding alleged unlawful activity;
- Making or filing an internal complaint with the Company regarding alleged unlawful activity;
- Providing notice to the Company regarding alleged unlawful activity;
- Assisting another employee who is engaged in any of these activities.

The Company is further committed to prohibiting retaliation against qualified employees who request a reasonable accommodation for any known physical or mental disability and employees who request a reasonable accommodation of their religious beliefs and practices. In addition, the Company will not penalize or retaliate against an employee who is a victim of domestic violence, sexual assault, or stalking for requesting leave time or changes in the workplace to ensure the employee's safety and well-being.

What You Should Do If You Feel You Are Being or Have Been Harassed, Discriminated Against, or Retaliated Against

If you feel that you are being or have been harassed, discriminated against, or retaliated against in violation of this policy by another employee, supervisor, manager, customer, vendor, independent contractor or third party doing business with the Company, you should immediately report it to your manager or supervisor or to BBSI Onsite Manager or to BBSI Human Resources.

In addition, if you observe harassment by another employee, supervisor, manager, or non-employee, please report the incident immediately as indicated above.

Supervisors who receive any complaint of harassment, discrimination, or retaliation must promptly report such complaint to Human Resources.

Your notification of the problem is essential to us. We cannot help resolve a harassment problem unless we know about it. Therefore, it is your responsibility to bring your concerns and/or problems to our attention so we can take appropriate steps to address the situation. The Company takes all complaints of unlawful harassment seriously and will not penalize you or retaliate against you in any way for reporting a harassment problem in good faith.

All complaints of unlawful harassment which are reported to management will be investigated as promptly as possible by an impartial and qualified person and, upon conclusion of such investigation, appropriate corrective action will be taken where warranted. The Company prohibits employees from refusing to cooperate with internal investigations and the internal complaint procedure. All complaints of unlawful harassment reported to management will be treated as confidentially as possible, consistent with the Company's need to conduct an adequate investigation.

Violation of this policy will subject an employee to disciplinary action, up to and including immediate termination. Moreover, any supervisor or manager who condones or ignores potential violations of this policy will be subject to appropriate disciplinary action, up to and including termination. **Additionally, under California law, employees may be held personally liable for harassing conduct that violates the California Fair Employment and Housing Act.**

Notice to Job Applicants and Employees BBSI FAIR CHANCE POLICY

This policy applies to all persons who have applied for employment with BBSI Staffing Ontario, and describes the collection and consideration of arrest and conviction records in making hiring and other employment decisions.

Limited Inquiries. BBSI will not ask about, require disclosure of, or consider: an arrest not leading to a conviction (other than an unresolved arrest that is still undergoing criminal investigation or trial); participation in a diversion or deferral of judgment program; a conviction that has been expunged or made inoperative; any determination in the juvenile justice system; a conviction more than 7 years old; or a criminal offense other than a felony or misdemeanor. .

BBSI will not ask about an individual's conviction history or unresolved arrests at the start of the hiring process.

BBSI will provide applicants/employees an interactive opportunity to dispute, correct, or explain criminal convictions or unresolved arrests. Every applicant who completes in the Intake Process is hired and considered an employee of BBSI. BBSI will make limited inquiries (as described above) regarding an individual's conviction history after a background check has been completed. BBSI will conduct an individualized assessment of the criminal conviction(s) or unresolved arrest(s), taking into consideration the nature of the position sought, including the potential for safety or security risks, the nature and gravity of the offense, and the time that has passed since the conviction. Only those convictions and unresolved arrests that directly relate to the individual's ability to do the job will be considered in making an employment decision.

Applicants and employees are advised that certain clients, due to the nature of their business and/or the job(s) for which they are seeking staffing, have different requirements from BBSI's, and as a result certain applicants and employees may not be eligible to be placed at such clients' locations.

Before BBSI may take an adverse action such as failing/refusing to hire, discharging, or not promoting an individual based on a conviction history or unresolved arrest, BBSI will give the individual an opportunity to dispute, correct, or explain information regarding a conviction or unresolved arrest, including providing information that confirms that the individual has been rehabilitated, or other mitigating factors. The individual generally has seven (7) calendar days to respond, but BBSI will provide more time, if needed and requested. Once BBSI has received your information, BBSI will delay any adverse action for a reasonable time to consider the information you provided. BBSI will notify, in writing, the individual of any final action.

Evidence of rehabilitation includes satisfying parole/probation; receiving education/training; participating in alcohol/drug treatment programs; letter of recommendation; and age at which the individual was convicted.

Mitigating factors include coercion, physical or emotional abuse, and untreated substance abuse/mental illness that contributed to the conviction.

No Retaliation. BBSI not take adverse action against any applicant or employee for exercising their rights under this policy. If any applicant or employee believes that he or she has been retaliated against, he or she should immediately contact the BBSI Ontario Staffing Human Resources Manager or the BBSI Ontario Staffing Manager.

Aviso a los Solicitantes de Empleo y Empleados BBSI OPORTUNIDAD POLÍTICA

Esta política se aplica a todas las personas que han solicitado empleo con BBSI personal Ontario y describe la recolección y examen de los registros de arresto y condena en decisiones sobre contratación y otro empleo.

Limitadas investigaciones. BBSI no pregunte, requiera divulgación de o considerar: una detención no conduce a una condena (que no sea un paro sin resolver que aún está en fase de investigación penal ni juicio); participación en un desvío o un aplazamiento de juicio programa; una convicción que ha sido suprimida o inoperante; cualquier determinación en el sistema de justicia juvenil; una condena de más de 7 años de edad; o un delito que no sea un delito grave o delito menor..

BBSI no se le preguntará a historia de convicción de un individuo o detenciones sin resolver en el inicio del proceso de contratación.

BBSI proporcionará a los solicitantes y empleados una oportunidad interactiva de diferencias, corregir o explicar condenas penales o detenciones pendientes. Cada solicitante que complete el proceso de admisión es contratado y considerado un empleado de BBSI. BBSI hará investigaciones limitadas (como se describe anteriormente) sobre historia de convicción de un individuo después de una verificación de antecedentes se ha completado. BBSI llevará a cabo una evaluación individualizada de la condena penal o arrest(s) sin resolver, tomando en consideración la naturaleza de la posición del Tratado, incluyendo el potencial para la seguridad o riesgos para la seguridad, la naturaleza y gravedad de la infracción y el tiempo transcurrido desde la convicción. Se considerarán únicamente condenas y detenciones no resueltas que se relacionan directamente con la capacidad del individuo para realizar el trabajo en la toma de una decisión de empleo.

Los solicitantes y empleados aconsejan que ciertos clientes, debido a la naturaleza de sus negocios y los trabajos para los que buscan personal, tienen diferentes requerimientos de BBSI, y como resultado algunos empleados y postulantes no pueden ser elegibles para colocarse en los lugares de dichos clientes.

Antes de BBSI puede tomar una acción adversa como falla/negándose a contratar, descarga, o no promover a un individuo basado en una historia de convicción o detención pendiente, BBSI daremos al individuo la oportunidad de controversia, correcto, o explicar información sobre una condena o arresto sin resolver, incluyendo el suministro de información que confirma el individuo ha sido rehabilitados, u otros factores atenuantes. La persona generalmente tiene siete 7 días calendario para responder, pero BBSI proporcionará más tiempo, si es necesario y solicitado. Una vez BBSI ha recibido su información, BBSI retrasará cualquier acción adversa por un tiempo razonable considerar la información que proporcionó. BBSI notificará, por escrito, la persona de cualquier acción final.

Evidencia de rehabilitación incluye satisfactorio libertad condicional/libertad vigilada recibiendo formación participando en programas de tratamiento de alcohol y las drogas; carta de recomendación; y la edad en la que el individuo fue condenado por.

Factores de mitigación incluyen la coerción, el abuso físico o emocional y la enfermedad mental y abuso de sustancias no tratados que contribuyeron a la convicción de.

Represalias. BBSI no tomar acción adversa contra cualquier solicitante o el empleado para ejercer sus derechos bajo esta política. Si cualquier solicitante o el empleado cree que él o ella ha sido represalias contra él o ella debe inmediatamente en contacto con el Gerente de recursos humanos personal de BBSI Ontario o el Gerente de personal de Ontario BBSI.



Fast Facts About Paid Family Leave

- Provides eligible workers with partial wage replacement when taking time off work to care for a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- Provides coverage to employees who are covered by SDI (or a voluntary plan in lieu of SDI).
- Offers up to six weeks of benefits in a 12-month period.
- Provides benefits of approximately 55 percent of lost wages.
- PFL benefits are considered taxable income.
- Provides benefits but does not provide job protection or return rights.

In California, it's the law. **Paid Family Leave** **Benefits**

To apply online or for more information, visit:

www.edd.ca.gov/disability

Phone number: 1-877-238-4373

- Press 1 for English.
- Press 2 for Spanish.
- Press 3 for Cantonese.
- Press 4 for Vietnamese.
- Press 5 for Armenian.
- Press 6 for Tagalog.
- Press 7 for Punjabi.



State of California

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice) or through the California Relay Service at 711.

This pamphlet is for general information only and does not have the force and effect of law, rule, or regulation.



**The time you need
for times like these.**
Paid Family Leave



Paid Family Leave Benefits for California Workers

There may be times in the life of a working person when they need to care for a loved one. Whether it's a working parent bonding with a newborn or an employee caring for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner. California's Paid Family Leave (PFL) was created for these times.



A Program Benefiting You and Your Family

California leads the nation as the first state to make it easier for employees to balance the demands of the workplace and family care needs at home. PFL benefits are based on the claimant's (care provider's) past quarterly earnings. For more information regarding maximum benefit amounts paid, read the *Disability Insurance (DI) and Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments form*, DE 2589, at www.edd.ca.gov/disability.

Paid Family Leave for California Employees

To qualify for PFL benefits, you must meet the following requirements:

- Be covered by State Disability Insurance (SDI) (or a voluntary plan in lieu of SDI) and have earned at least \$300 in your base period from which deductions were withheld.
- Supply medical information supporting your claim that the care recipient has a serious health condition and requires your care.
- Submit your claim no earlier than nine days, but no later than 49 days, after the first day your family care leave began.
- Provide documentation to support a claim for bonding with a new biological, adopted, or foster child.
- You may need to use up to two weeks of any earned but unused vacation leave or paid time off, if required by your employer, prior to the initial receipt of benefits.
- Serve a seven-day unpaid waiting period before benefits are paid for each different care recipient within the 12-month period.

You may not be eligible for benefits if:

- You are receiving Disability Insurance, Unemployment Insurance, or workers' compensation benefits.
- You are not working or looking for work at the time you begin your family care leave.
- You are not suffering a loss of wages.
- The need for care is not supported by the certificate of a treating physician/practitioner.
- You are in custody due to conviction of a crime.

You are entitled to:

- Know the reason and basis for decisions affecting your benefits.
- Appeal decisions about your eligibility for benefits. Appeals must be sent to PFL in writing.
- A hearing of your appeal before an Administrative Law Judge. Decisions may be further appealed to the California Unemployment Insurance Appeals Board and the courts.
- Privacy-Information about your claim will be kept confidential except for the purposes allowed by law.

PFL benefits do not provide job protection or return rights. Job protection may be provided if your employer is subject to the federal Family Medical Leave Act and the California Family Rights Act. Notify your employer of the reason for taking leave in a manner consistent with your company's leave policy.



Apply for Benefits

Apply for PFL benefits online at www.edd.ca.gov/disability. Employers and physicians/practitioners can submit claim information through SDI Online. You may also file using a paper form. To request a claim form, visit www.edd.ca.gov/disability.

If you are currently receiving DI pregnancy-related benefits, it is not necessary to request a PFL claim form. Claim filing information will be sent through your SDI Online account or a claim form will be sent via mail when your pregnancy-related disability claim ends.

If you are covered by a Voluntary Plan, contact your employer to obtain information about your coverage and instructions on how to apply for benefits

Contact Paid Family Leave

For questions about PFL benefits, please visit www.edd.ca.gov/disability.

The phone number is located on the back panel.

Claim forms should be mailed to PFL at:
P.O. Box 989315,
West Sacramento, CA 95798-9315

DI Office Locations & Mailing Addresses

- Chico 645 Salem Street
(PO Box 8190, Chico, CA 95927-8190)
- Chino Hills ... 15315 Fairfield Ranch Road, Ste. 100
(PO Box 60006, City of Industry, CA 91716-0006)
- Fresno 2550 Mariposa Mall, Rm. 1080A
(PO Box 32, Fresno, CA 93707-0032)
- Long Beach ... 4300 Long Beach Blvd., Ste. 600
(PO Box 469, Long Beach, CA 90801-0469)
- Los Angeles 888 S. Figueroa Street, Ste. 200
(PO Box 513096, Los Angeles, CA 90051-1096)
- Oakland 7677 Oakport Street, Ste. 325
(PO Box 1857, Oakland, CA 94606-1857)
- Riverside 1190 Palmyrita Avenue, Ste. 100
(PO Box 59903, Riverside, CA 92517-9903)
- Sacramento 5009 Broadway
(PO Box 13140, Sacramento, CA 95813-3140)
- San Bernardino 371 West 3rd Street
(PO Box 781, San Bernardino, CA 92402-0781)
- San Diego ... 9246 Lightwave Avenue, Bldg. A, Ste. 300
(PO Box 120831, San Diego, CA 92112-0831)
- San Francisco 745 Franklin Street, Rm. 300
(PO Box 193534, San Francisco, CA 94119-3534)
- San Jose..... 297 West Hedding Street
(PO Box 637, San Jose, CA 95106-0637)
- Santa Ana ... 605 West Santa Ana Blvd., Bldg. 28, Rm. 735
(PO Box 1466, Santa Ana, CA 92702-1466)
- Santa Barbara 128 East Ortega Street
(PO Box 1529, Santa Barbara, CA 93102-1529)
- Santa Rosa 606 Healdsburg Avenue
(PO Box 700, Santa Rosa, CA 95402-0700)
- Stockton 3127 Transworld Dr., Ste. 150
(PO Box 201006, Stockton, CA 95201-9006)
- California State Government Employees
(PO Box 2168, Stockton, CA 95201-2168)
- Van Nuys 15400 Sherman Way, Rm. 500
(PO Box 10402, Van Nuys, CA 91410-0402)



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

*This pamphlet is for general information only,
and does not have the force and effect of the law,
rule or regulation.*

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling DI at 1-866-490-8879 (voice), or through the California Relay Services at 711.



DISABILITY
INSURANCE
PROVISIONS



Disability is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see “Other Programs,” for job-related disabilities).

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year. For current rates, visit the DI website at www.edd.ca.gov/disability, or contact the Employment Development Department (EDD) Disability Insurance customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3886.

DI Plans

- State Plan. The DI state plan is covered in this brochure.
- Voluntary Plan (VP). A private plan, approved by the Director of the EDD, which may be substituted for the State Plan. Voluntary Plans may be established if the employer and majority of employees agree to do so. VP information and filing a claim may be done through your employer. If you are covered by a VP, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.
- Elective Coverage (EC). Employers and self-employed persons, including general partners, may elect coverage. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office.

EC claims are filed in the same manner as State Plan claims; however, there are some differences in eligibility requirements from those listed in this pamphlet.

- For additional information or to apply for coverage, contact EDD DI customer service at 1-800-480-3287, EDD employment tax customer service at 1-888-745-3886, or visit our website at www.edd.ca.gov/disability.

How to Claim State Plan Benefits

1. Use **SDI Online** to securely file for benefits or request a paper claim form.
 - By Internet: www.edd.ca.gov/disability.
 - By phone: **1-800-480-3287**.
 - By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95798-9777.
 - In person by visiting any of the DI offices listed under “DI Office Locations.”
 - California state government employees covered by SDI should call **1-866-352-7675**.
2. When filing SDI Online, complete all required fields. A receipt number will be generated when your claim is submitted.

If using a paper claim form, complete and sign the “Claim Statement of Employee.” Print clearly, and verify your answers are complete and correct as errors delay payments.
3. Have your physician/practitioner complete the “Physician/Practitioner Certification” online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the “Physician/Practitioner Certification.”

Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a licensed medical or osteopathic physician and surgeon, nurse practitioner, chiropractor, dentist, podiatrist, optometrist, designated psychologist, or an authorized medical officer of a United States government facility. Certification may also be made by a licensed nurse-midwife or licensed midwife for disabilities related to normal pregnancy or childbirth.
4. File online or submit your paper claim form within 49 days from the first day you were disabled. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

How Benefits Are Paid

- The SDI benefits are paid electronically or by mail. You do not need to appear in person to apply or receive benefits.
- Benefits are paid via the EDD Debit CardSM. The EDD Debit CardSM works like other debit cards, giving you access to funds 24 hours a day, 7 days a week, and can be used everywhere Visa® debit cards are accepted. When your claim is received, you may be contacted through SDI Online, by phone, or by mail for additional information. Most properly completed claims are processed within 14 days.
- The first seven days of your DI claim are a non-payable waiting period.

Benefits are paid as quickly as possible after all information to determine eligibility is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be authorized additional benefits electronically or sent a “continued claim” certification form for you to complete for the next benefit period. Usually these benefit periods are for two-week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail or electronically submit a certification for receipt of payment.

How Your Benefit Rate is Determined

Benefit amounts are based on wages paid during a specific 12-month **base period**, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility. Only **base period** wages subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.

If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.** (Example: A claim beginning February 14, 2015,

uses a base period of October 1, 2013, through September 30, 2014.)

- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2015, uses a base period of January 1, 2014, through December 31, 2014.)
- **July, August, or September, your base period is the 12 months ending last March 31.** (Example: A claim beginning September 27, 2015, uses a base period of April 1, 2014, through March 31, 2015.)
- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2015, uses a base period of July 1, 2014, through June 30, 2015.)

Exceptions: If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.

You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:

- were in the military service.
- received workers’ compensation benefits.
- did not work because of a labor dispute.

If your situation fits any of the above, include a letter and supporting documentation with your claim form.

Wage Continuation. If your employer continues to pay you wages while you are disabled, your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. DI benefits are not affected by vacation pay you may receive.

Maximum Benefits. The maximum benefit amount is 52 times the weekly rate, but not more than your total base period wages. Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Additionally, benefits are payable only for a limited period to a resident in an alcoholic

recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

Pregnancy. As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are disabled.

NOTE: For information on Paid Family Leave (PFL) bonding benefits, see the “Other Programs” section of this brochure.

You May Not be Eligible for Benefits

- If you are receiving Unemployment Insurance or PFL benefits.
- If you are not working or looking for work at the time you become disabled.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving workers’ compensation at a weekly rate equal to or greater than the DI rate. If workers’ compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by the EDD.)

The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the SDI program.

Your Rights. You are entitled to:

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. (Appeals must be sent to the DI office in writing.)
- Request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ’s decision to the California Unemployment Insurance Appeals Board and the courts.
- Privacy – all claim information will be kept confidential except for the purposes allowed by law.

Your Obligations. Your responsibilities:

- Complete your claim and other forms correctly, completely, and truthfully.
- Submit your claim and other forms according to time limits on forms. If your claim is submitted late and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form.
- Contact DI if you do not understand a question or how to answer it.
- Include your name and Social Security number on letters to DI.

Contact DI

- By **e-mail** at **<https://askedd.edd.ca.gov>**
- By phone at:
 - English 1-800-480-3287
 - Spanish 1-866-658-8846
- By **U.S. mail** addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. Note: Do not mail claim forms to this PO Box.
- By **TTY** (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at 1-800-563-2441.
- **In person** by visiting any of the DI offices listed under “DI Office Locations.”

Other Programs

If you are injured on the job or become ill as a result of your occupation, notify your employer.

If you are able and available to work but unemployed, contact the Unemployment Insurance program of the EDD through the website at **www.edd.ca.gov/unemployment**, or by phone at 1-800-300-5616 (TTY 1-800-815-9387).

If you need help in finding work, job training, retraining, or other services in order to return to work, visit your local America’s Job Center of CaliforniaSM formerly known as One-Stop Career Centers listed at **www.servicelocator.org**, or in the white pages of your phone directory.

If your disability is permanent or is expected to continue for a year or more, contact the U.S. Social Security Administration at **www.ssa.gov**, or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

If you take time off work to care for a family member or if you take time off from work to bond with a new child, including newly adopted, newly placed foster children, or those of your registered domestic partner, contact the EDD PFL program at **www.edd.ca.gov/disability**, or by phone at 1-877-238-4373, or through the California Relay Service at 711.

Note: A PFL bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.

If you are a victim of a crime, contact the California Victim Compensation program at 1-800-777-9229 (TTY 1-800-735-2929). You may also contact your county Victim/Witness Assistance Center.

Questions about spousal or parental support obligations should be directed to the district attorney’s office for the county that issued the court order.

Questions about child support obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-4096).

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT

Barrett Business Services, Inc. (the "Company") discloses to you that a Consumer Report and/or an Investigative Consumer Report may be obtained about you for employment purposes as part of the Company's pre-employment background investigation and/or at any time during your potential employment with the Company. Under the federal Fair Credit Reporting Act ("FCRA"), you also have a right to request a detailed disclosure of the nature and scope of any investigation requested for an Investigative Consumer Report. However, since California's Investigative Consumer Reporting Act ("ICRAA") requires a similar disclosure without a request, please be advised that the nature and scope of any investigation requested for an Investigative Consumer Report will be information gathered through any means, including, but not limited to, personal interviews with neighbors, friends, associates, acquaintances, or others, relating to your character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment, or criminal/civil/driving record history. When a Consumer Report or an Investigative Consumer Report is obtained, it will be obtained from Candid Research, 1938 N. Batavia St., Unit A, Orange, CA 92865, 714.974.5430, candidresearch.com ("Agency").

The Agency named above will supply files and information to the Company that you have a right to inspect during normal business hours and on reasonable notice. All files the Agency maintains on you will be made available for your visual inspection, as follows:

- (1) In person, if you appear in person and furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual costs of copying;
- (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified address; or
- (3) A summary of all information contained in your file and required to be provided to you by telephone, if you have made a written request, with proper identification for telephone disclosure.

"Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. The Agency will provide trained personnel to explain any information furnished to you pursuant to California Civil Code §1786.10. The Agency will provide a written explanation of any coded information contained in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choice when you come to inspect your file. This person must furnish reasonable identification.

REVELACIÓN DE INTENTO DE OBTENER INFORME DE LOS CONSUMIDORES Y/O DE INVESTIGACIÓN INFORME DE CONSUMIDOR

Barrett Business Services, Inc. (la "compañía") se revela a usted que un informe de consumidor o un informe investigativo del consumidor puede obtenerse acerca de usted para fines de empleo como parte de la investigación de antecedentes previa a la contratación de la empresa o en cualquier momento durante su empleo potencial con la empresa. Bajo la federal Fair Credit Reporting Act ("FCRA del"), usted también tiene derecho a solicitar una información detallada de la naturaleza y el alcance de cualquier investigación solicitada para un informe investigativo del consumidor. Sin embargo, puesto que investigación Consumer Reporting Act de California ("ICRAA") requiere una revelación similar sin una solicitud, tenga en cuenta que la naturaleza y alcance de cualquier investigación solicitada para un informe investigativo del consumidor la información recopilada a través de cualquier medio, incluyendo, pero no limitado a, personal entrevistas con vecinos, amigos, socios, conocidos u otros, relacionados con su carácter, reputación general, características personales, modo de vida, hábitos de trabajo, rendimiento y experiencia, junto con razones para la terminación de trabajo pasado, historia de registro penal/civil/conducción. Cuando se obtiene un informe de consumidor o de un informe investigativo del consumidor, se obtendrá de investigación franca 1938 N. Batavia St., unidad A, naranja, CA 92865, 714. 974. 5430, de la candidresearch.com ("Agencia").

La agencia nombrada arriba suministra archivos e información a la empresa que usted tiene el derecho para inspeccionar durante el horario normal y razonable. La agencia mantiene todos los archivos estarán disponibles para su inspección visual, como lo siguiente:

- (1) En persona, si usted aparece en persona y presentar identificación apropiada. Una copia del archivo también está disponible por una tarifa no superior a los costes reales de las copias;
- (2) Por correo certificado, si usted hace una solicitud por escrito, con la debida identificación de las copias que se enviarán a una dirección especificada; o
- (3) Un resumen de toda la información contenida en su expediente y que debe proporcionarse a usted por teléfono, si se ha realizado una solicitud por escrito, con la debida identificación de teléfono información.

"Identificación adecuada" incluye documentos tales como licencia de conducción vigente, número de cuenta de seguridad social, tarjeta de identificación militar y tarjetas de crédito. La Agencia proporcionará personal capacitado para explicar cualquier información proporcionada a usted en virtud del Código Civil de California §1786.10. La agencia le proporcionará una explicación por escrito de la información codificada contenida en el archivo. Esta explicación escrita será distribuida cuando se proporciona un archivo para inspección visual. Pueden acompañados por una persona de su elección cuando usted viene a inspeccionar su archivo. Esta persona deberá presentar identificación razonable.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most

cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, NW Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Ave, S.E. Washington, DC 20590</p>
4. Creditors Subject to Surface Transportation Board	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, SW Washington, DC 20423</p>
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, Suite 8200 Washington, DC 20416</p>
7. Brokers and Dealers	<p>Securities and Exchange Commission 100 F Street, NE Washington, DC 20549</p>
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, NW Washington, DC 20580 (877) 382-4357</p>

Notice to Employees – Injuries Caused By Work

STATE OF CALIFORNIA – DEPARTMENT OF INDUSTRIAL RELATIONS – Division of Workers' Compensation



You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group before you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
 - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
 - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
 - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN website: www.barrettbusiness.com

MPN Effective Date: 2/27/15 MPN Identification number: 2364

If you need help locating an MPN physician, call your MPN access assistant at: (855) 857-7556

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: (855) 332-8012

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator CorVel Phone (800) 966-5307

Workers' compensation insurer Ace American Insurance Co. (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: or by calling toll-free (800) 736-7401. Learn more information about workers' compensation online: www.dwc.ca.gov and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social, or athletic activity that is not part of your work-related duties.

Important Information about Medical Care if You Have a Work-Related Injury or Illness

Complete Written Employee Notification Re: Medical Provider Network

(Title 8, California Code of Regulations, section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This network is ACE American/BBSI MPN and is administered by CorVel.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the ACE American/BBSI MPN with the identification number 2364. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

- **The contact information for the Medical Access Assistant is:**

Toll Free Telephone Number:	855.857.7556
Fax Number:	866.708.4331
Email Address:	MPNAccess_Hotline@CorVel.com

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name:	CorVel
Address:	1851 E First St., Suite 300
Telephone Number:	(855) 857-7556
Email Address:	CA-MPN_Verification@CorVel.com

General information regarding the MPN can also be found at the following website: www.barrettbusiness.com.

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.barrettbusiness.com. Select MPN Provider Look-up, Login: BBSI, Select Network "ACE American/BBSI MPN". At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right

Información importante sobre cuidado médico si usted tiene un Accidente de trabajo o enfermedad

Notificación completa empleado escrito Re: Medical Provider Network

(Título 8, código de regulaciones de California, sección 9767.12)

La ley de California requiere que su empleador a proporcionar y pagar por el tratamiento médico si usted se lesiona en el trabajo. Su empleador ha elegido para proporcionar esta atención médica mediante el uso de la red de compensación a los trabajadores médicos llamada una red de proveedores médicos (MPN). Este proveedores médicos es de ACE American/BBSI MPN y es administrado por CorVel Corporación.

Esta notificación le dice lo que necesita saber sobre el programa MPN y describe sus derechos en la elección de atención médica para enfermedades y lesiones relacionadas con el trabajo.

- **¿Qué sucede si me lastimo en el trabajo?**

En caso de emergencia, debe llamar al 911 o vaya a la sala de urgencias más cercana.

Si usted se lesiona en el trabajo, notifique a su empleador tan pronto como sea posible.

Su empleador le proporcionará un formulario de reclamación. Cuando usted notifique a su empleador que ha tenido una lesión relacionada con el trabajo, su empleador o asegurador hará una cita inicial con un doctor en el MPN.

- **¿Qué es una MPN?**

Una red de proveedores médicos (MPN) es un grupo de prestadores de salud (médicos y otros proveedores de servicios médicos) utilizado por su empleador para tratar a trabajadores lastimados en el trabajo. MPN deben permitir que los empleados tienen la opción de proveedor (es). Cada MPN debe incluir una mezcla de doctores especializados en accidentes de trabajo y médicos con experiencia en general las áreas de la medicina.

- **¿Qué MPN es utilizado por mi empleador?**

Su empleador está utilizando la MPN americano/BBSI ACE con el número de identificación 2364. Que debe referirse al MPN nombre y el número de identificación del MPN cuando usted tiene preguntas o solicitudes sobre el MPN.

- **¿Qué pasa si necesito ayuda a encontrar y hacer una cita con un médico?**

Asistente de acceso médico de la MPN le ayudará encontrar médicos disponibles de la MPN de su elección y puede ayudarán con programación y confirmando las citas del médico. El médico asistente de acceso está disponible para ayudarle del lunes al sábado de 7:00-20:00 (Pacífico) y programar citas médicas durante horas normales de trabajo de los médicos. La asistencia está disponible en inglés y en español.

La información de contacto para el médico asistente de acceso es:

Número de teléfono gratis: 855-857-7556

Número de fax: 866-708-4331

Dirección de correo electrónico: MPNAccess_Hotline@CorVel.com

- **¿A quién puedo contactar si tengo preguntas sobre mi MPN?**

El contacto del MPN enumerados en esta notificación será capaz de responder a sus preguntas sobre el uso de la MPN y abordará alguna queja con respecto a la MPN.

El contacto de la MPN es:

Nombre: CorVel

Dirección: 1851 E First St., Suite 300, Santa Ana, CA 95670

Teléfono: (855) 857-7556

Dirección de correo electrónico: CA-MPN_Verification@CorVel.com

Información general acerca de la MPN también puede encontrarse en la siguiente página web: www.barrettbusiness.com

- **¿Cómo puedo saber que los médicos están en mi MPN?**

Puede obtener una lista regional de todos los proveedores de la MPN en su área llamando el contacto del MPN o accediendo a nuestro sitio web en: www.barrettbusiness.com. Seleccione búsqueda de PPO, Inicio de sesión: BBSI, Seleccione red "ACE American/BBSI MPN". Como mínimo, la lista regional debe incluir una lista de todos los proveedores de la MPN dentro de 15

to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians in the MPN by going to the website at: www.barrettbusiness.com , Select MPN Provider Look-up, Login: BBSI, Select Network "ACE American/BBSI MPN".

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with a MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers across the entire state of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second-opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office

millas de su lugar de trabajo o residencia o una lista de todos los proveedores de la MPN dentro del condado donde usted vive o trabaja. Usted puede elegir qué lista desea recibir. Usted también tiene derecho a obtener una lista de todos los proveedores de la MPN bajo petición.

Puede acceder a la lista de todos los médicos tratante de la MPN por ir a la página web en: www.barrettbusiness.com, seleccione búsqueda de PPO, Inicio de sesión: BBSI, seleccione Red "ACE American/BBSI MPN".

- **¿Cómo elijo un proveedor?**

Su empleador o asegurador para su empleador organizará la evaluación médica inicial con un médico de la MPN. Después de la primera visita médica, puede continuar a ser tratada por el médico, o usted puede elegir a otro médico de la MPN. Puede continuar a elegir a médicos dentro de la MPN para todos de su cuidado médico para esta lesión.

Si procede, puede elegir a un especialista o Pregúntele a su médico tratante para una remisión a un especialista. Algunos especialistas sólo aceptará citas con una derivación del médico tratante. Tal especialista puede aparecer como "por referencia sólo" en el directorio de la MPN.

Si necesita ayuda para encontrar a un médico o concertar una cita médica, puede llamar el acceso médico asistente.

- **¿Puedo cambiar los proveedores?**

Sí. Usted puede cambiar los proveedores de la MPN sin motivo alguno, pero los proveedores que elige deben ser apropiados tratar su lesión. Comuníquese con el contacto del MPN o su ajustador de reclamos si desea cambiar a su médico tratante.

- **¿Qué normas tiene que cumplir con el MPN?**

El MPN tiene proveedores en todo el estado de California.

La MPN debe darle acceso a una lista regional de proveedores que incluya a por lo menos tres médicos en cada especialidad usualmente utilizada para tratar lesiones/enfermedades en su industria. La MPN debe proporcionar acceso a médicos primarios que tratan dentro de 30 minutos o 15 millas y especialistas dentro de 60 minutos o 30 millas de donde usted trabaja o vive.

Si usted vive en una zona rural o en un área donde hay una escasez de atención médica, puede haber un estándar diferente.

Después de que usted haya notificado su empleador de su lesión, el MPN debe proporcionar tratamiento inicial dentro de 3 días hábiles. Si el tratamiento con un especialista ha sido autorizado, debe proporcionarse la cita con el especialista que dentro de 20 días hábiles de su solicitud.

Si tienes problemas para conseguir una cita con un proveedor de la MPN, comuníquese con el médico asistente de acceso.

Si no hay proveedores de la MPN en la especialidad apropiada para tratar su lesión dentro de los requisitos de distancia y tiempo disponible, entonces se podrán buscar el tratamiento necesario fuera de la MPN.

- **¿Qué pasa si no hay MPN proveedores donde estoy localizado?**

Si usted es un empleado actual vive en una zona rural o trabajando temporalmente o viven fuera del área de servicio de la MPN, o eres un ex empleado que viven permanentemente fuera del área de servicio MPN, el MPN o su médico tratante le darán una lista de por lo menos tres médicos que pueden tratarle. El MPN le permite elegir su propio médico fuera de la red MPN. Para asistencia en la búsqueda de un médico o para información adicional, póngase en contacto con su contacto de MPN.

- **¿Qué pasa si necesito a un especialista que no está disponible en la MPN?**

Si necesita ver a un tipo de especialista que no está disponible en la MPN, usted tiene el derecho a ver a un especialista fuera de la MPN.

- **¿Qué pasa si no estoy de acuerdo con mi médico acerca del tratamiento médico?**

Si usted no está de acuerdo con su médico o desea cambiar a su médico por cualquier razón, usted puede elegir a otro doctor dentro del MPN.

Si no está de acuerdo con el diagnóstico o el tratamiento prescrito por su doctor, usted puede pedir una segunda opinión de otro doctor dentro del MPN. Si desea una segunda opinión, debe comunicarse con el contacto del MPN o su ajustador de reclamos y díles que quieres una segunda opinión. La MPN debe darle al menos una MPN proveedor lista regional o completa desde el que usted puede elegir a un segundo médico de opinión. Para obtener una segunda opinión, debe elegir a un médico de la MPN lista y hacer una cita dentro de 60 días. Usted debe decirle al contacto de la MPN de su cita, y el MPN enviará al médico una copia de sus registros médicos. Puede solicitar una copia de sus registros médicos que será enviada al médico.

Si usted no hace una cita dentro de 60 días de recibir la lista regional de proveedores, no será permitido tener una segunda o

will notify your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

• What if I am already being treated for a work-related injury before the MPN begins?

Your employer or insurer has a "Transfer of Care" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the box below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- (Acute) The treatment for your injury or illness will be completed in less than 90 days;
- (Serious or Chronic) Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- (Terminal) You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- (Pending Surgery) You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your MPN Contact.

tercera opinión sobre el disputado diagnóstico o tratamiento recomendado por el médico.

Si el doctor de segunda opinión se siente que su lesión está fuera el tipo de lesión o normalmente trata, la oficina del doctor le notificará su empleador o asegurador y usted. Usted puede hacer otra selección pueda recibir otra lista de MPN doctores o especialistas.

Si no está de acuerdo con la segunda opinión, puede solicitar una tercera opinión. Si usted solicita una tercera opinión, usted pasará por el mismo proceso que pasaste por la segunda opinión.

Recuerde que si usted no hace una cita dentro de 60 días de la obtención de otra lista de proveedores de la MPN, entonces no le será permitido tener una tercera opinión con respecto a esto disputado diagnóstico o tratamiento recomendado por el médico.

Si no está de acuerdo con el doctor de tercera opinión, usted puede pedir una revisión médica independiente (IMR) MPN. Su empleador o contacto de la MPN le dará información al solicitar una revisión médica independiente y forma al tiempo seleccionar un médico de tercera opinión.

Si el médico de segunda o tercera opinión o evaluador médico independiente está de acuerdo con su necesidad de una prueba o tratamiento, le puede permitir recibir ese servicio médico de un proveedor dentro de la MPN, o si la MPN no contiene a un médico que puede brindar el tratamiento recomendado, usted puede elegir a un médico fuera de la MPN dentro de un área geográfica razonable.

- **¿Qué pasa si ya estoy recibiendo tratamiento para una lesión relacionada con el trabajo antes de la MPN comienza?**

Su empleador o asegurador tiene un “*transferencia del cuidado*” política que va a determinar si puede continuar temporalmente recibiendo tratamiento para una lesión existente relacionada con el trabajo por un médico fuera de la MPN antes de transferir su cuidado a la MPN.

Si su médico actual no es o no convertirse en un miembro de la MPN, entonces bien podría solicitársele a ver a un médico de la MPN. Sin embargo, si usted haya designado con anticipación correctamente un médico tratante primario, no puede ser transferido a la MPN. (Si usted tiene preguntas sobre la designación previa, pregúntele a su supervisor).

Si su empleador decide transferirlo a la MPN, usted y su médico tratante primario deben recibir una carta notificándole de la transferencia.

Si usted reúne ciertas condiciones, usted puede calificar para continuar el tratamiento con un médico de la MPN no por hasta un año antes de que sea transferido a la MPN. Las condiciones exigidas para aplazar a la transferencia de su cuidado a la MPN se establecen en el cuadro siguiente.

- **¿Puedo seguir siendo tratados por mi médico?**

Usted podría calificar para continuar tratamiento con su proveedor no pertenece a la red a través de (transferencia de cuidado) o continuidad de la atención por hasta un año si su lesión o enfermedad cumple con cualquier de las siguientes condiciones:

- **(Aguda)** El tratamiento para su lesión o enfermedad se completará en menos de 90 días;
- **(Grave o crónica)** Su lesión o enfermedad es uno que es grave y se prolonga durante al menos 90 días sin curación completa o empeora y requiere tratamiento continuo. Usted puede permitirse ser tratado por su médico tratante actual hasta por un año, hasta que puede realizarse una transferencia segura de la atención.
- **(Terminal)** Usted tiene una enfermedad incurable o condición irreversible que es capaz de causar la muerte dentro de un año o menos.
- **(Cirugía pendiente)** Ya tiene una cirugía u otro procedimiento que haya sido autorizado por su empleador o asegurador que ocurrirá dentro de los 180 días de la fecha efectiva de la MPN o la terminación de la fecha del contrato entre el MPN y su médico.

Usted puede estar en desacuerdo con la decisión de su empleador para transferir su cuidado a la MPN. Si no quieres ser transferido a la MPN, pregunte a su médico tratante primario por un informe médico sobre si usted tiene una de las cuatro condiciones indicadas arriba para calificar para un aplazamiento de su transferencia a la MPN.

Su médico tratante primario tiene 20 días a partir de la fecha de su solicitud para darle una copia de su informe sobre su condición. Si su médico tratante primario no te da el informe dentro de 20 días de su petición, el empleador puede transferir su cuidado a la MPN y deberá recurrir a un médico de la MPN.

- **What if I am being treated by a MPN doctor who decides to leave the MPN?**

Your employer or insurer has a written “Continuity of Care” policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician. These conditions are set forth in the “Can I Continue Being Treated By My Doctor?” box above.

You can disagree with your employer’s decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer’s decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of a MPN doctor treatment. If you or your employer disagrees with your doctor’s report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **Division of Workers’ Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC’s Information and Assistance office at 1-800-736-7401. You can also go to the DWC’s website at www.dir.ca.gov/dwc and click on “medical provider networks” for more information about MPNs.
- **Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers’ Compensation’s Medical Unit at:

DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Keep this information in case you have a work-related injury or illness.

Usted necesitará dar una copia del informe a su empleador si desea posponer a la transferencia de su cuidado. Si usted o su empleador no está de acuerdo con el informe de su médico sobre su condición, usted o su empleador puede disputarlo. Vea la política de transferencia de cuidado completa para más detalles sobre el proceso de resolución de disputas.

Para obtener una copia de la política de transferencia de la atención, en inglés o español, preguntele a su contacto de MPN.

¿Qué pasa si estoy recibiendo tratamiento por un médico de la MPN que decide dejar la MPN?

Su empleador o asegurador ha escrito “*continuidad de la atención*” política que determinará si temporalmente puede continuar tratamiento para una lesión de trabajo existente con su doctor si su doctor ya no está participando en el MPN.

Si su empleador decide que usted no califica para continuar su tratamiento con el proveedor no-MPN, usted y su médico tratante primario deben recibir una carta notificándole de la presente decisión.

Si usted reúne ciertas condiciones, usted puede calificar para continuar el tratamiento con este doctor por hasta un año antes de que usted debe elegir a un médico de la MPN. Estas condiciones se establecen en el recuadro “*Puedo seguir siendo tratados por mi médico?*”.

Usted puede estar en desacuerdo con la decisión de negar la continuidad de cuidado con el prestador de la MPN de su empleador. Si desea continuar su tratamiento con el doctor terminado, pida a su médico tratante primario un informe médico sobre si usted tiene una de las cuatro condiciones estipuladas en el cuadro de arriba para ver si califica para continuar su tratamiento con su médico actual temporalmente.

Su médico tratante primario tiene 20 días a partir de la fecha de su solicitud para darle una copia de su informe médico sobre su condición. Si su médico tratante primario no te da el informe dentro de 20 días de su solicitud, se aplicará la decisión de negar la continuidad de la atención con su médico quien ya no está participando en la MPN de su empleador, y se le pedirá que elija a un médico de la MPN.

Usted necesitará dar una copia del informe a su empleador si desea posponer la elección de un tratamiento médico MPN. Si usted o su empleador no está de acuerdo con el informe de su médico sobre su condición, usted o su empleador puede disputarlo. Vea la política de continuidad de cuidado completa para más detalles sobre el proceso de resolución de disputas. Para obtener una copia de la política de continuidad de cuidado, en inglés o español, preguntele a su contacto de MPN.

¿Qué pasa si tengo preguntas o necesito ayuda?

Contacto de la MPN: Siempre puede comunicarse con el contacto de MPN si usted tiene preguntas sobre el uso de la MPN y atender cualquier queja con respecto a la MPN.

Acceso médicos asistentes: Puede comunicarse con el médico asistente de acceso si necesitas ayuda encontrar médicos MPN y programación y confirmar citas.

División de compensación para trabajadores (DWC): Oficina de información y asistencia de si usted tiene preocupaciones, quejas o preguntas con respecto a la MPN, el proceso de notificación, o su tratamiento médico después de una enfermedad o lesión relacionada con el trabajo, puede llamar a la DWC al 1-800-736-7401. También puede ir al sitio web de la DWC en www.dir.ca.gov/dwc y haga clic en “redes de proveedores médicos” para obtener más información acerca de las MPNs.

Revisión médica independiente: Si tienes preguntas sobre el proceso de revisión médica independiente MPN póngase en contacto con la división de la unidad de compensación médica en:

DWC unidad médica
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 o al (800) 794-6900

Guarde esta información en caso de que usted tiene una enfermedad o lesión relacionada con el trabajo.

Información importante sobre cuidado médico si usted tiene un Accidente de trabajo o enfermedad

Notificación completa empleado escrito Re: Medical Provider Network

(Título 8, código de regulaciones de California, sección 9767.12)

La ley de California requiere que su empleador a proporcionar y pagar por el tratamiento médico si usted se lesiona en el trabajo. Su empleador ha elegido para proporcionar esta atención médica mediante el uso de la red de compensación a los trabajadores médicos llamada una red de proveedores médicos (MPN). Este proveedores médicos es de ACE American/BBSI MPN y es administrado por CorVel Corporación.

Esta notificación le dice lo que necesita saber sobre el programa MPN y describe sus derechos en la elección de atención médica para enfermedades y lesiones relacionadas con el trabajo.

- **¿Qué sucede si me lastimo en el trabajo?**

En caso de emergencia, debe llamar al 911 o vaya a la sala de urgencias más cercana.

Si usted se lesiona en el trabajo, notifique a su empleador tan pronto como sea posible.

Su empleador le proporcionará un formulario de reclamación. Cuando usted notifique a su empleador que ha tenido una lesión relacionada con el trabajo, su empleador o asegurador hará una cita inicial con un doctor en el MPN.

- **¿Qué es una MPN?**

Una red de proveedores médicos (MPN) es un grupo de prestadores de salud (médicos y otros proveedores de servicios médicos) utilizado por su empleador para tratar a trabajadores lastimados en el trabajo. MPN deben permitir que los empleados tienen la opción de proveedor (es). Cada MPN debe incluir una mezcla de doctores especializados en accidentes de trabajo y médicos con experiencia en general las áreas de la medicina.

- **¿Qué MPN es utilizado por mi empleador?**

Su empleador está utilizando la MPN americano/BBSI ACE con el número de identificación 2364. Que debe referirse al MPN nombre y el número de identificación del MPN cuando usted tiene preguntas o solicitudes sobre el MPN.

- **¿Qué pasa si necesito ayuda a encontrar y hacer una cita con un médico?**

Asistente de acceso médico de la MPN le ayudará encontrar médicos disponibles de la MPN de su elección y puede ayudarán con programación y confirmando las citas del médico. El médico asistente de acceso está disponible para ayudarlo del lunes al sábado de 7:00-20:00 (Pacífico) y programar citas médicas durante horas normales de trabajo de los médicos. La asistencia está disponible en inglés y en español.

La información de contacto para el médico asistente de acceso es:

Número de teléfono gratis: 855-857-7556

Número de fax: 866-708-4331

Dirección de correo electrónico: MPNAccess_Hotline@CorVel.com

- **¿A quién puedo contactar si tengo preguntas sobre mi MPN?**

El contacto del MPN enumerados en esta notificación será capaz de responder a sus preguntas sobre el uso de la MPN y abordará alguna queja con respecto a la MPN.

El contacto de la MPN es:

Nombre: CorVel

Dirección: 1851 E. First St., Suite 300, Santa Ana, CA 95670

Teléfono: (855) 857-7556

Dirección de correo electrónico: CA-MPN_Verification@CorVel.com

Información general acerca de la MPN también puede encontrarse en la siguiente página web: www.barrettbusiness.com

- **¿Cómo puedo saber que los médicos están en mi MPN?**

Puede obtener una lista regional de todos los proveedores de la MPN en su área llamando el contacto del MPN o accediendo a nuestro sitio web en: www.barrettbusiness.com, Seleccione búsqueda de PPO, Inicio de sesión: BBSI, Seleccione red "ACE American/BBSI MPN". Como mínimo, la lista regional debe incluir una lista de todos los proveedores de la MPN dentro de 15

Important Information about Medical Care if You Have a Work-Related Injury or Illness

Complete Written Employee Notification Re: Medical Provider Network

(Title 8, California Code of Regulations, section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This network is ACE American/BBSI MPN and is administered by CorVel.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the ACE American/BBSI MPN with the identification number 2364. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

- **The contact information for the Medical Access Assistant is:**

Toll Free Telephone Number:	855.857.7556
Fax Number:	866.708.4331
Email Address:	MPNAccess_Hotline@CorVel.com

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name:	CorVel
Address:	1851 E. First St., Suite 300, Santa Ana, CA 95670
Telephone Number:	(855) 857-7556
Email address:	CA-MPN_Verification@corVel.com

General information regarding the MPN can also be found at the following website: www.barrettbusiness.com.

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.barrettbusiness.com. Select MPN Provider Look-up, Login: BBSI, Select Network "ACE American/BBSI MPN". At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right

millas de su lugar de trabajo o residencia o una lista de todos los proveedores de la MPN dentro del condado donde usted vive o trabaja. Usted puede elegir qué lista desea recibir. Usted también tiene derecho a obtener una lista de todos los proveedores de la MPN bajo petición.

Puede acceder a la lista de todos los médicos tratante de la MPN por ir a la página web en: www.barrettbusiness.com, seleccione búsqueda de PPO, Inicio de sesión: BBSI, seleccione Red "ACE American/BBSI MPN".

- **¿Cómo elijo un proveedor?**

Su empleador o asegurador para su empleador organizará la evaluación médica inicial con un médico de la MPN. Después de la primera visita médica, puede continuar a ser tratada por el médico, o usted puede elegir a otro médico de la MPN. Puede continuar a elegir a médicos dentro de la MPN para todos de su cuidado médico para esta lesión.

Si procede, puede elegir a un especialista o Pregúntele a su médico tratante para una remisión a un especialista. Algunos especialistas sólo aceptará citas con una derivación del médico tratante. Tal especialista puede aparecer como "por referencia sólo" en el directorio de la MPN.

Si necesita ayuda para encontrar a un médico o concertar una cita médica, puede llamar el acceso médico asistente.

- **¿Puedo cambiar los proveedores?**

Sí. Usted puede cambiar los proveedores de la MPN sin motivo alguno, pero los proveedores que elige deben ser apropiados tratar su lesión. Comuníquese con el contacto del MPN o su ajustador de reclamos si desea cambiar a su médico tratante.

- **¿Qué normas tiene que cumplir con el MPN?**

El MPN tiene proveedores en todo el estado de California.

La MPN debe darle acceso a una lista regional de proveedores que incluya a por lo menos tres médicos en cada especialidad usualmente utilizada para tratar lesiones/enfermedades en su industria. La MPN debe proporcionar acceso a médicos primarios que tratan dentro de 30 minutos o 15 millas y especialistas dentro de 60 minutos o 30 millas de donde usted trabaja o vive.

Si usted vive en una zona rural o en un área donde hay una escasez de atención médica, puede haber un estándar diferente.

Después de que usted haya notificado su empleador de su lesión, el MPN debe proporcionar tratamiento inicial dentro de 3 días hábiles. Si el tratamiento con un especialista ha sido autorizado, debe proporcionarse la cita con el especialista que dentro de 20 días hábiles de su solicitud.

Si tienes problemas para conseguir una cita con un proveedor de la MPN, comuníquese con el médico asistente de acceso.

Si no hay proveedores de la MPN en la especialidad apropiada para tratar su lesión dentro de los requisitos de distancia y tiempo disponible, entonces se podrán buscar el tratamiento necesario fuera de la MPN.

- **¿Qué pasa si no hay MPN proveedores donde estoy localizado?**

Si usted es un empleado actual vive en una zona rural o trabajando temporalmente o viven fuera del área de servicio de la MPN, o eres un ex empleado que viven permanentemente fuera del área de servicio MPN, el MPN o su médico tratante le darán una lista de por lo menos tres médicos que pueden tratarle. El MPN le permite elegir su propio médico fuera de la red MPN. Para asistencia en la búsqueda de un médico o para información adicional, póngase en contacto con su contacto de MPN.

- **¿Qué pasa si necesito a un especialista que no está disponible en la MPN?**

Si necesita ver a un tipo de especialista que no está disponible en la MPN, usted tiene el derecho a ver a un especialista fuera de la MPN.

- **¿Qué pasa si no estoy de acuerdo con mi médico acerca del tratamiento médico?**

Si usted no está de acuerdo con su médico o desea cambiar a su médico por cualquier razón, usted puede elegir a otro doctor dentro del MPN.

Si no está de acuerdo con el diagnóstico o el tratamiento prescrito por su doctor, usted puede pedir una segunda opinión de otro doctor dentro del MPN. Si desea una segunda opinión, debe comunicarse con el contacto del MPN o su ajustador de reclamos y díles que quieres una segunda opinión. La MPN debe darle al menos una MPN proveedor lista regional o completa desde el que usted puede elegir a un segundo médico de opinión. Para obtener una segunda opinión, debe elegir a un médico de la MPN lista y hacer una cita dentro de 60 días. Usted debe decirle al contacto de la MPN de su cita, y el MPN enviará al médico una copia de sus registros médicos. Puede solicitar una copia de sus registros médicos que será enviada al médico.

Si usted no hace una cita dentro de 60 días de recibir la lista regional de proveedores, no será permitido tener una segunda o

to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians in the MPN by going to the website at: www.barrettbusiness.com , Select MPN Provider Look-up, Login: BBSI, Select Network "ACE American/BBSI MPN".

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with a MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers across the entire state of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second-opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office

tercera opinión sobre el disputado diagnóstico o tratamiento recomendado por el médico.

Si el doctor de segunda opinión se siente que su lesión está fuera el tipo de lesión o normalmente trata, la oficina del doctor le notificará su empleador o asegurador y usted. Usted puede hacer otra selección pueda recibir otra lista de MPN doctores o especialistas.

Si no está de acuerdo con la segunda opinión, puede solicitar una tercera opinión. Si usted solicita una tercera opinión, usted pasará por el mismo proceso que pasaste por la segunda opinión.

Recuerde que si usted no hace una cita dentro de 60 días de la obtención de otra lista de proveedores de la MPN, entonces no le será permitido tener una tercera opinión con respecto a esto disputado diagnóstico o tratamiento recomendado por el médico.

Si no está de acuerdo con el doctor de tercera opinión, usted puede pedir una revisión médica independiente (IMR) MPN. Su empleador o contacto de la MPN le dará información al solicitar una revisión médica independiente y forma al tiempo seleccionar un médico de tercera opinión.

Si el médico de segunda o tercera opinión o evaluador médico independiente está de acuerdo con su necesidad de una prueba o tratamiento, le puede permitir recibir ese servicio médico de un proveedor dentro de la MPN, o si la MPN no contiene a un médico que puede brindar el tratamiento recomendado, usted puede elegir a un médico fuera de la MPN dentro de un área geográfica razonable.

- **¿Qué pasa si ya estoy recibiendo tratamiento para una lesión relacionada con el trabajo antes de la MPN comienza?**

Su empleador o asegurador tiene un “*transferencia del cuidado*” política que va a determinar si puede continuar temporalmente recibiendo tratamiento para una lesión existente relacionada con el trabajo por un médico fuera de la MPN antes de transferir su cuidado a la MPN.

Si su médico actual no es o no convertirse en un miembro de la MPN, entonces bien podría solicitársele a ver a un médico de la MPN. Sin embargo, si usted haya designado con anticipación correctamente un médico tratante primario, no puede ser transferido a la MPN. (Si usted tiene preguntas sobre la designación previa, pregúntele a su supervisor).

Si su empleador decide transferirlo a la MPN, usted y su médico tratante primario deben recibir una carta notificándole de la transferencia.

Si usted reúne ciertas condiciones, usted puede calificar para continuar el tratamiento con un médico de la MPN no por hasta un año antes de que sea transferido a la MPN. Las condiciones exigidas para aplazar a la transferencia de su cuidado a la MPN se establecen en el cuadro siguiente.

- **¿Puedo seguir siendo tratados por mi médico?**

Usted podría calificar para continuar tratamiento con su proveedor no pertenece a la red a través de (transferencia de cuidado) o continuidad de la atención por hasta un año si su lesión o enfermedad cumple con cualquier de las siguientes condiciones:

- **(Aguda)** El tratamiento para su lesión o enfermedad se completará en menos de 90 días;
- **(Grave o crónica)** Su lesión o enfermedad es uno que es grave y se prolonga durante al menos 90 días sin curación completa o empeora y requiere tratamiento continuo. Usted puede permitirse ser tratado por su médico tratante actual hasta por un año, hasta que puede realizarse una transferencia segura de la atención.
- **(Terminal)** Usted tiene una enfermedad incurable o condición irreversible que es capaz de causar la muerte dentro de un año o menos.
- **(Cirugía pendiente)** Ya tiene una cirugía u otro procedimiento que haya sido autorizado por su empleador o asegurador que ocurrirá dentro de los 180 días de la fecha efectiva de la MPN o la terminación de la fecha del contrato entre el MPN y su médico.

Usted puede estar en desacuerdo con la decisión de su empleador para transferir su cuidado a la MPN. Si no quieres ser transferido a la MPN, pregunte a su médico tratante primario por un informe médico sobre si usted tiene una de las cuatro condiciones indicadas arriba para calificar para un aplazamiento de su transferencia a la MPN.

Su médico tratante primario tiene 20 días a partir de la fecha de su solicitud para darle una copia de su informe sobre su condición. Si su médico tratante primario no te da el informe dentro de 20 días de su petición, el empleador puede transferir su cuidado a la MPN y deberá recurrir a un médico de la MPN.

will notify your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

• What if I am already being treated for a work-related injury before the MPN begins?

Your employer or insurer has a "Transfer of Care" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the box below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- (Acute) The treatment for your injury or illness will be completed in less than 90 days;
- (Serious or Chronic) Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- (Terminal) You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- (Pending Surgery) You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your MPN Contact.

Usted necesitará dar una copia del informe a su empleador si desea posponer a la transferencia de su cuidado. Si usted o su empleador no está de acuerdo con el informe de su médico sobre su condición, usted o su empleador puede disputarlo. Vea la política de transferencia de cuidado completa para más detalles sobre el proceso de resolución de disputas.

Para obtener una copia de la política de transferencia de la atención, en inglés o español, preguntele a su contacto de MPN.

¿Qué pasa si estoy recibiendo tratamiento por un médico de la MPN que decide dejar la MPN?

Su empleador o asegurador ha escrito “*continuidad de la atención*” política que determinará si temporalmente puede continuar tratamiento para una lesión de trabajo existente con su doctor si su doctor ya no está participando en el MPN.

Si su empleador decide que usted no califica para continuar su tratamiento con el proveedor no-MPN, usted y su médico tratante primario deben recibir una carta notificándole de la presente decisión.

Si usted reúne ciertas condiciones, usted puede calificar para continuar el tratamiento con este doctor por hasta un año antes de que usted debe elegir a un médico de la MPN. Estas condiciones se establecen en el recuadro “***Puedo seguir siendo tratados por mi médico?***”.

Usted puede estar en desacuerdo con la decisión de negar la continuidad de cuidado con el prestador de la MPN de su empleador. Si desea continuar su tratamiento con el doctor terminado, pida a su médico tratante primario un informe médico sobre si usted tiene una de las cuatro condiciones estipuladas en el cuadro de arriba para ver si califica para continuar su tratamiento con su médico actual temporalmente.

Su médico tratante primario tiene 20 días a partir de la fecha de su solicitud para darle una copia de su informe médico sobre su condición. Si su médico tratante primario no te da el informe dentro de 20 días de su solicitud, se aplicará la decisión de negar la continuidad de la atención con su médico quien ya no está participando en la MPN de su empleador, y se le pedirá que elija a un médico de la MPN.

Usted necesitará dar una copia del informe a su empleador si desea posponer la elección de un tratamiento médico MPN. Si usted o su empleador no está de acuerdo con el informe de su médico sobre su condición, usted o su empleador puede disputarlo. Vea la política de continuidad de cuidado completa para más detalles sobre el proceso de resolución de disputas. Para obtener una copia de la política de continuidad de cuidado, en inglés o español, preguntele a su contacto de MPN.

¿Qué pasa si tengo preguntas o necesito ayuda?

Contacto de la MPN: Siempre puede comunicarse con el contacto de MPN si usted tiene preguntas sobre el uso de la MPN y atender cualquier queja con respecto a la MPN.

Acceso médicos asistentes: Puede comunicarse con el médico asistente de acceso si necesitas ayuda encontrar médicos MPN y programación y confirmar citas.

División de compensación para trabajadores (DWC): Oficina de información y asistencia de si usted tiene preocupaciones, quejas o preguntas con respecto a la MPN, el proceso de notificación, o su tratamiento médico después de una enfermedad o lesión relacionada con el trabajo, puede llamar a la DWC al 1-800-736-7401. También puede ir al sitio web de la DWC en www.dir.ca.gov/dwc y haga clic en “redes de proveedores médicos” para obtener más información acerca de las MPNs.

Revisión médica independiente: Si tienes preguntas sobre el proceso de revisión médica independiente MPN póngase en contacto con la división de la unidad de compensación médica en:

DWC unidad médica
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 o al (800) 794-6900

Guarde esta información en caso de que usted tiene una enfermedad o lesión relacionada con el trabajo.

- **What if I am being treated by a MPN doctor who decides to leave the MPN?**

Your employer or insurer has a written “Continuity of Care” policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician. These conditions are set forth in the “Can I Continue Being Treated By My Doctor?” box above.

You can disagree with your employer’s decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer’s decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of a MPN doctor treatment. If you or your employer disagrees with your doctor’s report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **Division of Workers’ Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC’s Information and Assistance office at 1-800-736-7401. You can also go to the DWC’s website at www.dir.ca.gov/dwc and click on “medical provider networks” for more information about MPNs.
- **Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers’ Compensation’s Medical Unit at:

DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Keep this information in case you have a work-related injury or illness.

TIME OF HIRE PAMPHLET

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is Illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a worker's compensation claim
- Intend to file a worker's compensation claim
- Settle a worker's compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.
- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental job displacement benefits:** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relations' special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to www.dwc.ca.gov and looking under "Workers' Compensation programs and units" for the "Information & Assistance Unit" link or visit the DIR web site at www.dir.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Worker's compensation insurance company, or if employer is self-insured, person responsible for handling the claim is:

Corvel

P. O. Box 27750, Sacramento, CA 95827

866-849-4344

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

_____.

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the "predesignation of personal physician" form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn't work, get help by trying the following:

Contact the Division of Workers' Compensation (DWC) Information and Assistance (I&A) Unit All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to www.dwc.ca.gov and under "Workers' Compensation programs and units", click on "Information & Assistance Unit." At this site you will find fact sheets, guides and information to help you.

The nearest I&A Unit is located at:

Address: _____

Phone number: _____.

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

Additional rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 6/17/14 and effective for dates of injuries on or after 1/1/13

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group) _____ (street address, city, state, ZIP)

(telephone number)

Employee Name (please print):

Employee's Address:

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

§ 9783.1. DWC Form 9783.1 Notice of Personal Chiropractor or Personal Acupuncturist.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(telephone number)

Employee Name **(please print)**:

Employee's Address:

Employee's Signature _____ Date: _____

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2016 _____
 OR
2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____
 OR
3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here) ☐

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
-----------------------------	------------------------------------

----- cut here -----

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance**

certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.

EXEMPTION FROM WITHHOLDING (continued): Under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if (i) your spouse is a member of the armed forces present in California in compliance with military orders; (ii) you are present in California solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under this act, check the box on Line 3. You may be required to provide proof of exemption upon request.

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL THE FRANCHISE TAX BOARD (FTB).

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 800-852-5711 (voice)
800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free) 916-845-6500

The *California Employer's Guide* (DE 44) provides the income tax withholding tables. This publication may be found on the Employment Development Department (EDD) website at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm. To assist you in calculating your tax liability, please visit the FTB website at www.ftb.ca.gov/individuals/index.shtml.

NOTIFICATION: If the IRS instructs your employer to withhold federal income tax based on a certain withholding status, your employer is required to use the same withholding status for state income tax withholding.

The burden of proof rests with the employee to show the correct California Income Tax Withholding. Pursuant to Section 4340-1(e) of the California Code of Regulations, the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

PENALTY: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by Section 13101 of the [California Unemployment Insurance Code](#) and Section 19176 of the [Revenue and Taxation Code](#).

INSTRUCTIONS — 1 — ALLOWANCES*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

TWO-EARNER/TWO-JOBS: When earnings are derived from more than one source, underwithholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with one employer. Do not claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 or Form W-4 filed for the highest paying job and zero allowances are claimed for the others.

MARRIED BUT NOT LIVING WITH YOUR SPOUSE: You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you at any time during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; and
- (3) You will file a separate return for the year.

HEAD OF HOUSEHOLD: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the entire year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

WORKSHEET A

REGULAR WITHHOLDING ALLOWANCES

- (A) Allowance for yourself — enter 1 (A) _____
- (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 (B) _____
- (C) Allowance for blindness — yourself — enter 1 (C) _____
- (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 (D) _____
- (E) Allowance(s) for dependent(s) — do not include yourself or your spouse (E) _____
- (F) Total — add lines (A) through (E) above (F) _____

INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

WORKSHEET B

ESTIMATED DEDUCTIONS

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 1. _____
2. Enter \$8,088 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,044 if single or married filing separately, dual income married, or married with multiple employers — 2. _____
3. Subtract line 2 from line 1, enter difference = 3. _____
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) + 4. _____
5. Add line 4 to line 3, enter sum = 5. _____
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) — 6. _____
7. If line 5 is greater than line 6 (if less, see below);
Subtract line 6 from line 5, enter difference = 7. _____
8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number 8. _____
Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.
9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) 9. _____
10. Enter amount from line 5 (deductions) 10. _____
11. Subtract line 10 from line 9, enter difference 11. _____
Complete Worksheet C

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California Personal Income Tax (PIT) withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of Section 297 of the [Family Code](#). For more information, please call our Taxpayer Assistance Center at 888-745-3886.

WORKSHEET C
TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2016 1. _____
2. Enter estimate of nonwage income (line 6 of Worksheet B) 2. _____
3. Add line 1 and line 2. Enter sum 3. _____
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) 4. _____
5. Enter adjustments to income (line 4 of Worksheet B) 5. _____
6. Add line 4 and line 5. Enter sum 6. _____
7. Subtract line 6 from line 3. Enter difference 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2016 tax rate schedules below 8. _____
9. Enter personal exemptions (line F of Worksheet A x \$119.90) 9. _____
10. Subtract line 9 from line 8. Enter difference 10. _____
11. Enter any tax credits. (See FTB Form 540) 11. _____
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability 12. _____
13. Calculate the tax withheld and estimated to be withheld during 2016. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2016. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2016 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld 14. _____
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4 15. _____

NOTE: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2016 ONLY

SINGLE OR MARRIED WITH DUAL EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS*
\$0	\$7,850 ...	1.100%	\$0	\$0.00
\$7,850	\$18,610 ...	2.200%	\$7,850	\$86.35
\$18,610	\$29,372 ...	4.400%	\$18,610	\$323.07
\$29,372	\$40,773 ...	6.600%	\$29,372	\$796.60
\$40,773	\$51,530 ...	8.800%	\$40,773	\$1,549.07
\$51,530	\$263,222 ...	10.230%	\$51,530	\$2,495.69
\$263,222	\$315,866 ...	11.330%	\$263,222	\$24,151.78
\$315,866	\$526,443 ...	12.430%	\$315,866	\$30,116.35
\$526,443	\$1,000,000 ...	13.530%	\$526,443	\$56,291.07
\$1,000,000	and over	14.630%	\$1,000,000	\$120,363.33

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS*
\$0	\$15,700 ...	1.100%	\$0	\$0.00
\$15,700	\$37,220 ...	2.200%	\$15,700	\$172.70
\$37,220	\$58,744 ...	4.400%	\$37,220	\$646.14
\$58,744	\$81,546 ...	6.600%	\$58,744	\$1,593.20
\$81,546	\$103,060 ...	8.800%	\$81,546	\$3,098.13
\$103,060	\$526,444 ...	10.230%	\$103,060	\$4,991.36
\$526,444	\$631,732 ...	11.330%	\$526,444	\$48,303.54
\$631,732	\$1,000,000 ...	12.430%	\$631,732	\$60,232.67
\$1,000,000	\$1,052,886 ...	13.530%	\$1,000,000	\$106,008.38
\$1,052,886	and over	14.630%	\$1,052,886	\$113,163.86

UNMARRIED HEAD OF HOUSEHOLD TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS*
\$0	\$15,710 ...	1.100%	\$0	\$0.00
\$15,710	\$37,221 ...	2.200%	\$15,710	\$172.81
\$37,221	\$47,982 ...	4.400%	\$37,221	\$646.05
\$47,982	\$59,383 ...	6.600%	\$47,982	\$1,119.53
\$59,383	\$70,142 ...	8.800%	\$59,383	\$1,872.00
\$70,142	\$357,981 ...	10.230%	\$70,142	\$2,818.79
\$357,981	\$429,578 ...	11.330%	\$357,981	\$32,264.72
\$429,578	\$715,962 ...	12.430%	\$429,578	\$40,376.66
\$715,962	\$1,000,000 ...	13.530%	\$715,962	\$75,974.19
\$1,000,000	and over	14.630%	\$1,000,000	\$114,404.53

*marginal tax

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL THE FTB:

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 800-852-5711 (voice)
800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES
(Not Toll Free) 916-845-6500

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, [California Code of Regulations](#), and the Revenue and Taxation Code, including Section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California income tax return.



Instructions for Form I-9, Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 10/31/2022

Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may present to establish employment authorization. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, contact the Immigrant and Employee Rights Section (IER) in the Department of Justice's Civil Rights Division at <https://www.justice.gov/ier>.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. 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, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An “employee” is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term “Employee” does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. **Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).**

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (?) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at <https://www.uscis.gov/i-9>. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.

The form will also populate certain fields with N/A when certain user choices ensure that particular fields will not be completed. The Print button located at the top of each page that will print any number of pages the user selects. Also, the Start Over button located at the top of each page will clear all the fields on the form.

The Spanish version of Form I-9 does not include the additional instructions and drop-down lists described above. Employers in Puerto Rico may use either the Spanish or English version of the form. Employers outside of Puerto Rico must retain the English version of the form for their records, but may use the Spanish form as a translation tool. Additional guidance to complete the form may be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) and on USCIS' Form I-9 website, [I-9 Central](#).

Completing Section I: Employee Information and Attestation

You, the employee, must complete each field in Section 1 as described below. Newly hired employees must complete and sign Section 1 no later than the first day of employment. Section 1 should never be completed before you have accepted a job offer.

Entering Your Employee Information

Last Name (Family Name): Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the Last Name field. *Examples of correctly entered last names include: De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen.* If you only have one name, enter it in this field, then enter "Unknown" in the First Name field. You may not enter "Unknown" in both the Last Name field and the First Name field.

First Name (Given Name): Enter your full legal first name. Your first name is your given name. *Some examples of correctly entered first names include: Jessica, John-Paul, Tae Young, D'Shaun, Mai.* If you only have one name, enter it in the Last Name field, then enter "Unknown" in this field. You may not enter "Unknown" in both the First Name field and the Last Name field.

Middle Initial: Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.

Other Last Names Used: Provide all other last names used, if any (e.g., maiden name). Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.

Address (Street Name and Number): Enter the street name and number of the current address of your residence. If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as "3 miles southwest of Anytown post office near water tower."

Apartment: Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.

City or Town: Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.

State: Enter the abbreviation of your state or territory in this field. If you are a border commuter from Canada or Mexico, enter your country abbreviation in this field.

ZIP Code: Enter your 5-digit ZIP code. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.

Date of Birth (mm/dd/yyyy): Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.

U.S. Social Security Number: Providing your 9-digit Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and:

1. You have been issued a Social Security number, you must provide it in this field; or
2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number.

Employee's E-mail Address (Optional): Providing your e-mail address is optional on Form I-9, but the field cannot be left blank. To enter your e-mail address, use this format: name@site.domain. One reason Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. You may use either your personal or work e-mail address in this field. Enter N/A if you do not enter your e-mail address.

Employee's Telephone Number (Optional): Providing your telephone number is optional on Form I-9, but the field cannot be left blank. If you enter your area code and telephone number, use this format: 000-000-0000. Enter N/A if you do not enter your telephone number.

Attesting to Your Citizenship or Immigration Status

You must select one box to attest to your citizenship or immigration status.

- 1. A citizen of the United States.**
- 2. A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
- 3. A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. This term includes conditional residents. Asylees and refugees should not select this status, but should instead select "An Alien authorized to work" below.

If you select "lawful permanent resident," enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or USCIS Number in the space provided. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

- 4. An alien authorized to work:** An individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in the Expiration Date field. In some cases, such as if you have Temporary Protected Status, your employment authorization may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this space.

Aliens authorized to work must enter one of the following to complete Section 1:

1. Alien Registration Number (A-Number)/USCIS Number; or
2. Form I-94 Admission Number; or
3. Foreign Passport Number and the Country of Issuance.

Your employer may not ask you to present the document from which you supplied this information.

Alien Registration Number/USCIS Number: Enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or your USCIS Number in this field. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. If you do not provide an A-Number or USCIS Number, enter N/A in this field then enter either a Form I-94 Admission Number, or a Foreign Passport and Country of Issuance in the fields provided.

Form I-94 Admission Number: Enter your 11-digit I-94 Admission Number in this field. If you do not provide an I-94 Admission Number, enter N/A in this field, then enter either an Alien Registration Number/USCIS Number or a Foreign Passport Number and Country of Issuance in the fields provided.

Foreign Passport Number: Enter your Foreign Passport Number in this field. If you do not provide a Foreign Passport Number, enter N/A in this field, then enter either an Alien Number/USCIS Number or a I-94 Admission Number in the fields provided.

Country of Issuance: If you entered your Foreign Passport Number, enter your Foreign Passport's Country of Issuance. If you did not enter your Foreign Passport Number, enter N/A.

Signature of Employee: After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing this form, you attest under penalty of perjury (28 U.S.C. § 1746) that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties, removal proceedings and may adversely affect an employee's ability to seek future immigration benefits. If you cannot sign your name, you may place a mark in this field to indicate your signature. Employees who use a preparer or translator to help them complete the form must still sign or place a mark in the Signature of Employee field on the printed form.

If you used a preparer, translator, and other individual to assist you in completing Form I-9:

- Both you and your preparer(s) and/or translator(s) must complete the appropriate areas of Section 1, and then sign Section 1. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to sign these fields. You and your preparer(s) and/or translator(s) also should review the instructions for **Completing the Preparer and/or Translator Certification** below.
- If the employee is a minor (individual under 18) who cannot present an identity document, the employee's parent or legal guardian can complete Section 1 for the employee and enter "minor under age 18" in the signature field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The minor's parent or legal guardian should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on completion of Form I-9 for minors. If the minor's employer participates in E-Verify, the employee must present a list B identity document with a photograph to complete Form I-9.
- If the employee is a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, the employee's parent, legal guardian or a representative of the nonprofit organization, association or rehabilitation program can complete Section 1 for the employee and enter "Special Placement" in this field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The parent, legal guardian or representative of the nonprofit organization, association or rehabilitation program completing Section 1 for the employee should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on completion of Form I-9 for certain employees with disabilities.

Today's Date: Enter the date you signed Section 1 in this field. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014. A preparer or translator who assists the employee in completing Section 1 may enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under age 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.

Completing the Preparer and/or Translator Certification

If you did not use a preparer or translator to assist you in completing Section 1, you, the employee, must check the box marked **I did not use a Preparer or Translator**. If you check this box, leave the rest of the fields in this area blank.

If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked **"A preparer(s) and/or translator(s) assisted the employee in completing Section 1"**, then select the number of Certification areas needed from the dropdown provided. Any additional Certification areas generated will result in an additional page. [The Form I-9 Supplement](#), Section 1 Preparer and/or Translator Certification, can be separately downloaded from the USCIS Form I-9 webpage, which provides additional Certification areas for those completing Form I-9 using a computer who need more Certification areas than the 5 provided or those who are completing Form I-9 on paper. The first preparer and/or translator must complete all the fields in the Certification area on the same page the employee has signed. There is no limit to the number of preparers and/or translators an employee can use, but each additional preparer and/or translator must complete and sign a separate Certification area. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. The employer must ensure that any additional pages are retained with the employee's completed Form I-9.

Signature of Preparer or Translator: Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. The Preparer and/or Translator Certification must also be completed if “Individual under Age 18” or “Special Placement” is entered in lieu of the employee’s signature in Section 1.

Today's Date: The person who signs the Preparer and/or Translator Certification must enter the date he or she signs in this field on the printed form. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Last Name (*Family Name*): Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.

First Name (*Given Name*): Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. The first name is also the given name.

Address (*Street Name and Number*): Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Addresses for residences in Canada or Mexico may be entered in this field. If the residence does not have a physical address, enter a description of the location of the residence, such as “3 miles southwest of Anytown post office near water tower.” If the residence is an apartment, enter the apartment number in this field.

City or Town: Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is not located in a city, town or village, enter the name of the county, township, reservation, etc., in this field. If the residence is in Canada, enter the city and province in this field. If the residence is in Mexico, enter the city and state in this field.

State: Enter the abbreviation of the state, territory or country of the preparer or translator’s residence in this field.

ZIP Code: Enter the 5-digit ZIP code of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the preparer or translator's residence is in Canada or Mexico, enter the 5- or 6-digit postal code.

Presenting Form I-9 Documents

Within 3 business days of starting work for pay, you must present to your employer documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before Thursday of that week. However, if you were hired to work for less than 3 business days, you must present documentation no later than the first day of employment.

Choose which unexpired document(s) to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which document(s) you may present from the Lists of Acceptable Documents. You may present either one selection from List A or a combination of one selection from List B and one selection from List C. Some List A documents, which show both identity and employment authorization, are combination documents that must be presented together to be considered a List A document: for example, the foreign passport together with a Form I-94 containing an endorsement of the alien’s nonimmigrant status and employment authorization with a specific employer incident to such status. List B documents show identity only and List C documents show employment authorization only. If your employer participates in E-Verify and you present a List B document, the document must contain a photograph. If you present acceptable List A documentation, you should not be asked to present, nor should you provide, List B and List C documentation. If you present acceptable List B and List C documentation, you should not be asked to present, nor should you provide, List A documentation. If you are unable to present a document(s) from these lists, you may be able to present an acceptable receipt. Refer to the Receipts section below.

Your employer must review the document(s) you present to complete Form I-9. If your document(s) reasonably appears to be genuine and to relate to you, your employer must accept the documents. If your document(s) does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documents from the Lists of Acceptable Documents. Your employer may choose to make copies of your document(s), but must return the original(s) to you. Your employer must review your documents in your physical presence.

Your employer will complete the other parts of this form, as well as review your entries in Section 1. Your employer may ask you to correct any errors found. Your employer is responsible for ensuring all parts of Form I-9 are properly completed and is subject to penalties under federal law if the form is not completed correctly.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on minors and certain individuals with disabilities.

Receipts

If you do not have unexpired documentation from the Lists of Acceptable Documents, you may be able to present a receipt(s) in lieu of an acceptable document(s). New employees who choose to present a receipt(s) must do so within three business days of their first day of employment. If your employer is reverifying your employment authorization, and you choose to present a receipt for reverification, you must present the receipt by the date your employment authorization expires. Receipts are not acceptable if employment lasts fewer than three business days.

There are three types of acceptable receipts:

1. A receipt showing that you have applied to replace a document that was lost, stolen or damaged. You must present the actual document within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.
2. The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual. You must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of admission.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. You must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security Card within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

Receipts showing that you have applied for an initial grant of employment authorization, or for renewal of your expiring or expired employment authorization, are not acceptable.

Completing Section 2: Employer or Authorized Representative Review and Verification

You, the employer, must ensure that all parts of Form I-9 are properly completed and may be subject to penalties under federal law if the form is not completed correctly. Section 1 must be completed no later than the employee's first day of employment. You may not ask an individual to complete Section 1 before he or she has accepted a job offer. Before completing Section 2, you should review Section 1 to ensure the employee completed it properly. If you find any errors in Section 1, have the employee make corrections, as necessary and initial and date any corrections made.

You may designate an authorized representative to act on your behalf to complete Section 2. An authorized representative can be any person you designate to complete and sign Form I-9 on your behalf. You are liable for any violations in connection with the form or the verification process, including any violations of the employer sanctions laws committed by the person designated to act on your behalf.

You or your authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete Section 2 on or before Thursday of that week. However, if you hire an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment.

Entering Employee Information from Section 1

This area, titled, "Employee Info from Section 1" contains fields to enter the employee's last name, first name, middle initial exactly as he or she entered them in Section 1. This area also includes a Citizenship/Immigration Status field to enter the number of the citizenship or immigration status checkbox the employee selected in Section 1. These fields help to ensure that the two pages of an employee's Form I-9 remain together. When completing Section 2 using a computer, the number entered in the Citizenship/Immigration Status field provides drop-downs that directly relate to the employee's selected citizenship or immigration status.

Entering Documents the Employee Presents

You, the employer or authorized representative, must physically examine, in the employee's physical presence, the unexpired document(s) the employee presents from the Lists of Acceptable Documents to complete the Document fields in Section 2.

You cannot specify which document(s) an employee may present from these lists. If you discriminate in the Form I-9 process based on an individual's citizenship status, immigration status, or national origin, you may be in violation of the law and subject to sanctions such as civil penalties and be required to pay back pay to discrimination victims. A document is acceptable as long as it reasonably appears to be genuine and to relate to the person presenting it. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A documents show both identity and employment authorization. Some List A documents are combination documents that must be presented together to be considered a List A document, such as a foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status.

List B documents show identity only, and List C documents show employment authorization only. If an employee presents a List A document, do not ask or require the employee to present List B and List C documents, and vice versa. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph.

If an employee presents a receipt for the application to replace a lost, stolen or damaged document, the employee must present the replacement document to you within 90 days of the first day of work for pay, or in the case of reverification, within 90 days of the date the employee's employment authorization expired. Enter the word "Receipt" followed by the title of the receipt in Section 2 under the list that relates to the receipt.

When your employee presents the replacement document, draw a line through the receipt, then enter the information from the new document into Section 2. Other receipts may be valid for longer or shorter periods, such as the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, which is valid until the expiration date of the temporary I-551 stamp or, if there is no expiration date, valid for one year from the date of admission.

Ensure that each document is an unexpired, original (no photocopies, except for certified copies of birth certificates) document. Certain employees may present an expired employment authorization document, which may be considered unexpired, if the employee's employment authorization has been extended by regulation or a Federal Register Notice. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) or [I-9 Central](#) for more guidance on these special situations.

Refer to the M-274 for guidance on how to handle special situations, such as students (who may present additional documents not specified on the Lists) and H-1B and H-2A nonimmigrants changing employers.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the M-274 for more guidance on minors and certain persons with disabilities. If the minor's employer participates in E-Verify, the minor employee also must present a List B identity document with a photograph to complete Form I-9.

You must return original document(s) to the employee, but may make photocopies of the document(s) reviewed. Photocopying documents is voluntary unless you participate in E-Verify. E-Verify employers are only required to photocopy certain documents. If you are an E-Verify employer who chooses to photocopy documents other than those you are required to photocopy, you should apply this policy consistently with respect to Form I-9 completion for all employees. For more information on the types of documents that an employer must photocopy if the employer uses E-Verify, visit E-Verify's website at www.everify.gov. For non-E-Verify employers, if photocopies are made, they should be made consistently for ALL new hires and reverified employees.

Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or another federal government agency. You must always complete Section 2 by reviewing original documentation, even if you photocopy an employee's document(s) after reviewing the documentation. Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. You are still responsible for completing and retaining Form I-9.

List A - Identity and Employment Authorization: If the employee presented an acceptable document(s) from List A or an acceptable receipt for a List A document, enter the document(s) information in this column. If the employee presented a List A document that consists of a combination of documents, enter information from each document in that combination in a separate area under List A as described below. All documents must be unexpired. If you enter document information in the List A column, you should not enter document information or N/A in the List B or List C columns. If you complete Section 2 using a computer, a selection in List A will fill all the fields in the Lists B and C columns with N/A.

Document Title: If the employee presented a document from List A, enter the title of the List A document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviation to enter the document title or issuing authority. If the employee presented a combination of documents, use the second and third Document Title fields as necessary.

Full name of List A Document	Abbreviations
U.S. Passport	U.S. Passport
U.S. Passport Card	U.S. Passport Card
Permanent Resident Card (Form I-551)	Perm. Resident Card (Form I-551)
Alien Registration Receipt Card (Form I-551)	Alien Reg. Receipt Card (Form I-551)
Foreign passport containing a temporary I-551 stamp	1. Foreign Passport 2. Temporary I-551 Stamp
Foreign passport containing a temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)	1. Foreign Passport 2. Machine-readable immigrant visa (MRIV)
Employment Authorization Document (Form I-766)	Employment Auth. Document (Form I-766)
For a nonimmigrant alien authorized to work for a specific employer because of his or her status, a foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Foreign Passport, work-authorized non-immigrant 2. Form I-94/I-94A 3. Form I-20 or Form DS-2019 Note: In limited circumstances, certain J-1 students may be required to present a letter from their Responsible Officer in order to work. Enter the document title, issuing authority, document number and expiration date from this document in the Additional Information field.
Passport from the Federated States of Micronesia (FSM) with Form I-94/I-94A	1. FSM Passport with Form I-94 2. Form I-94/I-94A
Passport from the Republic of the Marshall Islands (RMI) with Form I-94/I-94A	1. RMI Passport with Form I-94 2. Form I-94/I-94A
Receipt: The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and photograph	Receipt: Form I-94/I-94A w/I-551 stamp, photo
Receipt: The departure portion of Form I-94/I-94A with an unexpired refugee admission stamp	Receipt: Form I-94/I-94A w/refugee stamp
Receipt for an application to replace a lost, stolen or damaged Permanent Resident Card (Form I-551)	Receipt replacement Perm. Res. Card (Form I-551)
Receipt for an application to replace a lost, stolen or damaged Employment Authorization Document (Form I-766)	Receipt replacement EAD (Form I-766)
Receipt for an application to replace a lost, stolen or damaged foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Receipt: Replacement Foreign Passport, work-authorized nonimmigrant 2. Receipt: Replacement Form I-94/I-94A 3. Form I-20 or Form DS-2019 (if presented)
Receipt for an application to replace a lost, stolen or damaged passport from the Federated States of Micronesia with Form I-94/I-94A	1. Receipt: Replacement FSM Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A
Receipt for an application to replace a lost, stolen or damaged passport from the Republic of the Marshall Islands with Form I-94/I-94A	1. Receipt: Replacement RMI Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A

Issuing Authority: Enter the issuing authority of the List A document or receipt. The issuing authority is the specific entity that issued the document. If the employee presented a combination of documents, use the second and third Issuing Authority fields as necessary.

Document Number: Enter the document number, if any, of the List A document or receipt presented. If the document does not contain a number, enter N/A in this field. If the employee presented a combination of documents, use the second and third Document Number fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the Student and Exchange Visitor Information System (SEVIS) number in the third Document Number field exactly as it appears on the Form I-20 or the DS-2019.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List A document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as "D/S" (which means, "duration of status"). For a receipt, enter the expiration date of the receipt validity period as described above. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the program end date here.

List B - Identity: If the employee presented an acceptable document from List B or an acceptable receipt for the application to replace a lost, stolen, or destroyed List B document, enter the document information in this column. If a parent or legal guardian attested to the identity of an employee who is an [individual under age 18](#) or certain [employees with disabilities](#) in Section 1, enter either "Individual under age 18" or "Special Placement" in this field. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on individuals under age 18 and certain person with disabilities.

If you enter document information in the List B column, you must also enter document information in the List C column. If an employee presents acceptable List B and List C documents, do not ask the employees to present a List A document. If you enter document information in List B, you should not enter document information or N/A in List A. If you complete Section 2 using a computer, a selection in List B will fill all the fields in the List A column with N/A.

Document Title: If the employee presented a document from List B, enter the title of the List B document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority.

Full name of List B Document	Abbreviations
Driver's license issued by a State or outlying possession of the United States	Driver's license issued by state/territory
ID card issued by a State or outlying possession of the United States	ID card issued by state/territory
ID card issued by federal, state, or local government agencies or entities (Note: This selection does not include the driver's license or ID card issued by a State or outlying possession of the United States as described in B1 of the List of Acceptable Documents.)	Government ID
School ID card with photograph	School ID
Voter's registration card	Voter registration card
U.S. Military card	U.S. Military card
U.S. Military draft record	U.S. Military draft record
Military dependent's ID card	Military dependent's ID card
U.S. Coast Guard Merchant Mariner Card	USCG Merchant Mariner card
Native American tribal document	Native American tribal document
Driver's license issued by a Canadian government authority	Canadian driver's license
School record (for persons under age 18 who are unable to present a document listed above)	School record (under age 18)
Report card (for persons under age 18 who are unable to present a document listed above)	Report card (under age 18)
Clinic record (for persons under age 18 who are unable to present a document listed above)	Clinic record (under age 18)
Doctor record (for persons under age 18 who are unable to present a document listed above)	Doctor record (under age 18)
Hospital record (for persons under age 18 who are unable to present a document listed above)	Hospital record (under age 18)
Day-care record (for persons under age 18 who are unable to present a document listed above)	Day-care record (under age 18)
Nursery school record (for persons under age 18 who are unable to present a document listed above)	Nursery school record (under age 18)

Full name of List B Document	Abbreviations
Individual under age 18 endorsement by parent or guardian	Individual under Age 18
Special placement endorsement for persons with disabilities	Special Placement
Receipt for the application to replace a lost, stolen or damaged Driver's License issued by a State or outlying possession of the United States	Receipt: Replacement driver's license
Receipt for the application to replace a lost, stolen or damaged ID card issued by a State or outlying possession of the United States	Receipt: Replacement ID card
Receipt for the application to replace a lost, stolen or damaged ID card issued by federal, state, or local government agencies or entities	Receipt: Replacement Gov't ID
Receipt for the application to replace a lost, stolen or damaged School ID card with photograph	Receipt: Replacement School ID
Receipt for the application to replace a lost, stolen or damaged Voter's registration card	Receipt: Replacement Voter reg. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military card	Receipt: Replacement U.S. Military card
Receipt for the application to replace a lost, stolen or damaged Military dependent's ID card	Receipt: Replacement U.S. Military dep. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military draft record	Receipt: Replacement Military draft record
Receipt for the application to replace a lost, stolen or damaged U.S. Coast Guard Merchant Mariner Card	Receipt: Replacement Merchant Mariner card
Receipt for the application to replace a lost, stolen or damaged Driver's license issued by a Canadian government authority	Receipt: Replacement Canadian DL
Receipt for the application to replace a lost, stolen or damaged Native American tribal document	Receipt: Replacement Native American tribal doc
Receipt for the application to replace a lost, stolen or damaged School record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement School record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Report card (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Report card (under age 18)
Receipt for the application to replace a lost, stolen or damaged Clinic record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Clinic record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Doctor record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Doctor record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Hospital record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Hospital record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Day-care record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Day-care record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Nursery school record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Nursery school record (under age 18)

Issuing Authority: Enter the issuing authority of the List B document or receipt. The issuing authority is the entity that issued the document. If the employee presented a document that is issued by a state agency, include the state as part of the issuing authority.

Document Number: Enter the document number, if any, of the List B document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List B document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

List C - Employment Authorization: If the employee presented an acceptable document from List C, or an acceptable receipt for the application to replace a lost, stolen, or destroyed List C document, enter the document information in this column. If you enter document information in the List C column, you must also enter document information in the List B column. If an employee presents acceptable List B and List C documents, do not ask the employee to present a list A document. If you enter document information in List C, you should not enter document information or N/A in List A. If you complete Section 2 using a computer, a selection in List C will fill all the fields in the List A column with N/A.

Document Title: If the employee presented a document from List C, enter the title of the List C document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority. If you are completing the form on a computer, and you select an Employment authorization document issued by DHS, the field will populate with List C #7 and provide a space for you to enter a description of the documentation the employee presented. Refer to the M-274 for guidance on entering List C #7 documentation.

Full name of List C Document	Abbreviations
Social Security Account Number card without restrictions	(Unrestricted) Social Security Card
Certification of Birth Abroad (Form FS-545)	Form FS-545
Certification of Report of Birth (Form DS-1350)	Form DS-1350
Consular Report of Birth Abroad (Form FS-240)	Form FS-240
Original or certified copy of a U.S. birth certificate bearing an official seal	Birth Certificate
Native American tribal document	Native American tribal document
U.S. Citizen ID Card (Form I-197)	Form I-197
Identification Card for use of Resident Citizen in the United States (Form I-179)	Form I-179
Employment authorization document issued by DHS (List C #7) (Note: This selection does not include the Employment Authorization Document (Form I-766) from List A.)	Employment Auth. document (DHS) List C #7
Receipt for the application to replace a lost, stolen or damaged Social Security Account Number Card without restrictions	Receipt: Replacement Unrestricted SS Card
Receipt for the application to replace a lost, stolen or damaged Original or certified copy of a U.S. birth certificate bearing an official seal	Receipt: Replacement Birth Certificate
Receipt for the application to replace a lost, stolen or damaged Native American Tribal Document	Receipt: Replacement Native American Tribal Doc.
Receipt for the application to replace a lost, stolen or damaged Employment Authorization Document issued by DHS	Receipt: Replacement Employment Auth. Doc. (DHS)

Issuing Authority: Enter the issuing authority of the List C document or receipt. The issuing authority is the entity that issued the document.

Document Number: Enter the document number, if any, of the List C document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List C document. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. If the document has no expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

Additional Information: Use this space to notate any additional information required for Form I-9 such as:

- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present
- Discrepancies that E-Verify employers must notate when participating in the IMAGE program
- Employee termination dates and form retention dates
- E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process
- Any other comments or notations necessary for the employer's business process

You may leave this field blank if the employee's circumstances do not require additional notations.

Entering Information in the Employer Certification

Employee's First Day of Employment: Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy).

Signature of Employer or Authorized Representative: Review the form for accuracy and completeness. The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. § 1746) that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who signs Section 2 must enter the date he or she signed Section 2 in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print the form to write the date in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Title of Employer or Authorized Representative: Enter the title, position or role of the person who physically examines the employee's original document(s), completes and signs Section 2.

Last Name of the Employer or Authorized Representative: Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names in this field.

First Name of the Employer or Authorized Representative: Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. First name refers to the given name.

Employer's Business or Organization Name: Enter the name of the employer's business or organization in this field.

Employer's Business or Organization Address (*Street Name and Number*): Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.

City or Town: Enter the city or town for the employer's business or organization address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc, that applies.

State: Enter the two-character abbreviation of the state for the employer's business or organization address.

ZIP Code: Enter the 5-digit ZIP code for the employer's business or organization address.

Completing Section 3: Reverification and Rehires

Section 3 applies to both reverification and rehires. When completing this section, you must also complete the Last Name, First Name and Middle Initial fields in the Employee Info from Section 1 area at the top of Section 2, leaving the Citizenship/Immigration Status field blank. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the new name in Block A.

Reverification

Reverification in Section 3 must be completed prior to the earlier of:

- The expiration date, if any, of the employment authorization stated in Section 1, or
- The expiration date, if any, of the List A or List C employment authorization document recorded in Section 2 (with some exceptions listed below).

Some employees may have entered "N/A" in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g. asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau. Reverification does not apply for such employees unless they choose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Reverification does not apply to List B documents.

For reverification, an employee must present an unexpired document(s) (or a receipt) from either List A or List C showing he or she is still authorized to work. You CANNOT require the employee to present a particular document from List A or List C. The employee is also not required to show the same type of document that he or she presented previously. See specific instructions on how to complete Section 3 below.

Rehires

If you rehire an employee within three years from the date that the Form I-9 was previously executed, you may either rely on the employee's previously executed Form I-9 or complete a new Form I-9.

If you choose to rely on a previously completed Form I-9, follow these guidelines.

- If the employee remains employment authorized as indicated on the previously executed Form I-9, the employee does not need to provide any additional documentation. Provide in Section 3 the employee's rehire date, any name changes if applicable, and sign and date the form.
- If the previously executed Form I-9 indicates that the employee's employment authorization from Section 1 or employment authorization documentation from Section 2 that is subject to reverification has expired, then reverification of employment authorization is required in Section 3 in addition to providing the rehire date. If the previously executed Form I-9 is not the current version of the form, you must complete Section 3 on the current version of the form.
- If you already used Section 3 of the employee's previously executed Form I-9, but are rehiring the employee within three years of the original execution of Form I-9, you may complete Section 3 on a new Form I-9 and attach it to the previously executed form.

Employees rehired after three years of original execution of the Form I-9 must complete a new Form I-9.

Complete each block in Section 3 as follows:

Block A - New Name: If an employee who is being reverified or rehired has also changed his or her name since originally completing Section 1 of this form, complete this block with the employee's new name. Enter only the part of the name that has changed, for example: if the employee changed only his or her last name, enter the last name in the Last Name field in this Block, then enter N/A in the First Name and Middle Initial fields. If the employee has not changed his or her name, enter N/A in each field of Block A.

Block B - Date of Rehire: Complete this block if you are rehiring an employee within three years of the date Form I-9 was originally executed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired.

Block C - Complete this block if you are reverifying expiring or expired employment authorization or employment authorization documentation of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired.

Document Title: Enter the title of the List A or C document (or receipt) the employee has presented to show continuing employment authorization in this field.

Document Number: Enter the document number, if any, of the document you entered in the Document Title field exactly as it appears on the document. Enter N/A if the document does not have a number.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the document you entered in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document does not contain an expiration date, enter N/A in this field.

Signature of Employer or Authorized Representative: The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. By signing Section 3, you attest under penalty of perjury (28 U.S.C. §1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Name of Employer or Authorized Representative: The person who completed, signed and dated Section 3 must enter his or her name in this field.

What is the Filing Fee?

There is no 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 "DHS Privacy Notice" below.

USCIS Forms and Information

For additional guidance about Form I-9, employers and employees should refer to the *Handbook for Employers: Guidance for Completing Form I-9 (M-274)* or USCIS' Form I-9 website at <https://www.uscis.gov/i-9-central>.

You can also obtain information about Form I-9 by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

You may download and obtain the English and Spanish versions of Form I-9, the *Handbook for Employers*, or the instructions to Form I-9 from the USCIS website at <https://www.uscis.gov/i-9>. To complete Form I-9 on a computer, you will need the latest version of Adobe Reader, which can be downloaded for free at <http://get.adobe.com/reader/>. You may order paper forms at <https://www.uscis.gov/forms/forms-by-mail> or by contacting the USCIS Contact Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

Information about E-Verify, a web-based system that allows employers to confirm the eligibility of their employees to work in the United States, can be obtained at <https://www.e-verify.gov> or by contacting E-Verify at <https://www.e-verify.gov/contact-us>.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781 or 1-877-875-6028 (TTY).

Photocopying Blank and Completed Forms I-9 and Retaining Completed Forms I-9

Employers may photocopy or print blank Forms I-9 for future use. All pages of the instructions and Lists of Acceptable Documents must be available, either in print or electronically, to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer and for a specified period after employment has ended. Employers are required to retain the pages of the form on which the employee and employer entered data. If copies of documentation presented by the employee are made, those copies must also be retained. Once the individual's employment ends, the employer must retain this form and attachments for either 3 years after the date of hire (i.e., first day of work for pay) or 1 year after the date employment ended, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is 3 years after the date of hire (i.e., first day of work for pay).

Forms I-9 obtained from the USCIS website that are not printed and signed manually (by hand) are not considered complete. In the event of an inspection, retaining incomplete forms may make you subject to fines and penalties associated with incomplete forms.

Employers should ensure that information employees provide on Form I-9 is used only for Form I-9 purposes. Completed Forms I-9 and all accompanying documents should be stored in a safe, secure location.

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

DHS Privacy Notice

AUTHORITIES: The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

PURPOSE: The primary purpose for providing the requested information on this form is for employers to verify your identity and employment authorization. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States. This form is completed by both the employer and employee, and is ultimately retained by the employer.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

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 35 minutes per response, when completing the form manually, and 26 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT AND STALKING**

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Part A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers 'one-stop shopping' to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as 01.01.14.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the 'minimum value' standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer sponsored health plan meets the 'minimum value' standard if the plans share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact BBSI Staffing Human Resources.

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

Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name - BBSI			4. Employer Identification Number (EIN) – 52-0812977		
5. Employer Address – 3401 N CENTRELAKE DR #100			6. Employer Phone Number – 909.218.5792		
7. City – ONTARIO		8. State – CA		9. Zip Code - 91761	
10. Who can we contact about employee health coverage at this job? – REGENGE GROUP ADMINISTRATORS POLICY #020281					
11. Phone Number – 800.810.2583 866.738.3924			12. Website – www.accessrga.com (select Oregon Office)		

Here is some basic information about health coverage offered by this employer:

- As your employer we offer a health plan to:
 - All employees. Eligible employees are: Eligibility is determined over a 12-month period from date of hire. During this time period they need to average 30 or more hours per week in order to be eligible for benefits during the following 12-months. We offer medical only.
- With respect to dependents:
 - We do offer coverage. Eligible dependents are: Refer to employee eligibility above.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.

DISCLOSURE TO CALIFORNIA WORKSITE EMPLOYEES PURSUANT TO THE CALIFORNIA CONSUMER PRIVACY ACT (CCPA)

The Company collects, receives, maintains, and uses the Personal Information of current and former worksite employees for the following business purposes:

- To comply with state and federal law and regulations requiring employers to maintain certain records (such as immigration compliance records, personnel files, wage and hour records, payroll records, accident or safety records, and tax records);
- to process payroll;
- to maintain commercial insurance policies and coverages, including for workers' compensation and other liability insurance;
- to manage workers' compensation claims;
- to administer and maintain group health insurance benefits, 401K and/or retirement plans;
- to assist the Company's customer (the worksite employer) in managing worksite employee performance of their job duties;
- to conduct workplace investigations (such as investigations of workplace accidents or injuries, harassment, or other misconduct);
- to assist the Company's customer (the worksite employer) in evaluating job applicants and candidates for employment or promotions;
- to obtain and verify background checks on job applicants and employees;
- to assist the Company's customer (the worksite employer) in evaluating, making, and communicating decisions regarding a worksite employee's employment, including decisions to hire, terminate, promote, demote, transfer, suspend or discipline; and
- to communicate with worksite employees regarding employment-related matters such as upcoming benefits enrollment deadlines, action items, availability of W2s, and other alerts and notifications.

The Company collects, receives, and maintains the following categories of Personal Information of worksite employees for the above business purposes as referenced by number:

CATEGORY	EXAMPLES	BUSINESS PURPOSE
Personal Identifiers	Name, alias, postal or mailing address, email address, telephone number, social security number, driver's license or state identification card number, passport number	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
Financial Information	Bank account number, credit card number, debit card number, or other financial account information	1, 2
Protected Classifications	Race, ethnicity, national origin, sex, gender, sexual orientation, gender identity, religion, age, disability, medical or mental condition, military status, familial status, language	1, 7
Professional or Employment-Related Information	Personnel file, new hire or onboarding records, I-9 forms, tax forms, time and attendance records, non-medical leave of absence records, workplace injury and safety records, performance evaluations, disciplinary records, training records, licensing and certification records, compensation and health benefits records, and payroll information and records	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
Medical and Health Information	Doctor's notes for absences or work restrictions, medical leave of absence records, requests for accommodation, interactive process records, and correspondence with employee and his/her medical or mental health provider(s) regarding any request for accommodation or medical leave of absence, as well as post-hire drug test results	1, 3, 4, 5, 6, 7, 10

BBSI does not sell any of your information.