



## **NEW HIRE BOOKLET**

Welcome to Fortune Business Solutions, an Equal Opportunity Employer.  
 This form must be completed in its **entirety**. Incomplete forms will not be accepted.

**SECTION 1 TO BE COMPLETED BY THE EMPLOYEE**

Today's Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ U.S.A. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of License \_\_\_\_\_

School District Name/Code \_\_\_\_\_ Do you have local taxes? \_\_\_\_\_

Please indicate any information \_\_\_\_\_ Please indicate any information \_\_\_\_\_

i.e.: Tax number \_\_\_\_\_ i.e.: City, County, Borough, etc... \_\_\_\_\_

Have you ever been injured on the job?  Yes  No  
 If yes, state when and provide details \_\_\_\_\_

Have you ever received workers' compensation benefits?  Yes  No  
*In compliance with the Americans with Disabilities Act, this information will not be used for purposes of discrimination.*

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Alternate Telephone No. \_\_\_\_\_

**The following information is voluntary and will be used for the sole purpose of EEOC filing.**

1) Race/Ethnic Group  White  Black/African American  Hispanic/Latino  Two or More Races  
 Native Hawaiian or other Pacific Islander  Native American or Alaskan Native  Asian

2) Gender  Male  Female

**SECTION 2 TO BE COMPLETED BY THE CLIENT**

Managers complete this section and click submit

Client Name \_\_\_\_\_ Original Date of Hire \_\_\_\_\_

Employee Department \_\_\_\_\_ Location \_\_\_\_\_

Employee Division \_\_\_\_\_ Comp Code \_\_\_\_\_

Check if applicable  Owner/Officer  Shareholder

Rate of Pay \$ \_\_\_\_\_  Hour  Salary  Commission  Piece Rate  Tip

Std. Hours \_\_\_\_\_  Full-time  Part-time FLSA Status  Exempt  Non-Exempt

If rehired, date of rehire \_\_\_\_\_ Health Benefit Class \_\_\_\_\_

**CLIENT SIGNATURE** \_\_\_\_\_

# MEDICAL QUESTIONNAIRE

(To be completed after an offer of employment is extended.)

Name of employer \_\_\_\_\_

Name of employee \_\_\_\_\_

Employee's Social Security no. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Do you now have, or have you ever had, any of the following?

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy (convulsions, seizures)	<input type="checkbox"/>	<input type="checkbox"/>	Surgical or spontaneous fusion of a major weight-bearing joint (frozen joint)
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes (medication? <input type="checkbox"/> Yes <input type="checkbox"/> No)	<input type="checkbox"/>	<input type="checkbox"/>	Hyperinsulinism
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac (heart) disease	<input type="checkbox"/>	<input type="checkbox"/>	Herniated intervertebral disk
<input type="checkbox"/>	<input type="checkbox"/>	Meniscectomy (inflammation of cartilage of certain joints—e.g., knee)	<input type="checkbox"/>	<input type="checkbox"/>	Surgical removal of an intervertebral disk, or spinal fusion
<input type="checkbox"/>	<input type="checkbox"/>	Ruptured cruciate ligament (knee ligament)	<input type="checkbox"/>	<input type="checkbox"/>	One or more back or neck injuries
			<input type="checkbox"/>	<input type="checkbox"/>	Other _____

2. Have you previously received workers' compensation for an on-the-job injury?  Yes  No If yes, please write why, when and where.\*

3. Have you ever received a disability rating or had one assigned to you by an insurance company or state/federal agency?  Yes  No  
If yes, state percentage: \_\_\_\_\_%.

4. Have you ever injured or sprained your back?  Yes  No If yes, did you have surgery?  Yes  No If yes, please give details.\*

5. Have you ever injured or sprained your neck?  Yes  No If yes, did you have surgery?  Yes  No If yes, please give details.\*

6. Have you ever injured or sprained a knee?  Yes  No If yes, did you have surgery?  Yes  No If yes, please give details.\*

7. Do you have arthritis?  Yes  No If yes, what parts of the body are affected?\* \_\_\_\_\_  
Are you on medication for arthritis?  Yes  No

The information on this form shall not be used to discriminate against a qualified individual with a disability because of the existence of the disability in regard to the following: job application procedures; hiring, advancement or discharge of the employee; employee compensation; job training; and other terms, conditions and privileges of employment.

Under penalty of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

# Form W-4 (2012)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

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

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

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

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

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

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

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

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**ACKNOWLEDGEMENT**

I understand that the company, \_\_\_\_\_, (herein referred to as the Client), has entered into a co-employer partnership through a service agreement with Fortune Business Solutions, a professional employer organization. I acknowledge by my signature below that I have been informed that I will be a leased employee of Fortune Business Solutions, and its affiliates, assigned to the Client.

As a leased employee, I agree that my relationship with Fortune Business Solutions is that of an employee-at-will. My job status does not guarantee employment for any specific length of time. My employment with Fortune Business Solutions is entered into voluntarily and both I and Fortune Business Solutions are free to end the employment relationship at any time, for any reason, with or without cause or advance notice. I further understand that the reference to employment-at-will does not change my employment status with the Client as it existed before the agreement with Fortune Business Solutions. The Client and/or my immediate supervisor will determine my job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment.

I agree that while I am a leased employee of Fortune Business Solutions, if Fortune Business Solutions does not receive payment from the Client for services which I perform as a leased employee, Fortune Business Solutions will still pay me the wages legally required in accordance with the state laws in which I am employed for any such pay period, and I agree to this method of compensation. I understand and agree that Fortune Business Solutions has no obligation to pay me any other compensation or benefit unless Fortune Business Solutions has specifically, in a written agreement with me, adopted the Client's obligation to pay me such compensation or benefit. I understand that the Client to which I am assigned at all times remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am a exempt employee even if Fortune Business Solutions is not paid by the Client to which I am assigned. I understand and agree that Fortune Business Solutions does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, where payment for such items has not been received by Fortune Business Solutions from the Client to which I am assigned.

I also agree that if at any time during my employment I have any questions about the administrative services being provided to me as a leased employee (e.g., the accuracy of my payroll check, the scope or availability of benefits, including FMLA, or workers' compensation matters), or if I am subjected to any type of discrimination or harassment, including discrimination or harassment because of race, color, sex, religion, national origin, disability, handicap, age, marital status, or if I am subjected to retaliation because I have in good faith reported such discrimination or harassment, I have an affirmative responsibility to report this action and I will immediately contact the Human Resources Department of Fortune Business Solutions at 1-877-324-7297.

**The Co-Employment Relationship**

Fortune Business Solutions is hired to provide human resource management services for clients and employees through a co-employment relationship. The following conditions exist between Fortune Business Solutions, the Client, and the employee:

1. The employee is an administrative employee of Fortune Business Solutions but is under the direct supervision and control of the Client.
2. The employment is of mutual consent and is considered a relationship at will and does not constitute a contract of employment. Fortune Business Solutions, the Client, or the employee can terminate the employment relationship at any time with or without notice or cause.
3. Employee agrees to abide by the employment policies and standards of conduct set by Fortune Business Solutions and the Client.
4. New employees understand that from his/her hire date with Client he/she will be on probation for 90 days of employment. (The probation period may be waived for an employee who has been working at the Client worksite for more than 90 days.)
5. Employee agrees to comply with any drug testing policy which Fortune Business Solutions may adopt and specifically agrees to any post-accident drug testing in any situation where allowed by law. Employee will be given a copy of any drug testing policy adopted by Fortune Business Solutions.
6. Employee understands that, as a condition of hire or continued employment, he/she may be required to undergo a background investigation, including but not limited to, criminal, credit, or motor vehicle history, upon proper written authorization in compliance with the Fair Credit Reporting Act.

I certify that I have been advised that, if I am injured on the job, regardless of how minor the injury may seem, I must report the injury immediately to my supervisor and that my benefits under workers' compensation law may be affected or denied if I fail to report the injury. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such statutes which may result from suits against customers or clients of Fortune Business Solutions or against Fortune Business Solutions, (it's parent, affiliates, and subsidiaries) based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of Fortune Business Solutions or against Fortune Business Solutions, (it's parent, affiliates, and subsidiaries) for damages based upon injuries which are covered under such workers' compensation statutes.

I certify that I have read, understand, and agree to the acknowledgments, conditions, and requirements contained in the above sections. I understand that if my employment ends for any reason, I must contact Fortune Business Solutions within seventy-two (72) hours for possible reassignment and that my unemployment benefits may be denied if I fail to do so. I understand that any false or misleading answers or omissions with regard to any aspect of the hiring process is sufficient reason for Fortune Business Solutions to withhold or withdraw an offer of employment or, if I am employed, to take disciplinary action, up to and including termination of employment. I understand and agree that my answers and any information provided during the hiring process may be researched and verified by Fortune Business Solutions and, to the extent allowed by law, I hereby release Fortune Business Solutions, its officers, employees, agents, and all related parties from any and all claims, causes of action, and damages alleged to have been caused by or relating in any way to such investigation or inquiry conducted by Fortune Business Solutions, (it's parent, affiliates, and subsidiaries).

I understand that my signature below does not alter any pre-existing agreement, which I may have had with the Client to which I have been assigned as a leased employee. However, there is no contract of employment which exists between me and Fortune Business Solutions and I understand that Fortune Business Solutions is not responsible for and accepts no liability under any pre-existing agreement which I may have had.

**The Fortune Business Solutions Health Plan and Trust Acknowledgement**

In an effort to provide sustainable health care plans for its members, Fortune Business Solution's (FBS) PPACA compliant health plan and trust uses a minimum-premium plan which can also be called limited self-funding. FBS assumes the financial responsibility for medical and prescription drug claims (specific to the member's chosen plan) up to \$250,000 for every plan member during the course of a plan year. Funds necessary to pay claims are deposited into a bank account sponsored by FBS for the benefit of its plan members held by a Voluntary Employee Beneficiary Association Trust (VEBA Trust) compliant with IRC 501(c)(9). Payments of claims are made from the VEBA Trust by Blue Cross and Blue Shield of Florida (BCBSFL) or Employee Benefit Management Corporation (EBMC), an Ohio Corporation, for non Florida employer plan members. BCBSFL and EBMC act as agent of FBS. Premium tax is not levied by most states on amounts deposited into the VEBA Trust for claims under \$250,000. For premium-tax purposes both BCBSFL and EBMC are considered to be the administrator of these funds and not a provider of insurance. The IRS considers VEBA Trust funds to belong to FBS resulting in no taxable income to beneficiaries of medical expense benefits. Claims that exceed \$250,000 are paid by insurance policy funds from BCBSFL and Gerber Life Insurance Company for non-Florida employer plan members. FBS pays insurance policy premiums subject to premium taxation and retention charges for bearing the cost of claims above \$250,000. Under this arrangement, BCBSFL and EBMC are responsible for seeing that all claims are paid and that FBS must maintain the same reserves that are required for plans funded under a traditional group insurance arrangement. Premium includes a charge for the establishment of these reserves as set by a third party member of the American Academy of Actuaries conforming to the Standards of Practice as promulgated by the Actuarial Standards Board (ASB). Also monitored by ASB, FBS maintains a separate fund collateralized to the VEBA that meets or exceeds unpaid claim liability as required by BCBS but covers all health plans offered by FBS. FBS reserves the right to change its administrators and insurance policies compliant with federal and state laws when prudent to do so and will provide written notification to plan members.

**EMPLOYEE SIGNATURE**

**DATE**

<b>CLIENT NAME</b>	_____	<b>DATE</b>	_____
<b>EMPLOYEE NAME</b>	_____	<b>SS#</b>	_____
<b>DEPARTMENT</b>	_____	<b>POSITION</b>	_____

I authorize and request Fortune Business Solutions to make the following payroll deductions each pay period:

**ACCOUNT 1**

**I WOULD LIKE TO**

- SET UP A NEW DIRECT DEPOSIT ACCOUNT
- CHANGE MY EXISING DIRECT DEPOSIT ACCOUNT
- CANCEL MY DIRECT DEPOSIT

**TYPE OF ACCOUNT**

- Checking Account\*       Savings Account       Pay Card Account

**TYPE OF ACCOUNT**

- Full Deposit      Direct deposit my entire net paycheck
- Partial Deposit      Direct deposit the amount of \$ \_\_\_\_\_ (no percents)

**ACCOUNT INFORMATION**

**Name of Institution** \_\_\_\_\_

**ABA/Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

**ACCOUNT 2**

**I WOULD LIKE TO**

- SET UP A NEW DIRECT DEPOSIT ACCOUNT
- CHANGE MY EXISING DIRECT DEPOSIT ACCOUNT
- CANCEL MY DIRECT DEPOSIT

**TYPE OF ACCOUNT**

- Checking Account\*       Savings Account       Pay Card Account

**TYPE OF ACCOUNT**

- Full Deposit      Direct deposit my entire net paycheck
- Partial Deposit      Direct deposit the amount of \$ \_\_\_\_\_ (no percents)

**ACCOUNT INFORMATION**

**Name of Institution** \_\_\_\_\_

**ABA/Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

The authority is to remain in effect until Fortune Business Solutions receives written notification from me of its termination in such time and in such manner as to afford Fortune Business Solutions and the Financial Institution a reasonable opportunity to act accordingly.

<b>EMPLOYEE SIGNATURE</b>	_____	<b>DATE</b>	_____
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**NOTE: Please allow 3 (three) payroll cycles for account processing.**  
 For Checking Accounts - Please attach a copy of a "void" check. Deposit Slips are not acceptable.  
 For Savings Account - Please attach a direct deposit form provided by your financial institution,  
 For Pay Cards - Please attach a copy of your enrollment form.

# SmartCash

VISA® PAYROLL CARD

## Quick Reference Guide for Employee Questions

### Payroll Card Employee Benefits

- Faster access to money
- No more check cashing fees or need for expensive money orders
- No more waiting for paychecks
- No need to have a bank account
- Safer than carrying cash
- Can be used anywhere Visa® debit is accepted
- Card can be replaced if lost or stolen for FREE
- Check balances and transaction history easily
- FREE and unlimited bilingual customer support through live agent and IVR
- Visa Fraud Protection, Zero Liability and FDIC Insured

### Payroll Card Fees

Usage Fees	
Signature swipe purchases (select Credit)	FREE
Cash back with purchase, select Debit and use your PIN	\$.50
Your pay loaded on the card	FREE
Bank Teller cash withdrawal fee (1 FREE every payroll load, otherwise \$3.50 per withdrawal)	FREE
Customer service – Interactive Voice Response	FREE
ATM withdrawal fee	\$2.00
ATM balance inquiry fee	\$.50
Customer service - Live agent	FREE
Change PIN	FREE
Lost or stolen card replacement fee	FREE
Enrollment fee (one time)	\$2.00
Monthly Fees	
Monthly Maintenance Fee	\$2.25
Other Fees	
Secondary card (for an additional person, i.e. spouse, child, etc.)	\$5.00
Foreign exchange processing - % of transaction amount	2%

### Employee Assistance and Card Info

How can an employee get assistance with the card?

- Visit [www.mysmartcashcard.com](http://www.mysmartcashcard.com)
- Call 1-866-466-8025 anytime

How can an employee check their card balance?

- Visit [www.mysmartcashcard.com](http://www.mysmartcashcard.com)
- Call 1-866-466-8025 anytime

How can an employee enroll for the card?

- Employee completes the easy Authorization/Sign-Up form and returns it to the employer
- Once received, employee calls the toll-free number to activate the card and obtain pin
- Employee notifies the employer of card activation
- Pay will be available on the card on payday
- Check balances online or by calling 1-866-466-8025

### Disputing a Purchase on the Payroll Card

- Employee must contact the merchant for resolution
- If unable to resolve with the merchant, employee should call 1-866-466-8025 within 60 days of the purchase
- Employee must provide the card number and the disputed purchase amount
- Employee must obtain and complete a dispute form from [www.mysmartcashcard.com](http://www.mysmartcashcard.com) or Cardholder Service
- Once received, the dispute can take up to 90 days to investigate

### Declined Purchases

- When the authorized amount exceeds the available balance on the card the purchase will be declined
- Expired cards and cards with lost/stolen or closed status will be declined

### Tolerance

- Some establishments may authorize the card for up to 25% more than the total purchase amount in order to account for a tip or other incidental expenses
- Only the amount the customer authorizes will be deducted from the value of the card
- Places such as hotels, car rental offices, salons, gas stations, bars, and restaurants may pre-authorize for more than the purchase amount

## Payroll Card Employee Authorization Form

### EMPLOYER SECTION

Employer Name: \_\_\_\_\_

### EMPLOYEE SECTION

First Name/Middle Initial/Last Name: \_\_\_\_\_

Street Address (No P.O. Box)/Apt./Suite/Unit: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

SSN #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

### SECONDARY CARDHOLDER SECTION (\$5.00 One-Time Fee)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN #: \_\_\_\_\_

Please choose whether you would like your full pay loaded to the SmartCash Card or only partial pay:

1. Full Pay: YES  NO  (if you choose no, please provide partial pay amount)      2. Partial Pay: \$ \_\_\_\_\_

**YES.** I want to receive a Payroll Card for my employer to submit payments to the card account. I hereby authorize my employer to deposit my pay to my Payroll Card. If funds or monies to which I am not entitled are deposited to the Payroll Card I hereby authorize my employer to initiate a correcting debit to my Payroll Card to withdraw funds to correct the error or overpayment. I hereby authorize my employer to act as my agent to submit my application for the Payroll Card to First Gulf Bank, NA the issuer of the Payroll Card, and to send and receive communications on my behalf to and from First Gulf Bank, NA regarding my Payroll Card. By using the Payroll Card I hereby agree to the Terms and Conditions governing my use of Payroll Card that I will receive at the time I receive the Payroll Card.

I acknowledge and agree that this authorization may be rejected or discontinued by First Gulf Bank, NA at any time. I understand that this authorization replaces any previous authorization relating to my employers method of payment to me, and unless terminated by my employer or First Gulf Bank, NA this authorization will remain in full force and effect until my employer has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act, or if I have terminated the Payroll Card as provided in the Terms and Conditions I receive with the Payroll Card.

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

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

The information below will be available to the employer after enrollment is processed.

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_