



Employment Application

Date _____

First Name _____

Last Name _____

Street Address _____

City _____

State _____

Zip Code _____

Primary Phone _____

Secondary Phone _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

All Applicants: When answering the following question, do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

☐ If you currently reside in a state other than Arizona, Colorado, Kentucky, Illinois, Indiana or Texas, please check this box and contact your Lakeshore representative before answering the following question.

Have you plead guilty or no contest to, or been convicted of, any criminal offense excluding minor traffic violations during the seven (7) years preceding the date of your application? (A conviction will not automatically disqualify you from a particular job).

____ YES ____ NO If yes, please explain _____

Type of work you are applying for: TEMPORARY PERMANENT BOTH

Is it legal for you to work in this country? ____ YES ____ NO

When are you available to start work? (Date) _____

Annual pay minimum _____

In what local area do you prefer to work? _____

GENERAL: I HAVE SUBMITTED THE ATTACHED FORM TO LAKESHORE FOR THE PURPOSE OF OBTAINING ASSISTANCE IN SECURING PERMANENT OR TEMPORARY EMPLOYMENT. I UNDERSTAND THAT I WILL NEVER BE CHARGED A FEE BY LAKESHORE. I ACKNOWLEDGE THAT THE USE OF THIS FORM, AND MY FILLING IT OUT, DOES NOT INDICATE THAT ANY POSITIONS ARE AVAILABLE, NOR DOES IT OBLIGATE LAKESHORE TO FURTHER PROCESS MY APPLICATION. I CERTIFY AS TO THE ACCURACY OF THE MATTERS SET FORTH HEREIN AND ANY RESUME SUBMISSION. I UNDERSTAND THAT ANY MISSTATEMENT OF FACT MAY CAUSE ME TO BE REFUSED EMPLOYMENT OR TO LOSE MY EMPLOYMENT.

REFERENCES: I HEREBY AUTHORIZE LAKESHORE TO MAKE SUCH INVESTIGATIONS AND INQUIRIES INTO MY EMPLOYMENT AND EDUCATIONAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, AND OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES CONNECTED WITH MY APPLICATION. I SPECIFICALLY AUTHORIZE THE RELEASE OF INFORMATION BY ANY SCHOOLS, BUSINESSES, INDIVIDUALS, SERVICES OR OTHER ENTITIES LISTED BY ME IN THIS FORM. FURTHERMORE, I AUTHORIZE LAKESHORE TO RELEASE ANY REFERENCE INFORMATION TO CLIENTS WHO REQUEST SUCH INFORMATION FOR PURPOSES OF EVALUATING MY CREDENTIALS AND QUALIFICATIONS.

SIGNED: _____
(CANDIDATE)

DATE: _____

An Equal Opportunity Employer
Work History

Company Name	City, State	Position	1. Salary	Dates	Reason for Leaving	May we contact this Employer?
			2. Bonus			
			1.	From:		___ Yes ___ No
			2.	To:		
			1.	From:		___ Yes ___ No
			2.	To:		
			1.	From:		___ Yes ___ No
			2.	To:		
			1.	From:		___ Yes ___ No
			2.	To:		

Contract Assignments

Company Name	Manager Name	Department	Responsibilities	Date and Length of Project



Education

Degree	College/University	Major	GPA	Professional Certifications/Licenses

Supervisor and Peer References

Person's Name	Company	Title	Phone

Software

Please List Any Software Used

Firmwide:97460672.1 063359.1000



Lakeshore Assignment Expectations

It is our goal, first and foremost, to provide you with a quality experience while working for our firm and while assisting you in your career goals. That said, it is important to remember that we (you and us) have a responsibility to provide a quality experience for our Employers in return. In order to help ensure that we are working together towards this end, we would like to clarify the expectations that we have regarding assignments.

- **Tardiness** We expect, as professionals, that you be on time to your assignment. We strongly suggest that you arrive early on a daily basis, 5-15 minutes, to ensure a strong impression of dependability. Lakeshore defines being on time as being **at your desk ready for work**, not just walking in the door. Should we receive a complaint from the Employer regarding tardiness, we will pull you from the assignment upon the request of the Employer. This includes not calling or reporting to a confirmed job assignment. Lakeshore reserves the right to replace you at our discretion, with or without the request of the Employer. Keep in mind that often we may have no control over this so it is best to avoid tardiness at all costs. Punctuality projects professionalism. If you are late, this may indicate to our Employer that you are not taking your assignment seriously. By extension, unfortunately, this makes us look as if we at Lakeshore are not taking the assignment seriously. Punctuality may not seem like a big deal, but by disregarding it you could be putting yourself in a position to lose your assignment.
- **Planned Time Off** We understand that you may, from time to time, need to take a day off to take care of personal business. You are required to give your supervising manager and us as much notice in advance as possible, and at a **minimum 48 hours**. Prior notice gives your manager a sense that you respect their business and understand that work still needs to be accomplished even in your absence. It will also allow your manager to make any necessary adjustments to work flow while you are gone.

Should you fail to give Lakeshore and your manager ample notice of absence, you will be removed from the assignment with or without notice. Lakeshore has a responsibility to our Employers to provide dependable resources that treat their role with respect and act professionally at all times.

- **Emergencies & Illness** In the event that you are ill, running late for your assignment, or unable to go to work for any reason you are required to call **both** your consultant at Lakeshore, and your company supervisor contact. So that you are prepared, should an emergency arise we recommend having both of those phone numbers readily available to you at all times. Excessive absences are not acceptable. Unfortunately, absences that become frequent tend to lessen the view of an employee's dependability. We at Lakeshore are charged with providing dependable resources for our Employers needs. If we receive a complaint from your supervisor about absences, you will be pulled from the assignment at the request of our Employer. Additionally, we reserve the right to replace you or pull you from an assignment should we deem your absences to be excessive.
- **Personal Calls/Internet Use** Personal cell phones must be turned off while you are at work. Please no personal phone calls while you are working. Important personal calls must be made away from your work desk and only on your scheduled breaks. Personal e-mail and internet use is strictly prohibited.
- **Dress Code** Please dress professionally and make note of company's dress code for your current assignment.

- **Substance Abuse** Lakeshore is a drug/alcohol free workplace. Any employee involved in the unlawful use, sale, manufacturing, dispensing or possession of controlled substances, illicit drugs and alcohol on Company premises or work sites, or working under the influence of such substances, will be subject to disciplinary action up to and including discharge.
- **Pay** Do not discuss your pay rate or conversion rate with other temp or permanent employees at your assigned workplace.
- **Assignment and Availability Procedures** It is your responsibility to contact Lakeshore to let us know of your availability. If your assignment is ending, or your availability changes, please contact us so that we may attempt to reassign you as quickly as possible. On completion of an assignment you are not to contact the Employer directly; any contact should be directed to your Consultant at Lakeshore. It is your responsibility to call us immediately after your assignment ends, then weekly thereafter to let us know of your availability.
- **Timesheet and Payroll Information** Timesheets are due through the timecard portal every Monday by 12 p.m. Timesheets not received by this deadline may not be processed until the following week's payroll. Questions regarding payroll should be directed to your Consultant.
- **Confidentiality Agreement** All employees are informed that any Employer information, including Lakeshore information, is considered confidential and should not be disclosed. Any violation of this agreement will result in termination of employment.
- **Company Property** Employer companies may provide you with company property, such as, access badges, keys, head sets, laptops, etc. to utilize while on assignment with them. It is your responsibility to return that property immediately at the end of your assignment in the condition in which you received it. Failure to return property is a violation of this agreement and will result in termination of employment.
- **Please talk to Lakeshore regarding any of the following**
 - Changes in your job description
 - Changes in your company supervisor contact
 - If the assignment is ending early or being extended
 - If your supervisor requests you to work overtime
 - Any offers for permanent positions (**Minimum** 1 week notice)
 - Any offers for another assignment (**Minimum** 1 week notice)

I have read and understand all of the assignment expectations while working for Lakeshore.

Printed Name _____

Signature _____

Date _____





Lakeshore Direct Deposit Signup Form

Employee Instructions:

1. Complete the "EMPLOYEE-Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Attach back up documentation for ALL accounts listed below.
5. Retain a copy of this form for your records. Return the original to your employer.

EMPLOYEE – Required Information

Worker Name: _____

Last four digits of Social Security Number: _____

Complete for Direct Deposit and Sign Below

I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Account #1:

☐ **Checking**

Bank Name _____

☐ **Savings**

Bank Name _____

I wish to deposit (check one):

☐ Remainder of Net Pay

☐ _____ % of Net

☐ Specific Dollar Amount \$_____.00

Please Attach one of the following for Checking or Savings Accounts:

- Voided Check (deposit slips are not accepted)
- Bank Letter or specification sheet (see your local bank representative)

Bank Account #2:

☐ **Checking**

Bank Name _____

☐ **Savings**

Bank Name _____

I wish to deposit (check one):

☐ Remainder of Net Pay

☐ _____ % of Net

☐ Specific Dollar Amount \$_____.00

Please Attach one of the following for Checking or Savings Accounts:

- Voided Check (deposit slips are not accepted)
- Bank Letter or specification sheet (see your local bank representative)

Worker Signature: _____

Date: _____

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Accountholder Signature: _____

Date: _____

(If worker doesn't have authority to authorize deposits to the accountholder's account.)



Lakeshore Equal Opportunity Employer Confidential Statistical Information

Privacy Act Statement

The Lakeshore Companies are committed to ensuring that all of our employment practices are free from discrimination and to providing equal employment opportunities for all. This Equal Opportunity Statistical Information will be used to comply with Federal/State EEO record keeping, reporting and other legal requirements.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or your employment.

Date: _____

Name (Please Print): _____

Gender (Please Check One): ☐ Male ☐ Female

Race/Ethnic Group: (Please Check One)

- ☐ **American Indian or Alaskan Native-** A person having origins in any of the original people of North and South America and who maintain tribal affiliation or community attachment.
- ☐ **Asian-** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- ☐ **Black or African American-** A person having origins in any of the black racial groups of Africa
- ☐ **Hispanic or Latino-** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **White-** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Native Hawaiian or Other Pacific Islander-** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Two or More Races-** All persons who identify with more than one of the above five races.
- ☐ Please check here if you choose not to provide this information.

Veterans Self-Identification (Please check all that apply):

Newly Separated Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of discharge/release: _____
Vietnam Era Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Disabled Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other protected Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Form W-4 (2015)

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 2015 expires February 16, 2016. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• You are single and have only one job; or	}					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . 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.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____				
	For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
► 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.				2015
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, 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)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ►				
8 Employer's name and address (Employer: Complete 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.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

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.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to 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. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than 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.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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.

ZeroChaos Employment Screening Solutions Background Investigation Disclosure, Authorization Release and Application

Last Name	First Name	Middle Name

Disclosure Regarding Background Investigation

The Fair Credit Reporting Act (FCRA), states that a disclosure should be provided to the consumer before a consumer or investigatory report is obtained by a Consumer Reporting Agency (CRA). ZeroChaos Employment Screening Solutions is a CRA, and on behalf your prospective or current employer, ZeroChaos will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. The reports are commonly known as “background check reports” and will be used for the purposes of evaluating you for employment, promotion, reassignment, retention or termination.

ZeroChaos, or a ZeroChaos approved consumer reporting agency will assist in conducting the background investigation for your prospective or current employer. The background reports may include information about your character, general reputation, personal characteristics, and/or mode of living. To prepare the reports, ZeroChaos investigations may include but are not limited to your education history, current/former work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, subject to any limitation imposed by applicable federal and state laws.

You may request additional information about your background report by oral, written or electronic means. ZeroChaos has trained personnel available to explain your file to you, including any coded information. You can contact ZeroChaos at 1-866-223-4473 or email at essstatus@zerochaos.com. You have the right to obtain a complete and accurate copy of the completed reported which properly reflects the nature and scope of the investigation performed. A summary of your rights under the Fair Credit Reporting Act (FCRA) is also being provided to you.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed Name

ZeroChaos Employment Screening Solutions
Background Investigation Application and Authorization Release

Last Name	First Name	Middle Name
Former, Alias, or Maiden Name	Email Address	Telephone #
Driver's License Number	D.L. State	Date of Birth (mm/dd/yyyy)
Social Security #		
D.L. Expiration date: _____		

Please list your CURRENT and PAST home addresses for the last 7 years with the most recent first:

Address	City	State	Zip	From	To
---------	------	-------	-----	------	----

1)					
2)					
3)					
4)					

Education

Please list highest degree achieved (with graduation date) as well the school attended

Highest Education Completed ☐ GED ☐ High School ☐ College ☐ Masters ☐ Other _____

Institution Name	City, State	Major/Subject	Graduation Date

Did you graduate under a different name? ☐ Yes ☐ No If yes, enter full name: _____

Print Full Name:

Authorization Release for Background Investigation

I acknowledge receipt of the Disclosure and I certify that the information I provided on this application is true and accurate to the best of my knowledge. I hereby consent to have a background investigation made relating to statements made on my application, and consent to have such information reported to ZeroChaos, my prospective employer or current employer at any time after receipt of this authorization and throughout my employment, if applicable. I also agree to give any further information which may be required in reference to my past record. I also authorize and request every person, firm, credit bureau, company, corporation, governmental agency, court, financial institutions, employer, police department, motor vehicle department, workers compensation agency, licensing agency, schools, colleges, universities, and any other association or institution having control of any documents, records and other information pertaining to me, to furnish to ZeroChaos, or its designated agents any such information, background reviews, driving records, employment records, including documents, records, files containing charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit ZeroChaos, or its agents to inspect and make copies of such documents, records and other information. I further authorize ZeroChaos to furnish interested employer(s) and their authorized agents a report relating to statements I made in this application.

Except as otherwise prohibited by law, I hereby release, waive, discharge, exonerate and agree not to sue ZeroChaos, its agents, representatives, employees, independent contractors, officers, directors, and shareholders from and for any all claims, damages, losses, liabilities, rights expenses, demands, causes of actions of any nature whatsoever arising out of or related to ZeroChaos whether such information, documents or records are provided directly to ZeroChaos, its agents by me or obtained independently by ZeroChaos, my prospective or current employer, or its agents on my behalf.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of ZeroChaos and my prospective employer or current employer.

As evidenced by my signature below on this application, I assert my clear understanding and agreement that any and all results from the Background Investigation initiated based upon this application may be shared with ZeroChaos and my prospective or current employer. **You may contact ZeroChaos at 1-866-223-4473 or email at essstatus@zerochaos.com. A summary of your rights under the Federal Credit Reporting Act (FCRA) is attached.**

Signature

Date

DISCLAIMER: IN ADDITION TO THE FOREGOING DISCLOSURE AND AUTHORIZATION FORM NEEDED TO COMPLY WITH THE FEDERAL CREDIT REPORTING ACT (FCRA), VARIOUS STATES IMPOSE ADDITIONAL DISCLOSURE OR OTHER OBLIGATIONS ON EMPLOYERS WHEN THEY OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS ON EMPLOYEES OR APPLICANTS. YOU SHOULD REVIEW YOUR STATE'S LAWS AND REGULATIONS IN THIS REGARD.

THE FOLLOWING IS A SUMMARY OF POSSIBLE STATE REQUIREMENTS THAT MAY APPLY TO YOU

- ☐ **California, Maine, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only:** I have the right to request a copy of any Report obtained by COMPANY from ZeroChaos by checking the box. (Check only if you wish to receive a copy)
- ☐ **California, Connecticut, Maryland, Oregon and Washington State Applicants Only (AS APPLICABLE):** I further understand that COMPANY will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law; (ii) I am seeking employment with a financial institution (California and Connecticut only - in California the financial institution must be subject to Sections 6801-6809 of the U.S. Code); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) **the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing**, [Complete the question below] (Connecticut, Maryland, Oregon and Washington only); (v) I am seeking employment as a covered police, officer, peace officer or other law enforcement position (California and Oregon only - in Oregon the police or peace officer position must be sought with a federally insured bank or credit union), (vi) the COMPANY reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only), (vii) I am seeking a position with the state Department of Justice (California only), (viii) I am seeking a position as an exempt managerial employee (California only), or (viii) I am seeking employment in a position that involves regular access to personal information of others (i.e., bank or credit card account information, social security numbers, dates of birth), other than regular solicitation of credit card applications at a retail establishment, I am seeking employment in a position that requires me to be a named signatory on the employer's bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of the Company or regular access to \$10,000 or more in cash (California only).

Bona fide reasons why COMPANY considers credit information substantially job related [Complete if this is the sole basis for obtaining credit information] **or in California the COMPANY'S basis for the credit check:**

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting ZEROCHAOS. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

California Applicants and Residents: If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards.

Signature

Date

Para información en español, 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.

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:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

ADDITIONAL INFORMATION ABOUT THE FAIR CREDIT REPORTING ACT

The Summary of Your Rights provided above does not reflect certain amendments contained in the Consumer Reporting Employment Clarification Act of 1998. The following additional information may be important for you:

- If an adverse action is taken against you because of a consumer report for which you gave your consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.

For New York Applicants only

NEW YORK CORRECTION LAW

ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section	750. Definitions.
	751. Applicability.
	752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.
	753. Factors to be considered concerning a previous criminal conviction; presumption.
	754. Written statement upon denial of license or employment.
	755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



Dear Employee,

Implementation of the Affordable Care Act of 2010 (the healthcare reform law) requires the enclosed notice be sent to every employee. The notice describes the new online Health Insurance Marketplace, also called an exchange, available at www.healthcare.gov. The Marketplace describes options you may have available for health insurance (other than employer-based plans) and is designed for easy cost and coverage comparisons. The enclosed notice also includes information about coverage you may be eligible for through Lakeshore Consortium, Inc.

In 2014, if you do not have medical coverage, you will have to pay a penalty (in the form of a tax). If you do not qualify for coverage through Lakeshore Consortium, Inc. or you do not enroll yourself or a dependent, you will have to obtain coverage or pay the penalty. This penalty is known as the individual mandate penalty.

For eligible employees, the health plan offered by Lakeshore Consortium, Inc. qualifies as affordable and meets minimum essential coverage standards set by the Affordable Care Act. Because of this, you and your family won't qualify to receive any credits or subsidies, if you purchase coverage from a Marketplace, regardless of your income or family size. If you are a seasonal or variable hour employee or are on your waiting period for benefits and do not have access to other coverage, you may still qualify for reduced premiums through a Marketplace plan. You can visit www.healthcare.gov to determine if you and/or your family qualify for subsidies under the Health Insurance Marketplace in your state.

If you are considered to be low income, you may qualify for Medicaid. Some states will also be expanding the eligibility rules and income requirements to qualify for Medicaid. To determine if the state where you live is expanding Medicaid coverage and to learn about Medicaid, please visit www.healthcare.gov/do-i-qualify-for-medicaid.

What do I do next?

Review the information provided in the notice. You can learn more about the Marketplace at www.healthcare.gov.

Sincerely,

Human Resources Team

Melissa Edson, PHR

Team Captain, Human Resources

Kaitlin Still

Associate, HR and Payroll



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

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 January 1, 2014.

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're 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 any 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.¹

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 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.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.