

INSTRUCTIONS FOR PAPER FORM I-9 USING NOTARY AS AUTHORIZED REPRESENTATIVE

If you will be unable to present your original work authorization document(s) in person, to a manager or other employer representative (e.g., Trainer, Supervisor) you will need to complete the paper Form I-9 using a Notary as authorized representative.

1. Use the Form I-9 Employment Eligibility Verification to complete **Section 1: Employee Information and Attestation (Page 1):**

- ☐ Enter your full legal last name, first name and middle initial, and any other last names used in the past or present (such as a maiden name).
 - If no previous last names have been used, write "N/A"
 - If no middle initial, write "N/A"
- ☐ Enter your home address, apartment number, city or town, state and ZIP code.
 - If no apartment number, write "N/A"
- ☐ Enter your date of birth as a two-digit month, two-digit day, and four-digit year: (mm/dd/yyyy).
- ☐ Enter your Social Security number (required).
- ☐ Enter your e-mail address and phone number (optional).
 - If you do not wish to enter an e-mail address or telephone number, write "N/A"
- ☐ Read and attest to your citizenship or immigration status by checking one of the following boxes provided on the form:
 1. A citizen of the United States
 2. A noncitizen nation of the United States
 3. A lawful permanent resident
 - If you select this box, enter your seven to nine digit Alien Registration Number (A-Number) or USCIS Number in the space provided
 4. An alien authorized to work
 - If you select this box, enter your seven to nine digit Alien Registration Number (A-Number) or USCIS Number in the space provided; OR
 - Form I-94 Admission Number; OR
 - Foreign Passport Number and Country of Issuance
- ☐ Sign and date the printed form, entering the date in Section 1 as a two-digit month, two-digit day, and four-digit year: (mm/dd/yyyy).
- ☐ If you did not use a preparer and/or translator to complete the form, place a check mark in the box titled "I did not use a preparer or translator".
- ☐ If a preparer and/or translator assisted you in completing the form, place a check mark in the box titled "A preparer(s) and/or translator(s) assisted the employee in completing Section 1."
 - The preparer and/or translator must certify they assisted with the completion of the form by completing the Preparer and/or Translator Certification block.

2. Prepare to present your List A document(s) or a combination of List B and List C documents to the Approver/Notary to complete Section 2 of the Form I-9. **Note: If you present a List B document, it must include a photo.**

3. Provide the enclosed letter to the Notary Public. The Notary will act as the authorized Representative and will complete Section 2.

INSTRUCTIONS FOR PAPER FORM I-9 USING NOTARY AS AUTHORIZED REPRESENTATIVE

4. To complete **Section 2: Employer or Authorized Representative Review and Verification as a Notary or Authorized Representative (Page 2):**

- ☐ At the top of Section 2, enter the employee information from Section 1: Full legal Last Name, First Name, Middle Initial, and citizenship/immigration status as it relates to the number in Section 1 (Example: 1 = Citizen of the U.S., 2 = Noncitizen National of the U.S., 3 = Lawful Permanent Resident, 4 = Alien Authorized to Work).
- ☐ Enter the document title(s), issuing authority, document number, and the expiration date from original documents supplied by the employee in the correct column: List A or List B and C.
- ☐ Enter the first day of employment for wages or other remuneration (such as date of hire) in the space titled "The employee's first day of employment (mm/dd/yyyy)".
- ☐ Approver/Notary attests to physically examining documents provided by the employee and completes the Last Name (of Approver/Notary), First Name (of Approver/Notary), Employer's Business or Organization Name (UnitedHealth Group), and signs and dates the signature and date fields.
- ☐ Enter the corporate business street, city or town, state and ZIP code. The UnitedHealth Group corporate address is used on the Form I-9. Please use the below address if not prepopulated on the form.
 - 9900 Bren Road East
Minnetonka, MN 55343

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): [?](#) _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative ? Signature of Approver/Notary		Today's Date(mm/dd/yyyy) ?		Title of Employer or Authorized Representative ?	
Last Name of Employer or Authorized Representative ?		First Name of Employer or Authorized Representative ?		Employer's Business or Organization Name ? UnitedHealth Group	
Employer's Business or Organization Address (Street Number and Name) ? 9900 Bren Road East		City or Town ? Minnetonka		State ? MN	ZIP Code ? 55343

Note: The completion of Section 2 as an authorized representative is **not** a notary act and the Form I-9 should not be notarized.

INSTRUCTIONS FOR PAPER FORM I-9 USING NOTARY AS AUTHORIZED REPRESENTATIVE

5. Complete the attached I-9 FAX/Email Coversheet and fax or scan and email the following:
 - FAX/Email Coversheet
 - Completed Form I-9 (Section 1 and Section 2)
 - Copy of List A document(s), if used

Retain your original Form I-9. Once you submit the Form I-9 you will receive a confirmation email from the UnitedHealth Group Employee Relations team within 3 business days, providing you with any further instructions.

Please allow up to 3 business days to receive this confirmation email.

For additional questions regarding the Form I-9 please contact HRdirect at 1-800-561-0861.

TO: Notary Public

RE: Authorized Representative for Form I-9

Federal law requires that all employees document and provide proof of citizenship or legal immigration status in order to be employed in the United States. All employees hired after November 6th, 1986, and working in the United States must complete Form I-9 as proof of authorization to work in the United States.

As an agent on our behalf, UnitedHealth Group is requesting that you examine the documents presented by the employee and complete Section 2: Employer Review and Verification of the I-9 form. Because it is not physically possible for this person to come to our offices to complete the Form I-9 paperwork, the United States Customs and Immigration Service (USCIS) allows employers to utilize an authorized representative and designate an agent, such as a notary public, to carry out this portion of the form I-9.

The employee should have already completed, or will complete in front of you, Section 1 of the I-9 form. You are not responsible for ensuring the accuracy of the information contained on this form.

Regards,

UnitedHealth Group
Employee Relations
9900 Bren Rd. E
Minnetonka, MN 55420

FORM I-9 FAX/EMAIL COVER SHEET

Date: ____/____/____

To: HRdirect Employee Relations

Subject: Paper Form I-9

Fax Number: 855-708-6582 OR Email to: Tier2_ERS@uhg.com

Number of Page(s): _____ (including this cover sheet)

This fax/email message contains the completed Form I-9 and copy of the U.S. Passport, Passport Card, Permanent Resident Card (Form I-551) or an Employment Authorization Document (Form I-766) that were provided to the Notary Public for Section 2 of the Form I-9 (if applicable)

Employee Contact Information

Employee Name: _____

Employee ID: _____

Phone: _____

Personal Email: _____

HRdirect will use your employee contact information to advise you of any corrections needed on the paper Form I-9. If no corrections are needed, they will notify you that your Form I-9 was completed successfully.