



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

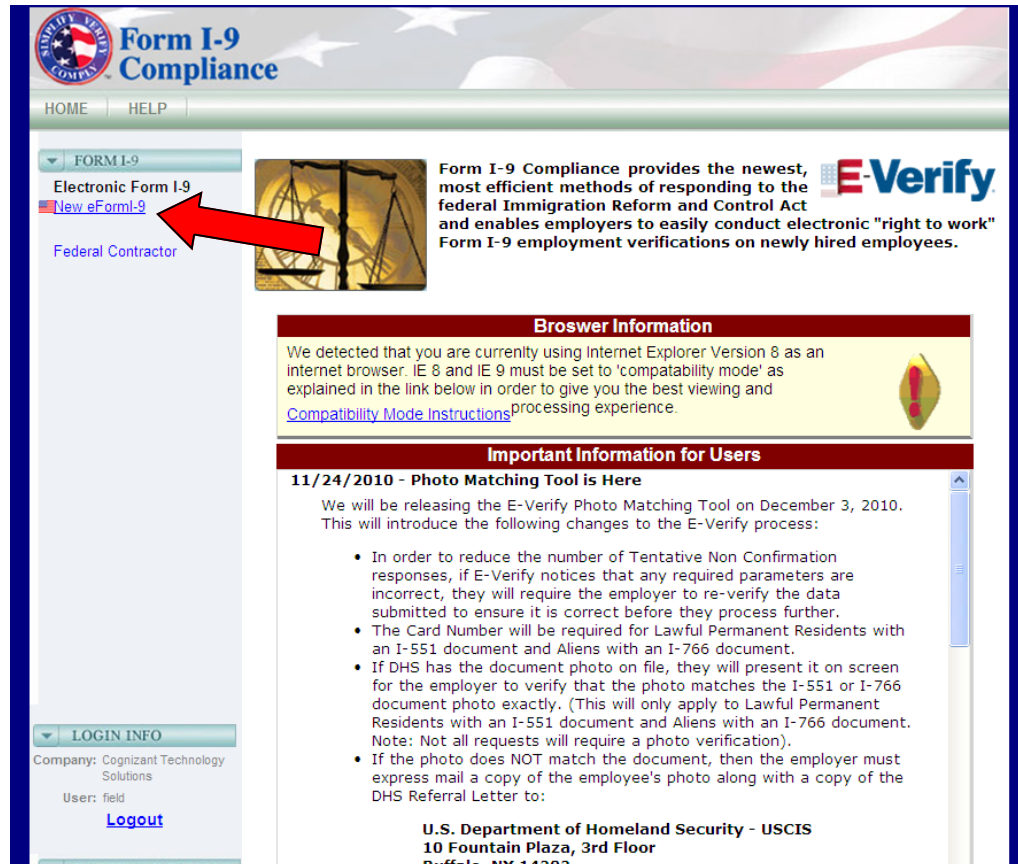
Company ID:	<input type="text" value="cognizant"/>
UserName:	<input type="text" value="field"/>
Password:	<input type="password" value="••••"/>
<input type="button" value="Log In"/>	

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

Employee ID:	<input type="text"/>
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Step 4

With another employee present; Complete Sections 1 and 2 of the eForm I-9. Follow Steps 1-11.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins).

- 1a. Enter your last name.
- 1b. Enter your first name.
- 1c. Enter your middle initial.
2. Enter your maiden name (if applicable).
3. Enter your current U.S. address (street name and number).
4. Enter U.S. City, State, and Zip Code.
5. Enter your date of birth (month/day/year).
6. Enter your U.S. social security number. If you do not yet have one please leave blank
7. Please select your current status in the U.S.
(Note: Admission # refers to an I-94 (No EAD card). Alien # refers to A# listed on EAD card).
8. Enter your (last name followed by first name)

State Specific Forms: [Click Here](#) Dynamic Help: ☐ On ☒ Off

[View Instructions](#)
Page 1

OMB No. 1615-0047; Expires 08/31/12
Form I-9, Employment Eligibility Verification

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

Employee ID:

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last First Middle Initial Maiden Name

Address (Street Name and Number) Apt. # City State Zip Code

Date of Birth (month/day/year)

Social Security #

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 #) A
☐ An alien authorized to work ☐ Alien # or ☐ Admission #
 until (expiration date, if applicable - month/day/year)

Employee's Signature Date (month/day/year)

☐ Signature Validation

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.

Preparer's/Translator's Signature Last Name First Name MI

☐ Signature Validation

Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

500 Frank W. Burr Boulevard Teaneck, NJ 07666 6/11/2011

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 on the next page. 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.

9. Certification- Associate who is facilitating the completion of the I-9 will enter the hire date.

10. Enter your Last and First name.

11. Enter your designation title e.g. (Manager, Asst Manager, Senior Associate, etc.)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).)				
List A Special Rules Document title: -- Select a Document -- Issuing authority: Document #: Expiration Date (if any): Document #: Expiration Date (if any): 	OR List B Special Rules	AND List C Special Rules <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>		
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 9 (month/day/year) 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 <input type="checkbox"/> Signature Validation		Last Name 10	First Name 	MI
Title 11		Business or Organization Name Cognizant Technology Solutions		
Address (Street Name and Number, City, State, Zip Code) 500 Frank W. Burr Boulevard Teaneck, NJ		Date (month/day/year) 6/11/2011		
Section 3. Updating and Reverification (To be completed and signed by employer.)				
A. New Name (if applicable) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		B. Date of rehire (month/day/year)(if applicable) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.				
Document Title: -- Select a Document --		Document #: 		Expiration Date (if any):
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.				

Please refer to the List of Acceptable Documents

LISTS OF ACCEPTABLE DOCUMENTS		
All documents must be unexpired		
LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	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. 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)	3. School ID card with a photograph	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. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

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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:

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):
(Click for help)
☒ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A Lawful Permanent Resident (Alien #) A [redacted]
☐ An alien authorized to work ☐ Alien # or ☐ Admission # [redacted]
until (expiration date, if applicable - month/day/year) [redacted]

Employee's Signature [redacted] Date (month/day/year) 6/11/2011

☒ Signature Validation

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.

Preparer's/Translator's Signature [redacted] Last Name Washington First Name George MI [redacted]
☐ Signature Validation
Address (Street Name and Number, City, State, Zip Code) [redacted] Date (month/day/year) [redacted]

Step 8

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

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):
(Click for help)
☒ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A Lawful Permanent Resident (Alien #) A [redacted]
☐ An alien authorized to work ☐ Alien # or ☐ Admission # [redacted]
until (expiration date, if applicable - month/day/year) [redacted]

Employee's Signature [redacted] Date (month/day/year) 6/11/2011

☒ Signature Validation

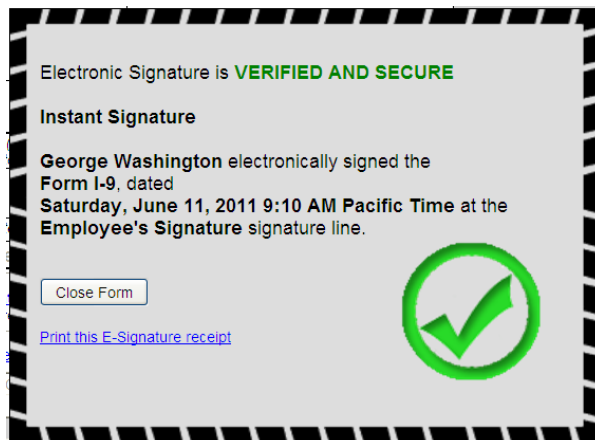
Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature [redacted] Last Name Washington First Name George MI [redacted]
☐ Signature Validation
Address (Street Name and Number, City, State, Zip Code) [redacted] Date (month/day/year) [redacted]

Answer one of the questions.

Click E-sign Document.

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



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 (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.

Preparer's/Translator's Signature	Last Name	First Name	MI
<input type="checkbox"/> Signature Validation	Washington	George	
Address (Street Name and Number, City, State, Zip Code)			Date (month/day/year)
500 Frank W. Burr Boulevard Teaneck, NJ 07666			6/11/2011

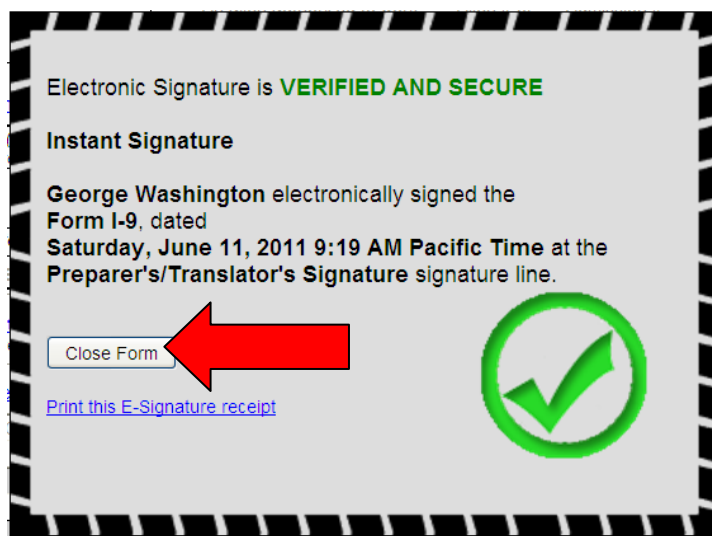
Section 1 Preparer/Translator Signature- Instant Signature

Make Form I-9 Instructions Available - Click here to Print

First Name	MI	Last Name
George		Washington

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.



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 0			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

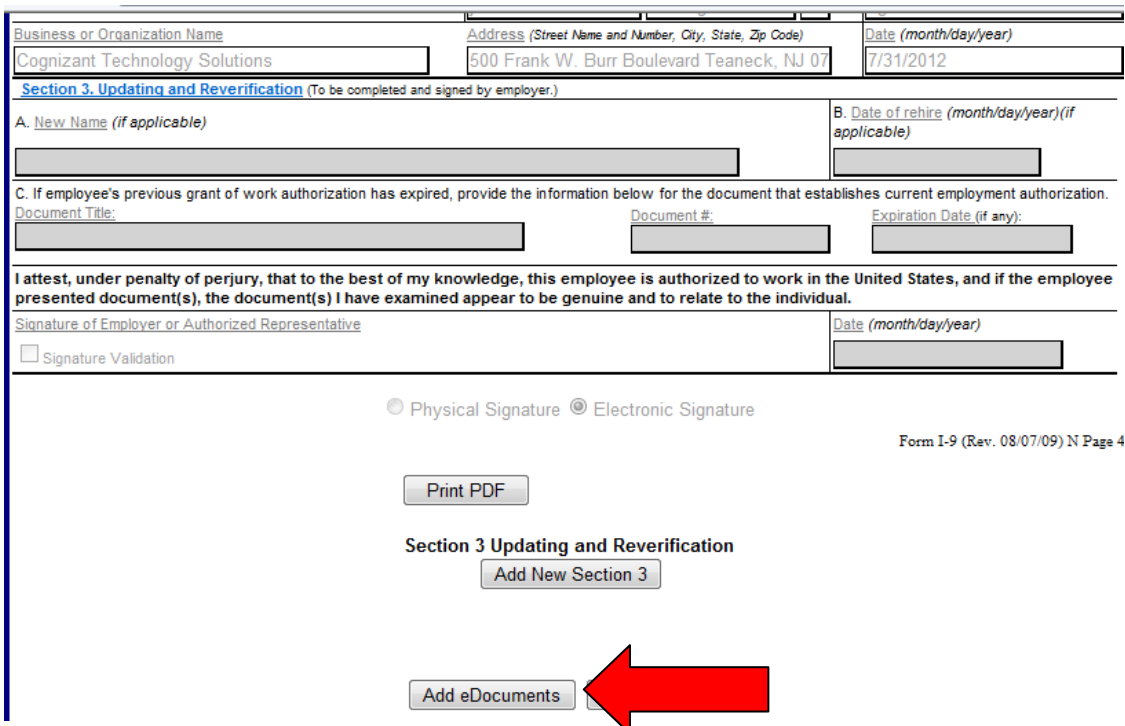
If you have the following message – **e-Form I-9 Successfully Completed and Archived** – the form has been submitted properly and should be archived in our records. Please allow **1-2 business days** for confirmation from the I-9 submissions team.



The screenshot shows the 'Form I-9 Compliance' header with a 'SIMPLY VERIFY COMPLY' logo. Below the header, there are links for 'State Specific Forms: Click Here' and 'Dynamic Help: On/Off'. A 'View Instructions Page 1' link is centered. The main message is 'eForm I-9 Successfully Completed and Archived' in green. To the right, it says 'OMB No. 1615-0047; Expires 08/31/12' and 'Form I-9, Employment Eligibility Verification'. On the left, it says 'Department of Homeland Security U.S. Citizenship and Immigration Services'. In the center, there is an 'Employee ID:' field.

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' form. It includes fields for 'Business or Organization Name' (Cognizant Technology Solutions), 'Address' (500 Frank W. Burr Boulevard Teaneck, NJ 07), and 'Date' (7/31/2012). Below these are sections 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.' (Document Title, Document #, Expiration Date). There is a statement: '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.' Below this are fields for 'Signature of Employer or Authorized Representative' and 'Date (month/day/year)'. There is a checkbox for 'Signature Validation'. At the bottom, there are radio buttons for 'Physical Signature' and 'Electronic Signature', a 'Print PDF' button, a 'Section 3 Updating and Reverification' section with an 'Add New Section 3' button, and an 'Add eDocuments' button with a red arrow pointing to it.

Privileged and Confidential

