



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](http://www.formi9.com) and LOGIN

**NOTE: PLEASE USE INTERNET EXPLORER!**



### Step 2

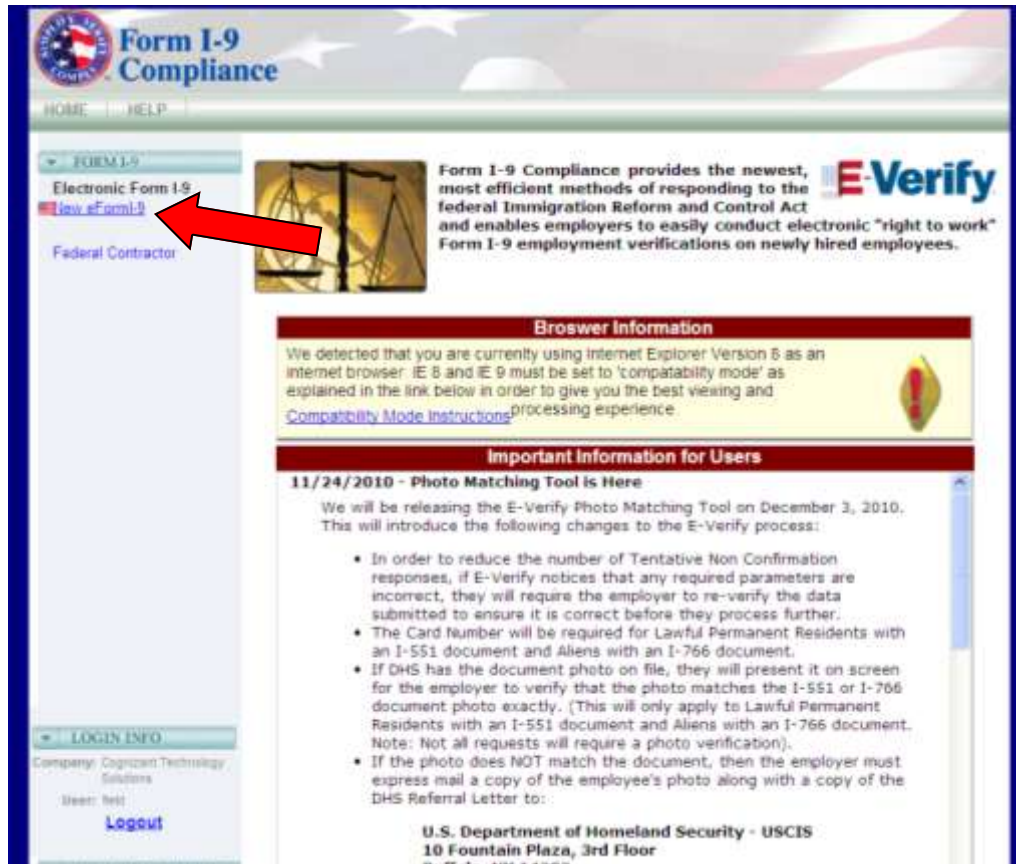
Enter the following details:

- **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 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).

1. Enter your name (last name followed by first name).
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)

**Form I-9 Compliance**

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

[View Instructions](#)  
Page 1

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

Employee ID:

OMB No. 1615-0047; Expires 05/31/12  
**Form I-9, Employment Eligibility Verification**

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.)

1. Last Name:  2. Maiden Name:

3. Address (Street Name and Number):  4. City:  5. State:  6. Zip Code:

7. Date of Birth (month/day/year):  8. Social Security Number:

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 permanent resident of the United States (see instructions).  
☐ a lawful permanent resident (alien # A-  )  
☐ an alien authorized to work (Alien #  / Admission #  )  
 with expiration date, if available: (month/day/year)

Employer's Signature:  Date (month/day/year):

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:  First Name:  Last Name:

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

Please refer to the List of Acceptable Documents on the next page. You should select from List A ONLY or List B & C

Please note: If your Social Security card contains the following language, "VALID FOR WORK WITH DHS/INS AUTHORIZATION" it cannot be used in section 2.

9. Certification- Enter date you began employment with Cognizant U.S.

Steps 10 & 11 to be completed by other Cognizant associate:

10. Enter your Last and First name.

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

List A	Special Rules	Document Samples	OR List B	Special Rules	AND List C	Special Rules
Document title:		-- Select a Document --				
Issuing authority:						
Document #:						
Expiration Date (if any):						
Document #:						
Expiration Date (if any):						

**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) **9** 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	<b>10</b>			<b>11</b>

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.)

A. New Name (if applicable)	B. Date of rehire (month/day/year)(if applicable)

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 (if any):
-- Select a Document --		

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.

Signature of Employer or Authorized Representative	Date (month/day/year)
<input type="checkbox"/> Signature Validation	

☐ Physical Signature ☐ Electronic Signature

Complete Sections 1 and 2 and click 'Save'.

Save Cancel

Form I-9 (Rev. 08/07/09) N Page 4

Please refer to the List of Acceptable Documents

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		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. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
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 <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>		4. Voter's registration card		4. Native American tribal document
		5. U.S. Military card or draft record		5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
		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		

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

## 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:

☐ 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 non alien national of the United States (See instructions)  
☐ A Lawful Permanent Resident (Green Card)  
☐ An alien authorized to work ☐ Alien B or ☐ Temporary B  
until expiration date, if applicable - month/day/year

Employee's Signature:  Date (month/day/year) 5/11/2011

☒ Signature Validation

Preparer and/or Translator's Signature:  Last Name: Washington First Name: George MI

Preparer's/Translator's Signature:  Date (month/day/year)

Address (Street Name and Number, City, State, Zip Code)

## Step 8

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

f false documents in completion of this form.

☐ A non alien national of the United States (See instructions)  
☐ A Lawful Permanent Resident (Green Card) (Alien #)

Section 1 Employee Signature- Instant Signature

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

First Name: George MI Last Name: Washington Date (month/day/year) 5/11/2011

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.

E-Sign Document Withdraw Consent

Answer one of the questions.

Click E-sign Document.

ions@cognizant.com



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



Close the form and proceed to 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.

[E-Sign Document](#) [Use Signature on File](#)



## 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? [dropdown]

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.

[Print this E-Signature receipt](#)

## 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 displays the 'Form I-9 Compliance' web interface. At the top left is a circular logo with the text 'SIMPLY VERIFY COMPLIANCE' and an American flag motif. The main header reads 'Form I-9 Compliance'. Below this, there are two buttons: 'State Specific Forms: [Click Here](#)' and 'Dynamic Help: ☐ On ☒ Off'. In the center, there is a link '[View Instructions](#)' followed by 'Page 1'. The main content area features the large green text 'eForm I-9 Successfully Completed and Archived'. Below this, on the left, is the text 'Department of Homeland Security' and 'U.S. Citizenship and Immigration Services'. In the center, there is a light blue box labeled 'Employee ID:' followed by an empty input field. On the right, it says 'OMB No. 1615-0047; Expires 08/31/12' and 'Form I-9, Employment Eligibility Verification'.