



Cognizant
Technology
Solutions

Form I-9 Compliance, LLC Process Flow©

Step 1

Locate another Cognizant associate currently on US payroll.
Proceed to the Form I-9 Compliance, LLC website at www.formi9.com and LOGIN

NOTE: PLEASE USE INTERNET EXPLORER!

Step 2

Enter the following details:

- **Company ID: Cognizant**
- **User Name: field**
- **Password: CTSi9**

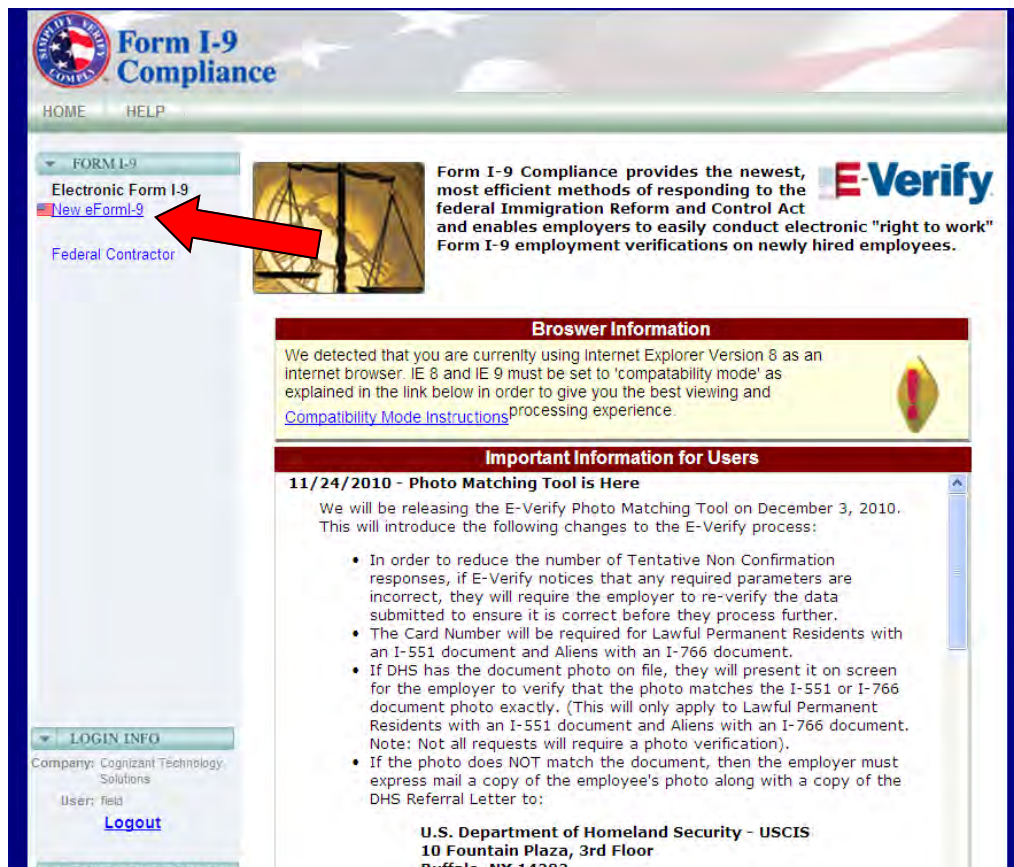
Company ID:	<input type="text" value="cognizant"/>
UserName:	<input type="text" value="field"/>
Password:	<input type="password" value="••••"/>
<input type="button" value="Log In"/>	

[Forgot My Password](#)

Step 3

To create a new Electronic Form I-9;

1. "Click" the New eFormI-9 link on the left hand side of the page under **Electronic Form I-9**



2. Enter your Last Name, First Name. City of Birth is optional. Then click OK.

User Info

Enter the name of the individual completing Section 1 of the I-9 Form

Last Name:

First Name:

City of Birth (optional):

OK

3. Enter 6- digit Employee I.D. number. If you do not have one, please leave it blank.

Employee ID:

Step 4

Section 1 and 2 of the I-9 form must be completed. Section 1 of the form must be completed by the employee while Section 2 is to be completed by another Cognizant employee. Please note, Sections 1 & 2 must be completed and saved, before the signature fields will be enabled. Both sections must be done simultaneously and within three (3) business days of commencing employment.

Section 1- Employee Information

State Specific Forms: [Click Here](#)

[Help](#)
[Glossary](#)

[View Instructions](#)
 Page 1

Employee ID:

Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form I-9
 OMB No. 1615-0047
 Expires 03/31/2016

▶ **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)	First Name (Given Name)	Middle Initial	Other Names Used (if any)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Address (Street Number and Name)	Apt. Number	City or Town	State
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address	Telephone Number
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>


- ❖ All fields marked by ● are mandatory and must be completed. If you have a valid Social Security Number, complete the field marked ●. ● fields are optional.
- ❖ “Other Names Used” refers to other names you may have used in the past or present (e.g., maiden name) if any.
- ❖ If you have two last names (family names), include both. If you hyphenate your last name, include hyphen (-) between the names.

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- ❖ If you have two first names (given names), include both. If you hyphenate your first name, include hyphen (-) between the names.
- ❖ Include your middle initial, if applicable.
- ❖ You must use a current physical U.S. street address. You cannot enter a P.O. Box address. If you currently staying in a hotel, you should enter your room number and the hotel address.
- ❖ Date of Birth must be entered as MM/DD/YYYY.
- ❖ If you do not have a social security number at the time of I-9 completion, you may leave that field blank.

Section 1- Employee Attestation

Read the warning and attest to your citizenship or immigration status by checking the appropriate box below.



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):

☒ 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. ([See instructions](#))

☐ N/A - Not Applicable

☐ D/S - Duration of Status

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

☐ 1. Alien Registration Number/USCIS Number:

OR

☐ 2. Form I-94 Admission Number:

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number:

Country of Issuance:

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. ([See instructions](#))

Signature of Employee:

☐ Signature Validation

Date (mm/dd/yyyy):

3-D Barcode
Do Not Write in This Space

❖ **A citizen of the United States**

Is a person born in the United States and subject to the jurisdiction thereof, or a foreign born person naturalized as a citizen of the United States

❖ **A noncitizen national of the United States**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad

❖ A lawful permanent resident

A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

❖ An alien authorized to work

If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box

Record the date that your employment authorization expires

Note*** Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, should only select the "N/A" designation immediately below the "expiration date" data field.

If a Duration of Status (D/S) notation appears of your Form I-94 indicating that you are authorized to remain in the United States as long as maintain a valid status, select the "D/S" designation immediately below the "expiration date" data field.

- ❖ Alien Registration Number / USCIS Number refers to the A# listed on a Permanent Resident / EAD card.
- ❖ Admission # is the same as an I-94 # (You do not have an EAD card).

Section 1- Preparer and / or Translator Certification

If Section 1 is being prepared by the Section 1 employee enter NONE, NONE in that field (Preparer / Translator certification).

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)			
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: <input type="checkbox"/> Signature Validation		Date (mm/dd/yyyy): 6/20/2013	
Last Name (Family Name) NONE		First Name (Given Name) NONE	
Address (Street Number and Name) 500 Frank W. Burr Boulevard		City or Town Teaneck	State New Jers
		Zip Code 07666	



Employer Completes Next Page



Step 5

Section 2. Employer Review and Verification **(Must be completed by Authorized Employer Representative).**

- Please refer the newly hired employee who completed section 1 to the List of Acceptable Documents below. The employee is free to choose to provide any document he or she may have from that list, but must provide either one document from List A, **OR** one document each from List B **and** List C. The employee must provide an original document(s) for you to review and you must ensure that it appears to be genuine and to relate to the employee.
Please write the relevant document information from the document(s) you have reviewed in the appropriate fields in section 2 of the form.
- Please note: If the employee provides a restricted social security card that contains the following language, "**VALID FOR WORK ONLY WITH DHS/INS AUTHORIZATION**" it cannot be used in section 2 as a List C document.

Please refer to the List of Acceptable Documents

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Section 2. Employer / Authorized Representative Review and Verification

After entering the full name of the Section 1 employee, please refer to the original documents the employee has presented to you and complete Section 2 in its entirety.

Section 2: Certification

Section 2. Employer or Authorized Representative Review and Verification			
<i>(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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)</i>			
Employee Last Name, First Name and Middle Initial from Section 1: <input type="text"/>			
List A Identity and Employment Authorization Special Rules Document Samples		OR	List B Identity Special Rules
List C Employment Authorization Special Rules		AND	
Document Title: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing Authority: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document Number: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (if any)(mm/dd/yyyy): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document Title: <input type="text"/>	<input type="text"/>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> 3-D Barcode Do Not Write in This Space </div>	
Issuing Authority: <input type="text"/>	<input type="text"/>		
Document Number: <input type="text"/>	<input type="text"/>		
Expiration Date (if any)(mm/dd/yyyy): <input type="text"/>	<input type="text"/>		
Document Title: <input type="text"/>	<input type="text"/>		
Issuing Authority: <input type="text"/>	<input type="text"/>		
Document Number: <input type="text"/>	<input type="text"/>		
Expiration Date (if any)(mm/dd/yyyy): <input type="text"/>	<input type="text"/>		

Enter the Section 1 employee's U.S. start date as indicated in HCM then enter **your** Cognizant designation followed by **your** Last Name, First Name.

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 <input type="checkbox"/> Signature Validation		Date (mm/dd/yyyy) 6/20/2013	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name Cognizant Technology Solutions		
Employer's Business or Organization Address (Street Number and Name) 500 Frank W. Burr Boulevard		City or Town Teaneck	State New Jers	Zip Code 07666

SAVE your form.

Complete Sections 1 and 2 and click 'Save'.

Save

Cancel

When there are no errors present on the eForm I-9, you will immediately proceed to the Electronic Signature option:

☐ Physical Signature ☒ Electronic Signature

Select signature type above (Physical or Electronic).

Save

Print PDF

Cancel

Step 7

Scroll back to Section 1 (Employee's Section) of the form until you find the **Signature Validation** Section highlighted and click on the box:

The screenshot shows the eForm I-9 with the 'Signature Validation' section highlighted in yellow. A red arrow points to this section. The form includes fields for 'Employee's Signature', 'Date (month/day/year)' (5/11/2011), 'Preparer and/or Translator Certification', 'Preparer's/Translator's Signature', 'Last Name' (Washington), 'First Name' (George), 'MI' (), 'Address (Street Name and Number, City, State, Zip Code)', and 'Date (month/day/year)'.

Step 8

After you click on the box, a window pops up:

The screenshot shows the eForm I-9 with a pop-up window titled 'Section 1 Employee Signature- Instant Signature'. The window contains fields for 'First Name' (George), 'MI' (), 'Last Name' (Washington), and 'What is your mother's name?'. Below these fields is a text block explaining the 'E-Sign Document' process. Two buttons are at the bottom: 'E-Sign Document' and 'Withdraw Consent'. A red arrow points from the 'E-Sign Document' button to a text box that says 'Click E-sign Document.' Another red arrow points from the 'What is your mother's name?' field to a text box that says 'Answer one of the questions.'



After E-signing the document, the following box will pop-up:

The screenshot shows a pop-up box with a black and white striped border. It contains the text 'Electronic Signature is VERIFIED AND SECURE' in green, followed by 'Instant Signature' in black.

Close the form and have the Authorized Representative complete the next signature- the **Preparer/Translator Certification**.

Step 9

Click on the box, repeat step 7.

Preparer and/or Translator Certification <i>(To be completed and signed if Section 1 is prepared by a person other than the employee.)</i>			
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: <input type="checkbox"/> Signature Validation		Date (mm/dd/yyyy): 6/20/2013	
Last Name (Family Name) NONE		First Name (Given Name) NONE	
Address (Street Number and Name) 500 Frank W. Burr Boulevard		City or Town Teaneck	State New Jers
		Zip Code 07666	
 Employer Completes Next Page 			

Step 10

To be completed by other Cognizant associate:

Scroll to the last signature validation Section highlighted- the **Certification** Section.

Click on the signature Validation, repeat step 7.

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 6/11/2011 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Last Name	First Name	MI	Title
<input type="checkbox"/> Signature Validation	Lincoln	Abraham		President
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)			Date (month/day/year)
Cognizant Technology Solutions	500 Frank W. Burr Boulevard Teaneck, NJ			6/11/2011

Section 3. Updating and Reverification (To be completed and signed by employer.)

Section 2 Employer Signature- Instant Signature

[Make Form I-9 Instructions Available - Click here to Print](#)

First Name: Abraham MI: Last Name: Lincoln

What is your mother's name?

When the 'E-Sign Document' button below is clicked, the person named above acknowledges, agrees and attests that they (1) have reviewed and confirmed that the information in the Section and signature block referenced above is true and correct, (2) are the person named in that Section of the document, (3) freely intend to create and are adopting as their own a legally binding electronic signature on this electronic document that carries the same legal effect and enforceability as their handwritten signature; and (4) understand that they may refuse to sign this document electronically by selecting the 'Withdraw Consent' button below, but instead have freely elected to sign electronically.

Electronic Signature is **VERIFIED AND SECURE**

Instant Signature

Abraham Lincoln electronically signed the Form I-9, dated Saturday, June 11, 2011 9:24 AM Pacific Time at the Signature of Employer or Authorized Representative signature line.

Step 11

A message box will appear. If you are working in the state of Colorado, please select Yes and complete the necessary forms. If you are not working in Colorado, please select No.

State Specific Documents

Certain states require the completion of additional forms in relation to the Form I-9. Is this employee being hired in CO?

Step 12

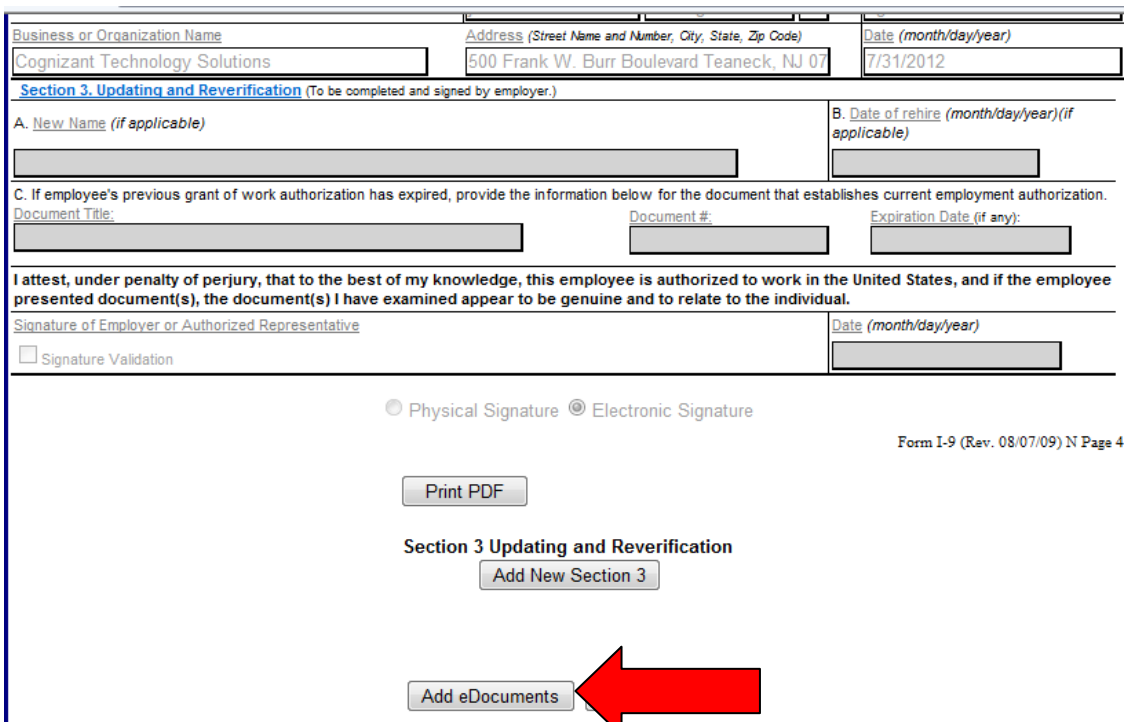
If you have the following message – **e-Form I-9 Successfully Completed and Archived** – the form has been submitted properly and should be archived in our records.



The screenshot shows the top of the Form I-9 Compliance page. It includes the Department of Homeland Security logo, a header with 'Form I-9 Compliance', and a navigation bar with links for 'State Specific Forms: Click Here', 'View Instructions', and 'Page 1'. The main content area displays the message 'eForm I-9 Successfully Completed and Archived' in green. Below this, there is a text box for 'Employee ID:' and a 'Dynamic Help' toggle set to 'Off'. The footer contains the OMB No. 1615-0047, expiration date 08/31/12, and the form title 'Form I-9, Employment Eligibility Verification'.

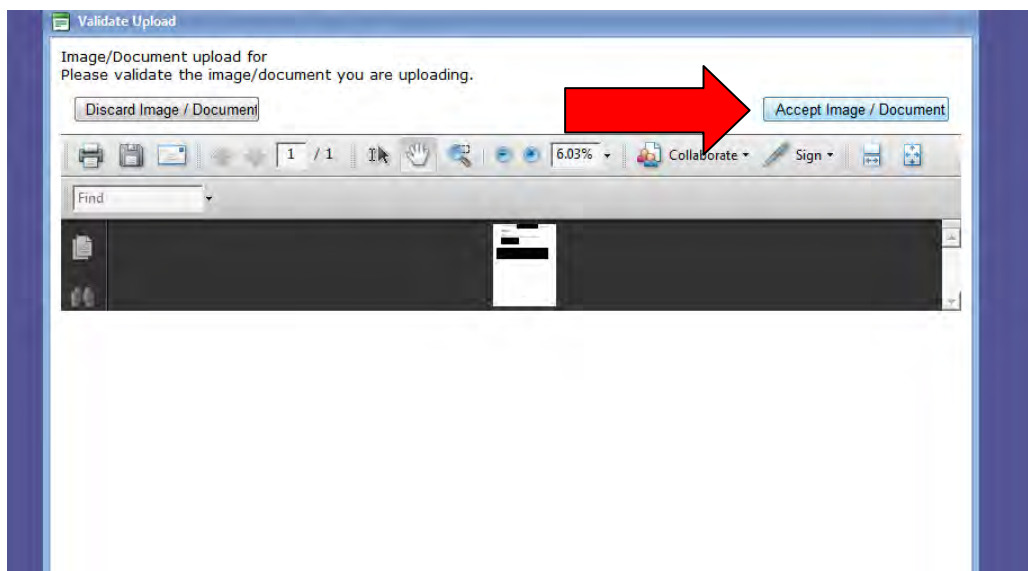
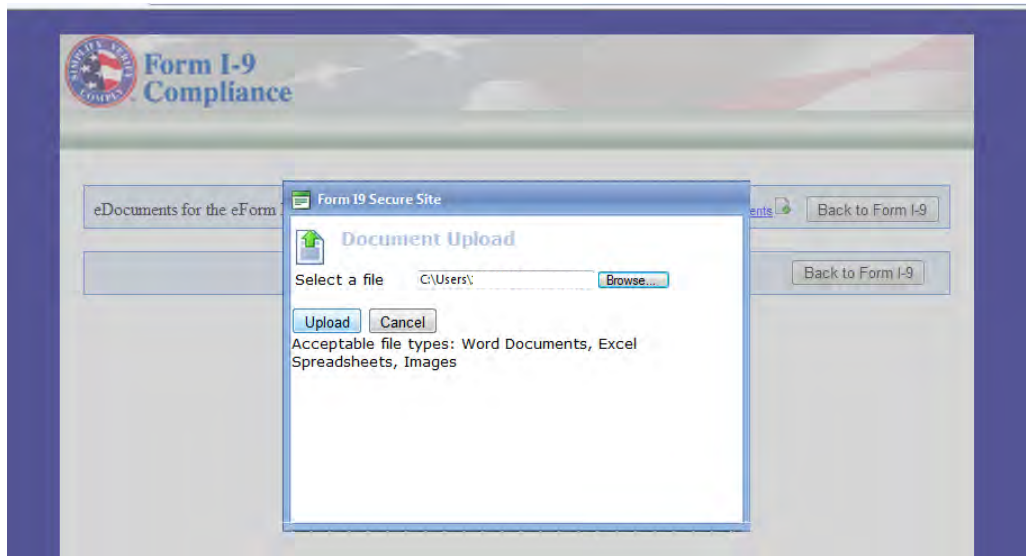
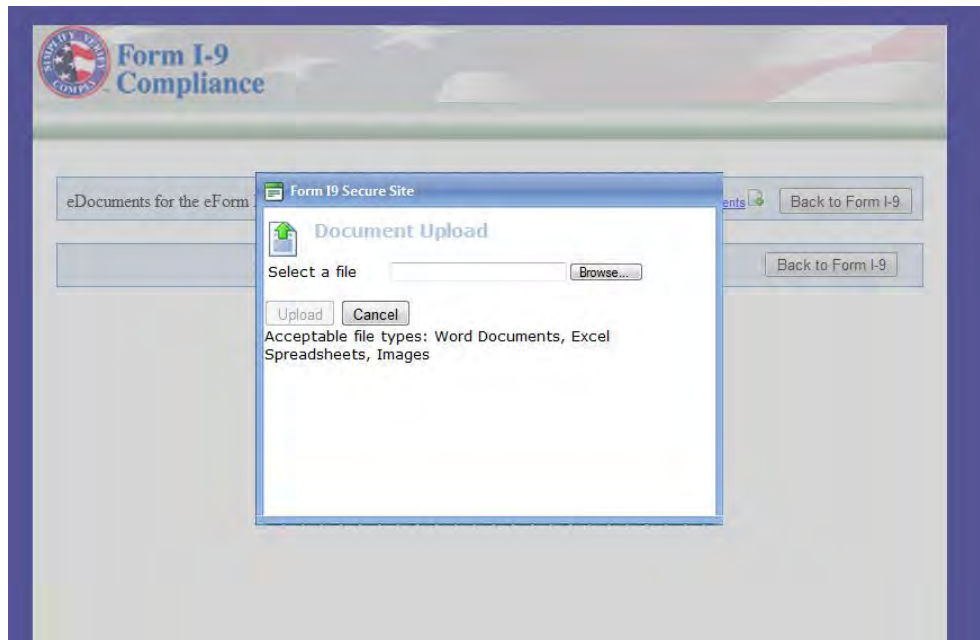
Step 13

If section 2 was completed using a U.S. Passport, U.S. Passport Card, Permanent Resident Card, or EAD Card, you must upload a copy of that document upon completing the form.



The screenshot shows the 'Section 3. Updating and Reverification' page. It contains several text boxes for 'Business or Organization Name', 'Address', and 'Date'. Below these are fields for 'A. New Name (if applicable)', 'B. Date of rehire (month/day/year) (if applicable)', and 'C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.' This section includes 'Document Title', 'Document #', and 'Expiration Date (if any)'. A statement of attestation follows, followed by a signature line for the employer or authorized representative, including a checkbox for 'Signature Validation' and a date field. At the bottom, there are radio buttons for 'Physical Signature' and 'Electronic Signature', a 'Print PDF' button, and a 'Section 3 Updating and Reverification' section with an 'Add New Section 3' button. A red arrow points to the 'Add eDocuments' button at the very bottom.

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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.