

INSTRUCTIONS FOR PAPER FORM I-9 USING AUTHORIZED REPRESENTATIVE

If you will be unable to complete the electronic Form I-9, you will need to complete the paper Form I-9 using an authorized representative as the approver.

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 Authorized Representative/Approver to complete Section 2 of the Form I-9.

Note: If you present a List B document, it must include a photo.

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3. To complete Section 2: Employer or Authorized Representative Review and Verification as an Authorized Representative/Approver (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)".
- ☐ Authorized Representative/Approver attests to physically examining documents provided by the employee and completes the Last Name (of Approver), First Name (of Approver), 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 Approver Signature		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative Approver Last Name		First Name of Employer or Authorized Representative Approver First Name		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

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.

UNITEDHEALTH GROUP

Human Capital, Employee Relations
9900 Bren Road East
MN008-W210
Minnetonka, MN 55343
Tel: 1-800-561-0861 Fax: 1-855-708-6582

To Notary Public:

RE: Authorized Representative for Form I-9

Federal law requires that every employer who hires an individual for employment in the U.S. complete a Form I-9, Employment Eligibility Verification. The Form I-9 is used to verify the identity and employment authorization of any individual (both citizen and noncitizen) hired after November 6, 1986.

In the case that an employee is hired as a remote worker, the U.S. Citizenship and Immigration Services (USCIS) permits the use of a Notary Public to act as the Authorized Representative to complete Section 2 of the Form I-9. When acting as the Authorized Representative on behalf of an employer, the notary should *not* provide a notary seal or stamp on the Form I-9. The Authorized Representative is acting as an agent of the employer, and not in the capacity of a notary public.

UnitedHealth Group is designating you to act as our Authorized Representative to complete Section 2 Employer of Authorized Representative Review and Verification. The employee is to complete Section 1 of the Form I-9 and present you with a selection from List A, or a combination of a List B and List C document. Please refer to the Form I-9 Instructions for more information regarding how to complete Section 2.

Thank you,

Employee Relations
HRdirect Operations Center
UnitedHealth Group

Form I-9 Fax/Email Coversheet

Date: ____/____/____

To:	HRdirect Employee Relations
Subject:	Paper Form I-9
Secure Fax:	855-708-6582
Secure Email:	Tier2_ERS@uhg.com
Number of Page(s) Including Coversheet:	

This fax/email message contains the completed Form I-9 and copy of List A Document (if applicable).

Employee Contact Information

Employee Name: _____

Employee ID: _____

Phone: _____

Email: _____

HRdirect will use your contact information above to advise if any corrections are needed to the Paper Form I-9. If no corrections are needed, you will receive notification that the Form I-9 was completed correctly/successfully.

Please allow 3 business days for HRdirect to respond.