



Case Identifier

**Employment Eligibility Verification****Department of Homeland Security**  
U.S. Citizenship and Immigration Services**USCIS**  
**Form I-9**

OMB No.1615-0047

Expires 08/31/2019

**▶START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) RAOL		First Name (Given Name) MEHULSINH		Middle Initial N/A	Other Names Used (if any) N/A	
Address (Street Number and Name) 25407 CELTIC TERRACE DR		Apt. Number N / A	City or Town KATY		State TX	Zip Code 77494
Date of Birth (mm/dd/yyyy) 11/11/1971	U.S. Social Security Number 1 0 8 - 8 8 - 4 1 0 9		Employee's Email Address mehul.raol@optum.com			Employee's Telephone Number 832/417-6114

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.****I attest, under penalty of perjury, that I am (check one of the following boxes):**

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field.  
*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:*  
*An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number*

1. Alien Registration Number/USCIS Number \_\_\_\_\_

**OR**

2. Form I-94 Admission Number \_\_\_\_\_

**OR**

3. Foreign Passport Number \_\_\_\_\_

Country of Issuance \_\_\_\_\_

**QR Code - Section 1**  
**Do Not Write In This Space**

Signature of Employee MEHULSINH RAOL(Electronic Signature)

Date (mm/dd/yyyy) 11/30/2018

**Preparer and/or Translator Certification (Check one):**

- ☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1:

*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)***I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

**Employer Completes Next Page**



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## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1:	Last Name (Family Name) RAOL	First Name (Given Name) MEHULSINH	Middle Initial N/A	Citizenship/ImmigrationStatus 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		
Document Number		Document Number		Issuing Authority
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Document Number
Document Title				Expiration Date (if any)(mm/dd/yyyy)
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
		<div>Comments</div> <div>QR Code - Section 2 &amp; 3 Do Not Write In This Space</div>		

## 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): 11/30/2018 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
		Lead Software Engineer	
Last Name of Employer or Authorized Rep BEMBRY	First Name of Employer or Authorized Rep CYNTHIA	Employer's Business or Organization Name UNITEDHEALTH GROUP	
Employer's Business or Organization Address (Street Number and Name) 9900 BREN ROAD E	City or Town MINNETONKA	State MN	Zip Code 55343



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Employee Name from Section 1 :	Last Name (Family Name)	First Name (Given Name)	Middle Initial
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## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>	<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)      First Name (Given Name)      Middle Initial	Date (mm/dd/yyyy)

<b>C.</b> If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title	Document Number	Expiration Date (if any)(mm/dd/yyyy)
Document Title	Document Number	Expiration Date (if any)(mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Name of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Signature of Employer or Authorized Representative
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