



# Nonimmigrant Petition Based on Blanket L Petition

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

USCIS  
Form I-129S  
OMB No. 1615-0010  
Expires 06/30/2018

## For Government Use Only

Received	Resubmitted	Fee Receipt	Action Block
Relocated Sent	Relocated Received		
Validity Dates From: <u>8/19/2016</u> To: <u>8/31/2019</u>		Beneficiary Interviewed on: _____	<b>Approving Post: U.S. Consulate, Chennai</b> <b>Approving Officer:</b>  <b>18 OCT 2016</b>  <b>Approved: Blanket L1A / L1B</b> <b>Valid until: 8/31/2019</b>
Denial Reason		Approved as: <input type="checkbox"/> Manager/Executive <input checked="" type="checkbox"/> Specialized Knowledge Professional	
		Approval Date: <u>10/18/2016</u>	

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <b>MN 0392593/IL 6278668</b>	Attorney or Accredited Representative USCIS Online Account Number (if any)
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► START HERE - Type or print in black ink.

### Part 1. Information About The Employer (Petitioner)

1. Name of the Petitioner

**Optum Services, Inc.**

### Petitioner's Mailing Address

2.a. In Care Of Name (if any)

**Keith D. Freechack**

2.b. Street Number and Name

**13625 Technology Drive**

2.c. ☐ Apt. ☐ Ste. ☐ Flr.

2.d. City or Town

**Eden Prairie**

2.e. State

**MN**

2.f. ZIP Code

**55344**

3. Is this mailing address the same as the physical location of the sponsoring company or organization?

☒ Yes ☐ No

If you answered "No" to Item Number 3., provide the sponsoring company's or organization's physical address in Item Numbers 4.a. - 4.e.

### Petitioner's Physical Address

4.a. Street Number and Name

4.b. ☐ Apt. ☐ Ste. ☐ Flr.

4.c. City or Town

4.d. State

4.e. ZIP Code

### Petitioner's Contact Information

5. Daytime Telephone Number

**(952) 936-7192**

6. Fax Number

**(952) 936-3080**

7. Email Address (if any)

8. Web site Address (if any)

**www.optum.com**

### Petitioner's Employees in the United States

9. Does the petitioner employ 50 or more individuals in the United States? ☒ Yes ☐ No

If you answered "Yes" to Item Number 9., complete Item Number 10.

10. Are more than 50 percent of the petitioner's employees in H-1B, L-1A, or L-1B nonimmigrant status?

☐ Yes ☒ No

## Part 2. Information About the Proposed Position and Prior Employment Periods in the United States

The beneficiary will work as a:

- 1.a. ☐ Manager or Executive (L-1A)  
1.b. ☒ Specialized Knowledge Professional (L-1B)

### Dates of Proposed Employment

Provide the beneficiary's dates of proposed employment.

- 2.a. Start Date (mm/dd/yyyy) **09/01/2016**  
2.b. End Date (mm/dd/yyyy) **08/31/2019**

### Prior Periods of Stay in the United States

If the beneficiary was previously in the United States, provide the dates of the beneficiary's prior periods of stay for the last seven years in a work-authorized capacity and indicate the beneficiary's immigration status and visa category (for example, H-1B, O-1) during the period of stay. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

#### Additional Information.

##### Period of Stay 1

- 3.a. From (mm/dd/yyyy)   
3.b. To (mm/dd/yyyy)   
4. Nonimmigrant Status During Period of Stay

##### Period of Stay 2

- 5.a. From (mm/dd/yyyy)   
5.b. To (mm/dd/yyyy)   
6. Nonimmigrant Status During Period of Stay

## Part 3. Information About the Beneficiary

Provide the following information about the beneficiary.

1. Alien Registration Number (A-Number) (if any)  
▶ A-   
2. USCIS Online Account Number (if any)  
▶   
3. U.S. Social Security Number (if any)  
▶

### Beneficiary's Full Name

- 4.a. Family Name (Last Name) **SRIVASTAVA**  
4.b. Given Name (First Name) **Himanshu**  
4.c. Middle Name **Sushil**

### Other Names Used

List all other names the beneficiary has ever used, including aliases, maiden name, and names from all previous marriages. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

- 5.a. Family Name (Last Name)   
5.b. Given Name (First Name)   
5.c. Middle Name

### Beneficiary's Foreign Mailing Address

- 6.a. In Care Of Name (if any)   
6.b. Street Number and Name or PO Box **D-66, Ground Floor**  
6.c. ☐ Apt. ☐ Ste. ☐ Flr.   
6.d. City or Town **Noida**  
6.e. Province **Uttar Pradesh**  
6.f. Postal Code **201301**  
6.g. Country **INDIA**  
7. Is this mailing address also where the beneficiary physically resides? ☒ Yes ☐ No

If you answered "No" to Item Number 7., provide the beneficiary's physical address in Item Numbers 8.a. - 8.f.

### Part 3. Information About the Beneficiary (continued)

#### Beneficiary's Foreign Physical Address

8.a. Street Number and Name

8.b. ☐ Apt. ☐ Ste. ☐ Flr.

8.c. City or Town

8.d. Province

8.e. Postal Code

8.f. Country

#### Other Information About the Beneficiary

9. Date of Birth (mm/dd/yyyy)

10. Gender ☒ Male ☐ Female

11. City or Town of Birth

12. Province or State of Birth

13. Country of Birth

14. Country of Citizenship or Nationality

### Part 4. Information About Proposed United States Employment

1. Provide the receipt number for the Blanket L petition upon which this petition is based.  
▶

2. Are you filing Form I-129, Petition for a Nonimmigrant Worker, with this petition? ☐ Yes ☒ No

#### Proposed Employment Address for the Beneficiary

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

#### Wages and Hours of Proposed Employment

Provide the wages per year the beneficiary will receive and the number of hours the beneficiary will work per week for the proposed employment. Also describe any other compensation the beneficiary will receive, including dollar value (if applicable).

4. Beneficiary's Wages Per Year \$

5. Beneficiary's Hours Per Week

6. Other Compensation

#### Miscellaneous employment benefits.

#### Proposed Job Title and Duties

Provide the job title and duties the beneficiary will perform. Also indicate the percentage of time the beneficiary will spend performing the duties on a daily basis. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

7. Job Title

8. Duties Performed on a Daily Basis

#### Primary Worksite

If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

9. If you are seeking L-1B specialized knowledge professional status for the beneficiary, will the beneficiary work primarily offsite (at a worksite of a company or organization other than the petitioner or its affiliate, branch, subsidiary, or parent company)? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 9.**, describe how and who will control and supervise the beneficiary's work and why the placement is not labor for hire in **Item Numbers 10.a. - 11.**

10.a. Supervisor's Name

10.b. Nature of Supervision and Control of the Beneficiary's Work

**Part 4. Information About Proposed United States Employment (continued)**

11. Describe the reasons why the placement of the beneficiary at this worksite is not an arrangement to provide labor for hire. Also include a description of how the beneficiary's duties at this worksite relate to your need for the specialized knowledge he or she possesses.

N/A

**Part 5. Information About Foreign Employment**

Provide information for **each** qualifying foreign employer for whom the beneficiary worked during the required one continuous year out of three years. If you need extra space to complete this section, use the space provided in Part 10.

**Additional Information.****Qualifying Foreign Position**

Indicate the type of qualifying position the beneficiary was employed in while working for the qualifying foreign employer.

- 1.a. ☐ Manager  
1.b. ☐ Executive  
1.c. ☒ Specialized Knowledge Professional

**Qualifying Foreign Employer Name and Address**

Provide the name and address for the qualifying foreign employer for whom the beneficiary worked.

2. Foreign Employer Name

UnitedHealth Group Information Services Pvt. Ltd.

**Mailing Address**

- 3.a. Street Number and Name **Ground, 1st, 2nd and 3rd floor, Tower - D**  
3.b. ☐ Apt. ☐ Ste. ☐ Flr.   
3.c. City or Town **Noida**  
3.d. Province **Uttar Pradesh**  
3.e. Postal Code **201301**  
3.f. Country **INDIA**

**Other Information About the Beneficiary's Foreign Employment**

Provide the beneficiary's job titles, dates of foreign employment, and the duties of the jobs the beneficiary performed during the required one continuous year out of three years. Also provide the yearly wage the beneficiary received and the number of hours the beneficiary worked per week.

**Job 1**

4. Job Title

Application Developer I

- 5.a. Start Date (mm/dd/yyyy)

04/22/2013

- 5.b. End Date (mm/dd/yyyy)

6. Job Duties

Mr. Srivastava has held the position of Application Developer I from 04/2013 to present. In this role, Mr. Srivastava's compensation on an annualized basis is 466,773 INR. Please see addendum.

7. Wages Earned Per Year \$

0

8. Hours Worked Per Week

40

**Job 2**

9. Job Title

- 10.a. Start Date (mm/dd/yyyy)

- 10.b. End Date (mm/dd/yyyy)

11. Job Duties

12. Wages Earned Per Year \$

0

13. Hours Worked Per Week

## Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

Select Item Number 1. or 2., as appropriate.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the **Export Administration Regulations (EAR)** and the **International Traffic in Arms Regulations (ITAR)** and has determined that:

1. ☒ A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. ☐ A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary **AND** the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

## Part 7. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory

**NOTE:** Read the **Penalties** section of the Form I-129S Instructions before completing this part.

### *Petitioner's or Authorized Signatory's Statement*

**NOTE:** Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

Petitioner's Statement Regarding the Interpreter

- 1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 7.** has read to me every question and instruction on this petition, and my answer to every question, in  
a language in which I am fluent. I understand all of this information as interpreted.

2. Petitioner's Statement Regarding the Preparer

- ☒ At my request, the preparer named in **Part 9.**,

**Katheryn M. Wasyluk**

prepared this petition for me based only upon information I provided or authorized.

### *Authorized Signatory's Contact Information*

3.a. Authorized Signatory's Family Name (Last Name)

**Freechack**

3.b. Authorized Signatory's Given Name (First Name)

**Keith**

4. Authorized Signatory's Title

**Director, Global Mobility**

5. Authorized Signatory's Daytime Telephone Number

**(952) 936-7192**

6. Authorized Signatory's Mobile Telephone Number (if any)

7. Authorized Signatory's Email Address (if any)

**keith\_freechack@uhg.com**

### *Petitioner's or Authorized Signatory's Declaration and Certification*

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date. Photocopied, faxed, or scanned copies of Form I-129S that I will submit to any other Federal agency, including U.S. Department of State and U.S. Customs and Border Protection (CBP), are exact copies of this unaltered, original Form I-129S.

I authorize the release of any information from my records, or from the petitioning organization's records, that USCIS needs to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

**Part 7. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory (continued)**

**Petitioner's or Authorized Signatory's Signature**

8.a. Petitioner's Signature

→ 

8.b. Date of Signature (mm/dd/yyyy)

8/22/16

**NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

**Part 8. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

**I certify that:**

I am fluent in English and

which is the same language provided in **Part 7., Item Number 1.b.** and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner**

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)

Wasylik

1.b. Preparer's Given Name (First Name)

Katheryn

2. Preparer's Business or Organization Name (if any)

Faegre Baker Daniels LLP

**NOTE:** If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)**

**Preparer's Mailing Address**

3.a. Street Number and Name **90 S 7th Street**

3.b. ☐ Apt. ☒ Ste. ☐ Flr. **2200**

3.c. City or Town **Minneapolis**

3.d. State **MN** 3.e. ZIP Code **55402**

3.f. Province

3.g. Postal Code

3.h. Country  
**UNITED STATES OF AMERICA**

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number  
**(612) 766-7605**

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)  
**katheryn.wasylik@faegrebd.com**

**Preparer's Statement**

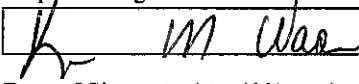
- 7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case  
☒ extends ☐ does not extend beyond the preparation of this petition.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and informed me that all of this information in the petition and in the supporting documents is complete, true, and correct.

**Preparer's Signature**

8.a. Preparer's Signature  


8.b. Date of Signature (mm/dd/yyyy) **8/23/2014**

## Part 10. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Include the beneficiary's name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Beneficiary's Family Name (Last Name)

SRIVASTAVA

1.b. Beneficiary's Given Name (First Name)

Himanshu

1.c. Beneficiary's Middle Name

Sushil

2. Beneficiary's A-Number (if any)

► A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3

4

4

3.d. **Mr. Srivastava's total compensation on an annualized basis will be approximately \$72,095.**

**Optum Services, Inc. (U.S.) and United HealthGroup Information Services, Pvt. Ltd. (India) are affiliates and are 100% owned and controlled by United HealthGroup Incorporated. Please see company support letter for additional information.**

4.a. Page Number 4.b. Part Number 4.c. Item Number

3

4

8

4.d. **For more than three years, Mr. Srivastava has developed the proprietary Dental Facets system and customized EIEI technologies. While in the U.S., Mr. Srivastava will lead enhancements to the Dental Facets system, which include working with business and system analysts, business end-users and owners, and data architects and designers to gather and understand requirements; taking responsibility for design reviews, test case reviews and production support readiness reviews; working with source systems to coordinate for new implementations; management and resolution coordination; offshore coordination and status reporting; and ensuring deliverables are completed within time per organizations standards. See company support letter.**

5.a. Page Number 5.b. Part Number 5.c. Item Number

4

5

6

5.d. **Application Developer**

**Mr. Srivastava designs, implements, and maintains the FTS application, and as such has the most in-depth knowledge and understanding of the FTS internal architecture. His extensive knowledge of the FTS application is required on a temporary basis in the U.S. as the application is scheduled to be enhanced and upgraded to meet increasing demand. Please see support letter for additional information.**

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.



THE UNITED STATES OF AMERICA

RECEIPT NUMBER WAC-16-061-50499		CASETYPE I129 PETITION FOR A NONIMMIGRANT WORKER	
RECEIPT DATE December 30, 2015	PRIORITY DATE	PETITIONER UNITED HEALTHCARE SVCS INC	
NOTICE DATE May 23, 2016	PAGE 1 of 1	BENEFICIARY BLANKET	
UNITED HEALTHCARE SVCS INC C/O KEITH D FREECHACK 9900 BREN RD EAST MN008 W160 MINNETONKA MN 55343		Notice Type: Amended Approval Notice Blanket petition Valid from 03/08/2016 Petition Valid Indefinitely Consulate:	

The above Blanket petition is approved. Petition approval does not authorize the employment or training of any specific employee. When a worker is granted "L" nonimmigrant status based on this petition, he or she can work for the petitioner, but only as detailed in the individual Form I-129 or I-129S petition for the period authorized.

To include an individual employee as an intra-company transferee, the particular U.S. entity that wishes to employ the foreign worker should follow the instruction below that best fits the employee's situation.

If the employee is outside the U.S. and requires a visa, the U.S. entity that wishes to employ the foreign worker must complete Form I-129S, Nonimmigrant Petition based on Blanket L Petition. The employee must present the I-129S to an American consulate or embassy as part of an L-1 visa application.

If the employee is outside the U.S. and is visa exempt, the U.S. entity that wishes to employ the foreign worker must complete Form I-129S, Nonimmigrant Petition based on Blanket L Petition. If the employee is eligible under the U.S.-Canada Free Trade Agreement, the employee may present the I-129S directly at a U.S. port of entry as part of an application for admission in L-1 status. Otherwise, the U.S. entity should file the I-129S at the appropriate Service Center.

If the employee is in the U.S. in other than L-1 status and wishes to change status to L-1, the U.S. entity wishing to employ the foreign worker must complete a Form I-129, Petition for a Nonimmigrant Worker, and file it at the appropriate Service Center which processed the original blanket petition to request a change to L-1 status for the worker. These same requirements apply to a request for extension of stay on behalf of an employee who is currently in valid L-1 status.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

**THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.**

Number of workers: 1

Name  
BLANKET

DOB

COB

Class Consulate / FOE OCC  
LZ 999

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at [www.ombudsman.sba.gov](http://www.ombudsman.sba.gov) or phone 202-205-2417 or fax 202-481-5719.

NOTICE: Although this application/petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify the information submitted in this application, petition and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine whether revocation, rescission, and/or removal proceedings are appropriate. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal proceeding is initiated.

Please see the additional information on the back. You will be notified separately about any other cases you filed.  
USCIS

CALIFORNIA SERVICE CENTER

P. O. BOX 30111

LAGUNA NIGUEL CA 92607-0111

Customer Service Telephone: (800) 375-5283

