



## Form I-9 Compliance, LLC Process Flow©

### Step 1

**STOP!!!!** You cannot complete this I-9 form by yourself. You must locate another Cognizant associate to complete Section 2 of your form with you. If you are unable to locate another Cognizant associate, kindly send an email (mention your location (city, state)) to the I9 team at [i9submissions@cognizant.com](mailto:i9submissions@cognizant.com)

Proceed to the Form I-9 Compliance, LLC website at [www.formi9.com](http://www.formi9.com) and Click on

Customer Login

**NOTE: PLEASE USE INTERNET EXPLORER!**

### Step 2

Enter the following details:

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

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

### 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.

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

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▶ **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)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address (Street Number and Name) <small>DO NOT PROVIDE PO BOX</small>	Apt. Number	City or Town	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address	Telephone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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:

3-D Barcode  
 Do Not Write In This Space

**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
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Last Name (Family Name) NONE	First Name (Given Name) NONE
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## Section 1- Employee Information

- ❖ All fields marked by ● are mandatory and must be completed. If you have a valid Social Security Number, complete the field marked ●. Fields marked ● 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.
- ❖ 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.**

➤ **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 a 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 are a lawful permanent resident, type your Alien Registration Number (A-Number) or USCIS Number (a 9 digit 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 nation of the United States or a lawful permanent resident, but are authorized to work in the United States

**Record the date that your employment authorization expires**

➤ **Alien Registration Number/USCIS Number refers to the A# listed on a Permanent Resident / EAD card**

➤ **Admission # is the same as an I94 # (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).

## 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		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		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. 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"/>			
<b>List A</b> Identity and Employment Authorization <i>Special Rules</i>	OR	<b>List B</b> Identity <i>Special Rules</i>	AND <b>List C</b> Employment Authorization <i>Special Rules</i>
Document Title: <input type="text"/>		<input type="text"/>	<input type="text"/>
Issuing Authority: <input type="text"/>		<input type="text"/>	<input type="text"/>
Document Number: <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"/>
Document Title: <input type="text"/>		<div>3-D Barcode</div> <div>Do Not Write in This Space</div>	
Issuing Authority: <input type="text"/>			
Document Number: <input type="text"/>			
Expiration Date (if any) (mm/dd/yyyy): <input type="text"/>			
Document Title: <input type="text"/>			
Issuing Authority: <input type="text"/>			
Document Number: <input type="text"/>			
Expiration Date (if any) (mm/dd/yyyy): <input type="text"/>			

## Section 2: Certification

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. **If the employee's start date is more than 3 days in the past, an error might be encountered when entering the date. This error can be overridden by simply hitting the save button twice.**

<b>Certification</b> 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): <input type="text"/>  (Instructions for exemptions.)		
Signature of Employer or Authorized Representative <input type="checkbox"/> Signature Validation	Date (mm/dd/yyyy) 08/28/2014	Title of Employer or Authorized Representative <input type="text"/>
Last Name (Family Name) <input type="text"/>	First Name (Given Name) <input type="text"/>	Employer's Business or Organization Name Cognizant Technology Solutions

## Step 6

**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.

Signature of Employer or Authorized Representative: <input type="checkbox"/> Signature Validation	Date (mm/dd/yyyy): <input type="text"/>	Print Name of Employer or Authorized Representative: <input type="text"/>
Form I-9 03/08/13 N Complete all signature blocks (Employee, Preparer/Translator, Employer or Authorized Representative) in Sections 1 and 2 by checking the Signature Validation box and waiting for the corresponding electronic signature prompt(s). <p>Save Cancel</p>		

## 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:

Employee's Signature <input type="checkbox"/> Signature Validation	until (expiration date, if applicable - month/day/year) <input type="text"/>	Date (month/day/year) 6/11/2011
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 <input type="checkbox"/> Signature Validation	Last Name Washington	First Name George
Address (Street Name and Number, City, State, Zip Code) <input type="text"/>		MI <input type="text"/>
		Date (month/day/year) <input type="text"/>



## Step 8

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

**Section 1 Employee Signature- Instant Signature** [X]

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

First Name:  MI:  Last Name:

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.

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

Electronic Signature is **VERIFIED AND SECURE**

**Instant Signature**

George Washington electronically signed the Form I-9, dated **Saturday, June 11, 2011 9:10 AM Pacific Time** at the **Employee's Signature** signature line.

[Print this E-Signature receipt](#)

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 & step 8.

**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:  Date (mm/dd/yyyy):

☐ Signature Validation

Last Name (Family Name)  First Name (Given Name)

## 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 & step 8

**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)  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

☐ Signature Validation

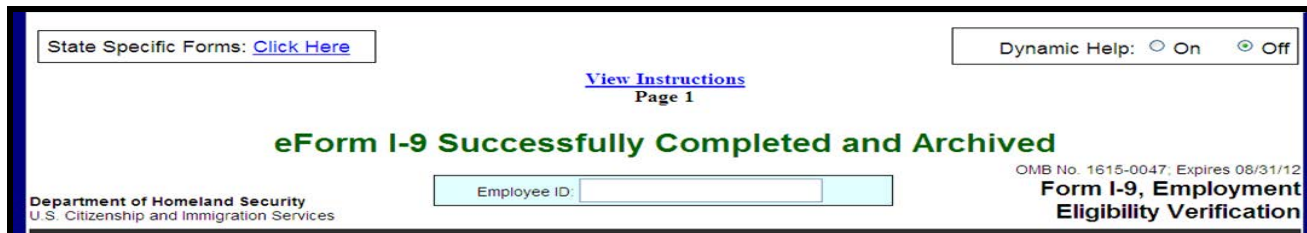
Business or Organization Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)

## 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.

## 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.



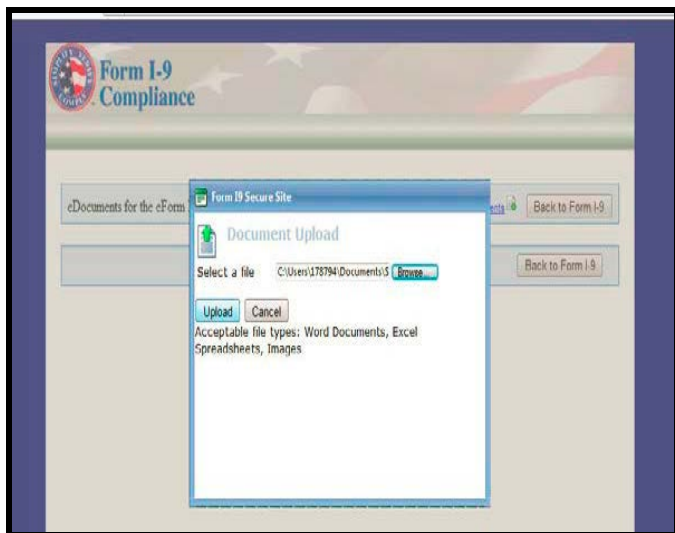
This screenshot shows the confirmation page for Form I-9. At the top left, there is a link for "State Specific Forms: [Click Here](#)". In the center, it says "View Instructions Page 1". The main heading is "eForm I-9 Successfully Completed and Archived" in green. Below this, on the left, is the "Department of Homeland Security U.S. Citizenship and Immigration Services". In the center, there is a text box for "Employee ID:". On the right, it says "Dynamic Help: ☐ On ☒ Off". At the bottom right, it includes the OMB No. 1615-0047, an expiration date of 08/31/12, and the title "Form I-9, Employment Eligibility Verification".

## Step 13

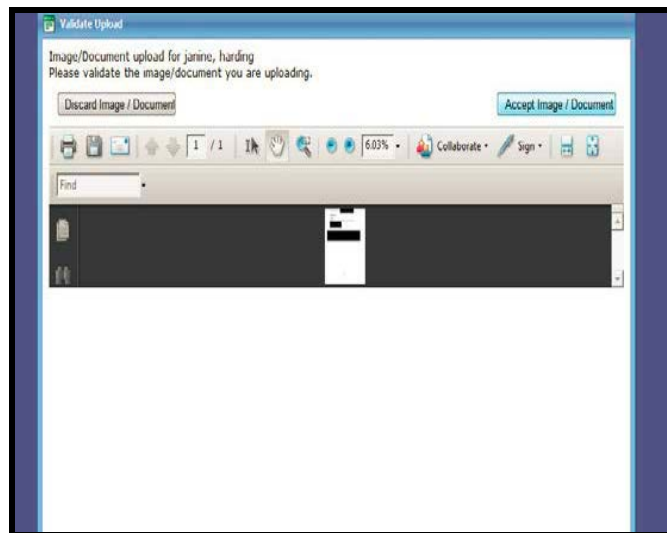
**If section 2 was completed using a U.S. Passport, U.S. Passport Card, Permanent Resident Card, or EAD Card, you must upload a copy of that document upon completing the form.**



This screenshot shows the "Section 3 Updating and Reverification" screen. It includes a "Print PDF" button at the top. Below that, there is a button for "Add New Section 3". At the bottom, there is a button for "Add eDocuments", which is highlighted with a large red arrow pointing to it from the right.



This screenshot shows a "Document Upload" dialog box from the "Form I-9 Secure Site". It prompts the user to "Select a file" and shows the file path "C:\Users\178794\Documents\5". There are "Upload" and "Cancel" buttons. Below the buttons, it lists "Acceptable file types: Word Documents, Excel Spreadsheets, Images". The background shows the "Form I-9 Compliance" interface with "eDocuments for the eForm" section.



This screenshot shows a "Validate Upload" window. It contains the text: "Image/Document upload for janiro, harding. Please validate the image/document you are uploading." There are "Discard Image / Document" and "Accept Image / Document" buttons. Below the buttons is a toolbar with various icons and a "Find" search bar. The main area shows a preview of the uploaded document.