

HILLTOP VETERAN DIRECTED CARE WORKER PAPERWORK CHECKLIST

DOCUMENT NAME	REQUIRED/OPTIONAL
Worker Set-Up Form	Required
Relationship Form	Required
Live-In Exemption Form	Required
Form W-4	Required
Form I-9: Employment Eligibility Verification	Required
Employer/Employee Agreement Form	Required
Provider Rate Agreement Form	Required
Background Check Disclosure	Required
Payment Election Form	Optional
Paycard Welcome Kit	Required
Worker Timesheet	Required
Accrued Paid Sick Leave Timesheet	Required

NOTE:

Please ensure all **REQUIRED** documents are filled out accurately before submitting them for processing.



HILLTOP VETERAN DIRECTED CARE WORKER SET-UP FORM

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Both the worker and the Veteran, or the Veteran's Authorized Representative, must sign and date the bottom in order to be considered complete. Please submit the completed form to **Premier Financial Management Services** (Premier FMS) via one of the following options:

Mail:

10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:

PremierEnrollment@Premier-FMS.com

WORKER'S INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

Date of Birth: ____ / ____ / ____ Social Security Number: _____

VETERAN'S INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

Date of Birth: ____ / ____ / ____

EMPLOYER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. For any questions or concerns, please contact our office at (855) 287-6638.

Worker Signature: _____ Date: ____ / ____ / ____

Veteran/AR Signature: _____ Date: ____ / ____ / ____



HILLTOP VETERAN DIRECTED CARE RELATIONSHIP FORM

Instructions: Please fill out all of the information in Section 1 and select the correct relationship in Section 2. Both the worker and the Veteran, or the Authorized Representative, must sign and date the bottom in order to be considered complete. Please submit the completed form to **Premier Financial Management Services** (Premier FMS) via one of the following options:

Mail:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
PremierEnrollment@Premier-FMS.com

SECTION 1:

Worker Name: _____ Date of Birth: ____ / ____ / ____

Veteran Name: _____

Authorized Representative Name: _____

SECTION 2: (Please select your legal relationship to the employer.)

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Parent ^{*±} | <input type="checkbox"/> Spouse ^{*±} | <input type="checkbox"/> Stepparent | <input type="checkbox"/> Ex-Spouse |
| <input type="checkbox"/> Daughter/Son [‡] | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Sibling | <input type="checkbox"/> Stepchild [‡] | |
| <input type="checkbox"/> Worker | <input type="checkbox"/> Neighbor | | |

^{*} Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for unemployment insurance (FUTA and SUTA). If your employment with the employer is terminated, you will not receive unemployment benefits.

[±] Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA). By not paying into Social Security and Medicare (FICA), it means you are not earning Social Security work credits.

[‡] Due to your relationship as the child of the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA) and unemployment insurance (FUTA and SUTA) until your 21st birthday.

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. Please be aware that if any changes occur in the relationship you are required to complete a new form and submit the new form to Premier FMS. For any questions or concerns, please contact our office at (855) 287-6638.

Worker Signature: _____ Date: ____ / ____ / ____

Employer Signature: _____ Date: ____ / ____ / ____



HILLTOP VETERAN DIRECTED CARE LIVE-IN EXEMPTION FORM

Under the Fair Labor Standards Act (FLSA), household employers are required to pay overtime to employees who work more than 40 hours in a single workweek, unless the employee qualifies as a live-in domestic service worker.

DEFINITION OF A DOMESTIC SERVICE WORKER:

A worker resides on the employer's premises permanently when he or she lives, works, and sleeps on the employer's premises seven days per week and therefore has no home of his or her own other than the one provided by the employer under the employment agreement.

(OR)

A worker resides on the employer's premises for an extended period when he or she lives, works and sleeps on the employer's premises for five days a week (120 hours or more). If a domestic worker spends less than 120 hours per week working and sleeping on the employer's premises, but spends five consecutive days or nights residing on the premises, this also constitutes an extended period.

Does your employee qualify as a live-in worker? ☐ Yes ☐ No

Veteran/Employer: _____

Authorized Representative: _____

This only applies if the Veteran is not the employer.

Individual Provider/Employee Name: _____

Please note that it is your responsibility to let Premier Financial Management Services (Premier FMS) know when the employee no longer lives with the employer.

Veteran Signature: _____ Date: ____ / ____ / ____
Or Authorized Representative/Employer Signature

Individual Provider/Employee Signature: _____ Date: ____ / ____ / ____

For any questions or concerns, please contact our office at (855) 287-6638. Please submit the completed form to Premier FMS via the following option:

Email:

PremierEnrollment@Premier-FMS.com

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025**Step 1:**
Enter
Personal
Information

(a) First name and middle initial

Last name

(b) Social security number

/ /

Address

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

City or town, state, and ZIP code

(c) ☐ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$**Step 4**
(optional):
Other
Adjustments(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income**4(a)** \$(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here**4(b)** \$(c) **Extra withholding.** Enter any additional tax you want withheld each pay period**4(c)** \$**Step 5:**
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

First date of
employment

/ /

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse	}	2	\$ _____
	• \$22,500 if you're head of household				
	• \$15,000 if you're single or married filing separately				

- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND 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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole 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. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		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:			
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		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts			
May be presented in lieu of a document listed above for a temporary period.			
For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

This Employer/Employee Agreement is entered into this _____ day of _____, _____,
between _____ (Veteran) and _____ (Employee).

EMPLOYEE RESPONSIBILITIES

I, _____ (Employee), am aware and agree that my employment is conditioned on my employer's participation in the Hilltop Veteran Directed Care Program. If my employer ends his or her participation in the Hilltop Veteran Directed Care Program, my employment may end. I agree to the following terms of employment:

1. During the term of this Agreement, I shall provide support to my employer by performing the duties outlined in this agreement and any attachments to it.
2. I agree to assist my employer in maintaining the documentation and records required by my employer or _____. I agree to complete all necessary paperwork to secure mandatory payroll deductions from my pay.

All records I may have or assist in maintaining are the property of my employer. I will keep these records confidential, release them only with the consent of my employer, and return them to my employer if my employment ends.

3. I shall immediately notify a physician, or call 9-1-1 if my employer experiences a medical emergency or illness.
4. I agree to participate in any meetings if requested to do so by my employer.
5. I agree to abide by all of my employer's rules regarding my employment duties to the employer through the Hilltop Veteran Directed Care Program and I acknowledge receipt of the following rules:
 - ☐ I am 18 years old or older, and a US Citizen or Legal Alien.
 - ☐ I am able to demonstrate an ability to perform tasks employer requests.
 - ☐ I will document time-in and time-out for each shift and must use a standardized form, which my employer or Premier Financial Management Services will supply.
6. I understand that this is an employment at will relationship, which can be terminated by me or my employer at any time. However, my employer cannot terminate my employment on the basis of my race, religion, sex, disability, or other protected status under Federal or state law. In addition, I agree to give seven days written notice to my employer if I terminate my employment.
7. I understand and acknowledge that my employer is my sole employer and that I am not an employee of Premier Financial Management Services, or any other State or Federal Agency.
8. I agree to not sue Premier Financial Management Services for its role as the financial administrator of my employer's program and for its role in administering the Hilltop Veteran Directed Care Program.

9. I agree to the following compensation for the services I shall perform: \$ _____ an hour. The Hilltop Veteran Directed Care program has a maximum allowed hourly rate of \$20 per hour.
10. I understand that if my employer goes into the hospital, or other medical care setting, I cannot be paid during their absence.
11. I will not submit timesheets for any hours of work I have not performed, if so, falsifying timesheets will cause legal proceedings to be pursued.
12. If I am a POA for the EOR or Veteran, I understand I cannot sign my own timesheets on behalf of the Veteran.

EMPLOYER RESPONSIBILITIES

I, _____ (Employer),

1. Will provide Premier Financial Management Services with the necessary documentation to assure timely compensation of my employee.
2. Will compensate my employee in the following manner: \$ _____ an hour. The Hilltop Veteran Directed Care program has a maximum allowed hourly rate of \$20 per hour.
3. I understand I am approved for a specific number of hours a month for service(s) and I will only use the amount authorized on my plan. If I need additional hours, I will consult with my Coach before I allow my employee to work additional hours.
4. Payroll will be handled by Premier Financial Management Services which will withhold all necessary taxes, unemployment, and other withholdings from the employee's paycheck.
5. I will assure my employee receives appropriate training.
6. I will evaluate the performance of my employee and provide appropriate feedback to assure that I am receiving quality supports.
7. I understand that if I go into the hospital or other medical care setting, my employee cannot be paid during that time.
8. I will sign off/approve any timesheets for hours worked by my employee(s). I understand falsifying timesheets will cause legal proceedings to be pursued.
9. I understand I must treat my employee(s) with respect and that I cannot solicit them for anything or harass them in any way (sexually or verbally).

Employee Signature: _____ Date: ____ / ____ / ____

Employer Signature: _____ Date: ____ / ____ / ____

For any questions or concerns, please contact our office at (855) 287-6638. Please submit the completed form to Premier FMS via one of the following options:

Mail:

10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:

PremierEnrollment@Premier-FMS.com



HILLTOP VETERAN DIRECTED CARE PROVIDER RATE AGREEMENT FORM

Instructions: Fill out each section as appropriate. Once complete, please sign and date the form and submit to **Premier Financial Management Services (Premier FMS)** via one of the following options:

Mail:

10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:

PremierEnrollment@Premier-FMS.com

PROVIDER'S INFORMATION

Name: _____ Last 4 Digits of SSN: _____

Veteran's Name: _____

RATE AGREEMENT INFORMATION

Service Type	Wage	Per	Effective Date
Personal Assistance Services & Supports		Hour	

Please note that the maximum rate paid to a worker in the Hilltop Veteran Directed Care Program is \$20.00 per hour. By signing below, we understand that only the pay rates above will be paid. For any questions or concerns, please contact our office at (855) 287-6638.

Provider Signature: _____ Date: ____ / ____ / ____

Veteran/Employer Signature: _____ Date: ____ / ____ / ____



HILLTOP VETERAN DIRECTED CARE BACKGROUND CHECK DISCLOSURE

Premier Financial Management Services (Premier FMS) is required, as part of the Hilltop Veteran Directed Care program, to conduct several background checks before workers are eligible to begin working for a Veteran. Premier FMS will be running background checks through the Colorado Bureau of Investigation, Colorado Board of Nursing and the Office of the Inspector General. Successfully passing all three background checks are a condition of employment with the Veteran.

Name (First, Middle, Last): _____

Maiden Name or Alias (If applicable): _____ Date of Birth: ____ / ____ / ____

AUTHORIZATION

By signing below, I certify that the information provided above is accurate. I authorize Premier FMS to conduct a background check through the Colorado Bureau of Investigation, Colorado Board of Nursing and the Office of the Inspector General. Furthermore, I understand that the results of the background checks will be shared with the Hilltop Veteran Directed Care Coach and Veteran/Authorized Representative.

Signature: _____ Date: ____ / ____ / ____

For any questions or concerns, please contact our office at (855) 287-6638. Please submit the completed form to Premier FMS via one of the following options below:

Mail:

10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:

PremierEnrollment@Premier-FMS.com



**HILLTOP VETERAN DIRECTED CARE
PAYMENT ELECTION FORM**

Instructions: Please check the appropriate box in Section 1 and fill out any information in Section 2, where applicable. If paycard box is checked, skip Section 3. If paper check box is checked, skip Sections 3 and 4. If neither paycard box nor paper check box is selected, please proceed to fill out Sections 3 and 4. After entering the Financial Institution information in Section 3, please attach the required documentation as listed. Review Sections 4 and 5, then sign and date. The form must be signed and dated at the bottom in order to be considered complete. For any questions or concerns, please contact our office at (855) 287-6638.

Mail:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
PremierEnrollment@Premier-FMS.com

SECTION 1: (Check one box ONLY)

Effective Date: ____ / ____ / ____

- ☐ New DD Set Up ☐ New Paycard Set-Up ☐ Existing Paycard Set-Up ☐ Paper Check ☐ Cancel DD/ Paycards

SECTION 2: (Please print clearly)

Veteran Information:

Veteran Name: _____

Worker Information:

Worker Name: _____ Last 4 Digits of SSN: _____

Vendor Information:

Vendor Name: _____ Contact Number: _____

Contact person: _____ Email Address: _____

SECTION 3:

Name of Financial Institution: _____

Type of Account: ☐ Checking ☐ Savings Percentage: _____ %



FOR CHECKING ACCOUNT: Tape a voided check here.
(No starter check or deposit slip.)

FOR SAVINGS ACCOUNT: Attach letter from bank with
routing and account numbers.
(Letter must be typed on bank's letterhead.)





HILLTOP VETERAN DIRECTED CARE PAYMENT ELECTION FORM

Name of Financial Institution: _____

Type of Account: ☐ Checking ☐ Savings Percentage: _____ %

FOR CHECKING ACCOUNT: Tape a voided check here.
(No starter check or deposit slip.)

FOR SAVINGS ACCOUNT: Attach letter from bank with
routing and account numbers.
(Letter must be typed on bank's letterhead.)

SECTION 4:

Check Stubs:

☐ I hereby elect to receive my check stubs via mail, not online.

SECTION 5: (Check one box ONLY)

Authorization for Set-Up, Change, or Cancellation:

- ☐ I hereby authorize Premier Financial Management Services (Premier FMS) to **deposit** any amount owed to me for wages and/or reimbursements. Premier FMS is not responsible for any erroneous information provided. Also, I grant Premier FMS permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. This authorization is to remain in full force and effect until Premier FMS receives written notification from me to terminate the agreement.
- ☐ I hereby elect and consent to receive my wages to a **paycard** by electronic transfer. I also grant Premier Financial Management Services (Premier FMS) permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. I acknowledge I have received a copy of the terms, conditions, and fees associated with using the aforementioned paycard. This authorization is to remain in full force and effect until Premier FMS receives written notification from me to terminate the agreement.
- ☐ I hereby authorize Premier Financial Management Services to stop making electronic transfers to my account. I also understand that I will now receive physical payroll checks rather than a direct deposit.

Signature: _____ Date: ____ / ____ / ____

***Please note, your first payment may be a paper check.**

Paycard Number:
(For office use only)

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Global Cash Card

IMPORTANT NOTICES:

- (1) Please read carefully. This agreement contains an arbitration provision ("Dispute Clause" section) requiring all claims to be resolved by way of binding arbitration.
- (2) Always know the exact dollar amount available on the card. Merchants may not have access to determine the card balance.
- (3) By accepting, signing, or using this card, you agree to be bound by the terms and conditions contained in this agreement.
- (4) If you do not agree to these terms, do not use the card.

This Cardholder Agreement ("Agreement") outlines the terms and conditions under which the Global Cash Card Card has been issued to you. In this Agreement, "Card" means the Global Cash Card Card issued to you by MetaBank®. "You" and "your" means the person or persons who have received the Card and are authorized to use the Card as provided for in this Agreement. "We," "us," and "our" mean MetaBank, our successors, affiliates or assignees. The Card will remain the property of MetaBank and must be surrendered upon demand. The Card is nontransferable, and it may be canceled, repossessed, or revoked at any time without prior notice subject to applicable law. Please read this Agreement carefully and keep it for future reference.

1. About Your Card

Your Card is a prepaid card, which allows you to access funds loaded to your Card account. You should treat your Card with the same care as you would treat cash. Your Card account does not constitute a checking or savings account and is not connected in any way to any other account you may have. The Card is not a gift card, nor is it intended to be used for gifting purposes. The Card is not a credit card. You will not receive any interest on the funds in your Card account. All funds loaded to your Card account are held in a custodial account with us on your behalf, and are insured by the Federal Deposit Insurance Corporation ("FDIC"), subject to applicable limitations and restrictions of such insurance.

2. Fees

Global Cash Card Fees		
Initial and Monthly Fees		
Monthly Fee		NO FEE
Inactivity Fee (After 90 days of No-Activity)		\$3.50
Get Cash		
Withdrawal Fee - MoneyPass	*	\$2.00
Withdrawal Fee - Allpoint (Surcharge Free)	*	NO FEE
Withdrawal Fee (Non-Allpoint/MoneyPass)	*	\$2.00
Surcharge Fee may apply		
Decline Fee		\$1.00
Balance Inquiry Fee		\$1.00
Withdrawal Fee Outside U.S. (FTF)		\$3.50
Decline Fee Outside U.S. (FTF)		\$3.25
Balance Inquiry Fee Outside U.S. (FTF)		\$3.25
Over-the-Counter Transaction Fee - U.S.		NO FEE
Over-the-Counter Transaction Fee - Outside U.S. (FTF)		2%
Spend Money		
Point of Sale Signature Purchase Fee	*	NO FEE
Point of Sale PIN Transaction Fee	*	NO FEE
Point of Sale Signature Decline Fee		\$0.80
Point of Sale PIN Decline Fee		\$0.45
Point of Sale Signature Purchase Fee Outside U.S. (FTF)		NO FEE
Point of Sale PIN Transaction Fee Outside U.S. (FTF)		\$1.75
Point of Sale Signature Decline Fee Outside U.S. (FTF)		\$1.50
Point of Sale PIN Decline Fee Outside U.S. (FTF)		\$1.25
Convenience Check Fee		NO FEE
Bill Pay		NO FEE

Add Money		
Load Card via Direct Deposit		NO FEE
MoneyGram or Western Union (Third Party Fees May Apply)		NO FEE
Account Information		
Automated Telephone U.S. (IVR)		NO FEE
Operated Assisted U.S.		NO FEE
Automated Telephone (Outside U.S.)		NO FEE
Operated Assisted (Outside U.S.)		NO FEE
Transaction History (Mailed - By Request)		NO FEE
Online Statements		NO FEE
Balance Inquiry Fee: Online/IVR/Live Customer Service/Text (standard text messaging rates may apply)		NO FEE
Cardholder Notifications: Telcom/Email/Text (standard text messaging rates may apply)		NO FEE
Mobile Web (data rates may apply)		NO FEE
Other Services		
Money Transfer Worldwide (Card-to-Card)		NO FEE
Transfer to Checking Account	*	\$1.00
PIN Change Fee		NO FEE
Foreign Transaction Fee (FTF)		3% of total
Overnight Delivery		\$35.00
Replacement Card Fee		NO FEE
Website: www.globalcashcard.com		
Phone: (949) 751-0360		
NOTE: Effective January 1, 2015 Illinois residents and Effective October 1, 2016 Connecticut residents will be provided no fee point of sale transactions, two (2) declines monthly at no fee, and inactivity fee not assessed until after 12 consecutive months of no activity. Effective May 3, 2017 Pennsylvania residents will be provided no fee point of sale transactions, one in-network ATM withdrawal at no fee, and inactivity fee not assessed until after 12 consecutive months of no activity. Inactivity fee not assessed for Minnesota residents.		

ATM Fees: When you use an ATM, you may be charged a fee by the ATM operator or any network used to complete the transaction (and you may be charged a fee for a balance inquiry even if you do not complete a fund transfer).

Foreign Transaction Fee (FTF):

If you obtain your funds or make purchase(s) in a currency or country other than the currency or country in which your Card was issued ("Foreign Transaction"), you will be charged a fee (please see fee table) on the total amount of the transaction in U.S. Dollars. If the Foreign Transaction results in a credit due to a return, we will not refund any Foreign Transaction Fee that may have been charged on your original purchase.

Currency Conversion:

If you make a Foreign Transaction, the amount deducted from your funds will be converted by the network or card association that processes the transaction into an amount in the currency of your Card. The conversion rate selected by the network is independent of the Foreign Transaction Fee that we charge as compensation for our services.

3. Getting Started

Important information for Opening a Card: To open a card account you must consent to receive communication from us in electronic form. To help the federal government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions and their third parties to obtain, verify, and record information that identifies each person who opens a Card. What this means for you: When you open a Card, we will ask for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see a copy of your driver's license or other documents at any time. We may limit your ability to use your Card or certain Card features until we have been able to successfully verify your identity. Eligibility and Activation: To be eligible to use and activate this Card, you represent and warrant to us that the personal information that you have provided to us is true correct and complete and you have read this Agreement and agree to be bound by and comply with its terms.

4. Using Your Card

a. Loading Your Card

You may add funds to your Card account, called "loading," by: Automated Clearing House (ACH), direct deposit, MoneyGram and Western Union. The maximum amount at of each value reload via cash at MoneyGram is \$999.99 per day or Western Union locations is \$950.00 per day with a maximum combined total not to exceed \$2,500.00 per month. Each load may be subject to a fee pursuant to the Fees section. If you arrange to have funds transferred directly to your Card from a third party through an ACH load, you must enroll with the third party by providing the bank routing number and direct deposit account number that we provide you. You are not authorized to use this bank routing number and direct deposit account number for any other purpose. The amount of each load must be at least \$10.00 (there is no minimum load for ACH credits). We will reject any loads that exceed the maximum balance allowed on your Card. There are also maximum load restrictions we may place on your Card when aggregated with any other Cards you have. You agree to present the Card and meet identification requirements to complete load transactions as may be required from time to time.

Federal Payments: THE ONLY FEDERAL PAYMENTS THAT MAY BE LOADED TO YOUR CARD VIA AN AUTOMATED CLEARING HOUSE ("ACH") CREDIT ARE FEDERAL PAYMENTS FOR THE BENEFIT OF THE PRIMARY CARDHOLDER. If you have questions about this requirement, please call (949) 751-0360.

b. Accessing Funds and Limitations

Each time you use your Card, you authorize us to reduce the value available on your Card by the amount of the transaction and any applicable fees. Your Card cannot be redeemed for cash. You may use your Card to (1) withdraw cash from your Card account, (2) load funds to your Card account, (3) transfer funds between your Card accounts whenever your request (4) purchase or lease goods or services wherever your Card is honored as long as you do not exceed the value available in your Card account, and (5) pay bills directly (by telephone) from your Card account in the amounts and on the days you request. Some of these services may not be available at all terminals. We will provide you our bank routing number and an account number for the sole purpose of initiating direct deposits to your Card account. The Card Number embossed on your Card should not be used for direct deposit transaction or they will be rejected. Your are not authorized to use the bank routing number and account number to make a debit transaction with a paper check, check-by-phone or other item processed as a check, if you do not have sufficient funds in your account. These debits will be declined and your payment will not be processed.

LOAD, WITHDRAWAL and SPEND LIMITS	
Load Limitations	Limit
Total Number of times you can reload your Card via Direct Deposit	Unlimited
Minimum Load Amount via Direct Deposit	\$01
Total Number of times you can reload your Card via Western Union or MoneyGram	To Maximum Daily Load
Minimum Load Amount via Western Union or MoneyGram	\$10.00
Maximum Daily Load Western Union	\$950.00
Maximum Daily Load MoneyGram	\$999.99
Maximum Monthly Load Western Union*	\$2,500.00
Maximum Monthly Load MoneyGram*	\$2,500.00
*Maximum Aggregated Card Load Limits	\$2,500.00
Card to Card Transfers	\$2500.00
Payee Transfers (Bill Pay)	Unlimited within available balance.
Bank Account Transfers	\$5,000.00
Withdrawal Limitations	Limit
Total number of ATM withdrawals	5 within 24 hours
Total Maximum Amount per ATM transaction (if ATM allows)	\$500.00
Total Maximum amount of ATM transaction(s)	\$1,010.00 within 24 hours
Total Maximum amount of Over the Counter Withdrawals**	\$7,500.00 within 24 hours
Spend Limitations	Limit
Maximum amount of Point of Sale transaction	\$7,500.00 within 24 hours
Maximum amount of Point of Sale PIN transactions	\$7,500.00 within 24 hours
*Western Union and MoneyGram only applies to cards starting with 485340, 456628, 467321, 402717, 528197, 528227, and 530327.	
**Amounts and fees may vary depending on merchant/bank	

c. Personal Identification Number ("PIN")

After successful validation, you will select a four-digit Personalized Identification Number ("PIN") by calling customer service at (949) 751-0360. You may use your Card to obtain cash from any Automated Teller Machine (ATM) or at any point of sale (POS) device which requires entry of a PIN where your Card is accepted. All ATM transactions are treated as cash withdrawal transactions. You should not write or keep your PIN with your Card. Never share your PIN with anyone and do not enter your PIN into any terminal that appears to be modified or suspicious. If you believe that anyone has gained unauthorized access to your PIN, you should advise us immediately, following the procedures in the section labeled "Lost or Stolen Cards; Unauthorized Transactions" below.

d. Obtaining Card Balance Information

You may obtain information about the amount of money you have remaining in your Card account by calling (949) 751-0360. This information, along with a 60-day history of account transactions, is also available on-line at www.globalcashcard.com. You also have the right to obtain a sixty (60) day written history of account transactions by calling (949) 751-0360 or by writing us at Global Cash Card 3972 Barranca Pkwy Ste J610 Irvine, CA 92606.

e. Authorized Users

We may allow you to request an additional Card for another person. If we do, you are responsible for all transactions and fees incurred by you or any other person you have authorized. You must notify us to revoke permission for any person you previously authorized to use Card information or have access to your account. You are wholly responsible for the use of each Card according to the terms of this Agreement subject to the section labeled "Lost or Stolen Cards; Unauthorized Transactions" below, and other applicable law.

3972 Barranca Pkwy
STE J610
Irvine, CA 92606

IMPORTANT
...DO NOT DISCARD...



welcome

...PLEASE READ...
DO NOT DISCARD



Activate and set your PIN: Go to globalcashcard.com/activate or call 866-929-8096.

Congratulations! Activate your new card and start enjoying the benefits today!



Start using your card: Sign the back of your card and start using it.



Manage your card: Manage your funds your way! Go to globalcashcard.com and click "User Login" to manage your card account online.



Mobile Access – Check your card balance, transfer funds, pay bills, find ATMs, and much more by visiting our mobile friendly site at globalcashcard.com/login.¹



Use Your Card – Pay retailers, restaurants, gas stations, online merchants, and more by using your card as a signature type of purchase.



Get Cash Back – Use your PIN for purchases, and get cash back from merchants.



Get Cash at ATMs – Get cash at ATMs worldwide.



Alert Notifications – Go to your online account at globalcashcard.com to set up text or e-mail alerts.¹

¹ Standard text message and data rates, fees, and charges may apply.

GET TO KNOW YOUR CARD

To activate your card go to:
globalcashcard.com/activate or call 866-929-8096
For customer service, call 949-751-0360

Getting Started with Your Card

Your employer should fund your card with your pay on payday. You will have access to your funds through merchants and ATMs worldwide.

Lost or Stolen Cards

Report a lost or stolen card to Global Cash Card immediately by calling 949-751-0360.

Using Your Global Cash Card

Point-of-Sale Purchase

Use your card any place that accepts Visa® or Mastercard®, such as grocery stores, restaurants, gas stations, and retail stores.

Use as Signature or Debit

- Signature Transactions: These purchases do not require a PIN and are the most efficient way to use your card. These transactions are without a fee.³
- Debit/PIN Transactions: These are PIN transactions and are best used when you want cash back from a merchant.

ATM Transactions

Access your money at ATMs worldwide. Visit our website to find surcharge-free ATMs in your area, or visit moneypass.com or allpointnetwork.com.⁴

Multiple Ways to Check Your Card Balance Without a Fee¹

- Go to globalcashcard.com/login.
- Use two-way texting.²
- Sign up for card alerts to get automatic notifications.²
- Call 949-751-0360 and follow the prompts.

Get Your Money Off the Card Without a Fee¹

You can go to any participating bank and withdraw all of your money to the penny. Inform the teller you wish to do an over-the-counter transaction, and tell them the amount you would like to withdraw. You may be asked to show your ID. You can check your balance online or by enrolling in our two-way text service.²

Internet Purchases¹

There is no fee to make Internet purchases with your card from Global Cash Card.

Gas Stations

The best way to use your card at gas stations is to prepay for the exact amount at the cashier. If you pay at the pump, the gas station may place a hold of up to \$100 or more on your card. This hold can last up to 24 hours.

Restaurants

Restaurants may automatically add up to 25% or more to your bill to cover a tip. If you do not have the total on your card to cover the amount, the transaction will be declined.

Accessing Your Card Account

Access Your Card Account Online

Go to globalcashcard.com. Click on the "Register" button under the New User section of User Login. Select a username and password. On future visits, only your username and password will be required.

Mobile Access²

Access your card account anywhere, anytime. You can check card balances, transfer funds, pay bills, find ATMs, and much more. Visit globalcashcard.com/login from any web-enabled device.

Two-Way Texting²

A service that allows you to text pre-defined commands to a short code and receive information on balance, card activity, and card account information.

Account Alerts²

Email or text messaging alerts can be set up for each deposit and when your card falls below a specified dollar amount. Go online to your card account to set up your alerts today at globalcashcard.com/login.

Security

All card balances are FDIC-insured, provided the card is registered in the name of the primary cardholder. Your money is also protected by Regulation E and Visa's Zero Liability Policy and Mastercard's Zero Liability Policy.⁵

Additional Card Features

Use It at Your Next Employer

Log into your card account at globalcashcard.com/login and download the direct deposit form to give to your new employer.

Bill Pay¹

Pay merchants who accept Visa and Mastercard debit cards directly with your card without a fee. For all other bills, use Global Cash Card's bill pay system.

Additional Deposits

You can load additional funds onto your card at any MoneyGram or Western Union location in the United States (third-party load fees may apply).

Deposit a check with Ingo Money³ by snapping a photo in their user friendly app.² Approval times vary depending on the type of check and approval from Ingo.

¹ While this feature is available without a fee, certain other transaction fees and costs, terms, and conditions are associated with the use of this card. See your Cardholder Agreement and Disclosure for more details.

² Standard text message and data rates, fees, and charges may apply.

³ Ingo Money is operated by Ingo Money, Inc., and all check funding services are provided by First Century Bank, N.A. See complete terms, fees and conditions at: ingomoney.com/termsconditions.html.

⁴ Please review your terms and conditions to learn how this applies to you

⁵ See your Cardholder Agreement for full zero-liability information.

The Global Cash Card Visa prepaid card and debit Mastercard are issued by MetaBank®, Member FDIC, pursuant to a license by Visa U.S.A. Inc. and Mastercard International Incorporated. The Global Cash Card Visa prepaid card can be used everywhere Visa debit cards are accepted. Global Cash Card Debit Mastercard is accepted everywhere Debit Mastercard is accepted. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated.

f. Authorization Holds

You do not have the right to stop payment on any purchase transaction originated by use of your Card, except as otherwise provided herein. With certain types of purchases (such as those made at restaurants, hotels, or similar purchases), your Card may be "preauthorized" for an amount greater than the transaction amount to cover gratuity or incidental expenses. Any preauthorization amount will place a "hold" on your available funds until the merchant sends us the final payment amount of your purchase. Once the final payment amount is received, the preauthorization amount on hold will be removed. During this time, you will not have access to preauthorized amounts. If you authorize a transaction and then fail to make a purchase of that item as planned, the approval may result in a hold for that amount of funds.

g. Preauthorized Transfers

Preauthorized credits: If you have arranged to have direct deposits made to your Card account at least once every 60 days from the same person or company, you can call us at (949) 751-0360 or www.globalcashcard.com to find out whether or not the deposit has been made.

Right to stop payment and procedure for doing so: If you have told us in advance to make regular payments out of your Card account, you can stop any of these payments. Here's how: Call us at (949) 751-0360 or write us at Global Cash Card 3972 Barranca Pkwy Ste J610 Irvine, CA 92606 in time for us to receive your request 3 business days or more before the payment is scheduled to be made. If you call, we may also require you to put your request in writing and get it to us within 14 days after you call.

Notice of varying amounts: If these regular payments may vary in amount, the person you are going to pay will tell you. 10 days before each payment, when it will be made and how much it will be. (You may choose instead to get this notice only when the payment would differ by more than a certain amount from the previous payment, or when the amount would fall outside certain limits that you set).

Liability for failure to stop payment of preauthorized transfer: If you order us to stop one of these payments 3 business days or more before the transfer is scheduled, and we do not do so, we will be liable for your losses or damages.

h. Returns and Refunds

If you are entitled to a refund for any reason for goods or services obtained with your Card, the merchant will handle the return and refund. If the merchant credits your Card, the credit may not be immediately available. While merchant refunds post as soon as they are received, please note that we have no control over when a merchant sends a credit transaction and the refund may not be available for a number of days after the date the refund transaction occurs.

i. Receipts

You may wish to retain receipts as a record of transactions. Receipts will be required if you need to verify a transaction.

j. Split Transactions and Other Uses

If you do not have enough funds available in your Card account, you can instruct the merchant to charge a part of the purchase to the Card and pay the remaining amount with another form of payment. These are called "split transactions." Some merchants do not allow cardholders to conduct split transactions. Some merchants will only allow you to do a split transaction if you pay the remaining amount in cash.

If you use your Card number without presenting your Card (such as for an internet transaction, a mail order or a telephone purchase), the legal effect will be the same as if you used the Card itself.

You are not allowed to exceed the available amount in your Card account through an individual transaction or a series of transactions. Nevertheless, if a transaction exceeds the balance of the funds available in your Card account, you shall remain fully liable to us for the amount of the transaction and agree to pay us promptly for the negative balance. We may apply a debit to any subsequent credits to the Card or any other account you have with us for the amount of any negative balance on your Card. We also reserve the right to cancel this Card and close your Card account should you create one or more negative balances with your Card.

You are responsible for all transactions initiated by use of your Card, except as otherwise set forth herein. You may not use your Card for any illegal transactions, use at casinos, or any gambling activity.

k. Card Replacement and Expiration

If you need to replace your Card for any reason, please contact us at (949) 751-0360. Please note that your Card has a "Valid Thru" date on the front of the Card. You may not use the Card after the "Valid Thru" date on the front of your Card. However, even if the "Valid Thru" date has passed, the available funds on your Card do not expire.

l. Business Days

For purposes of these disclosures, our business days are Monday through Friday. Holidays are not included.

6. Lost or Stolen Cards; Unauthorized Transactions.

a. Contact

If you believe your Card or PIN has been lost or stolen, call: (866) 395-9200 or write: Global Cash Card 3972 Barranca Pkwy Ste J610 Irvine, CA 92606. You should also call the number or write to the address listed above if you believe a transfer has been made using the information from your Card or PIN without your permission.

b. Your Liability for Unauthorized Transfers

Tell us AT ONCE if you believe your Card or PIN has been lost or stolen, or if you believe that an electronic fund transfer has been made without your permission. Telephoning toll-free at (866) 395-9200 is the best way of keeping your possible losses down. You could lose all the money in your Card account. If you tell us within 2 business days after you learn of the loss or theft of your Card or PIN, you can lose no more than \$50 if someone used your Card or PIN without your permission. If you do NOT tell us within 2 business days after you learn of the loss or theft of your Card or PIN, and you can prove we could have stopped someone from using your Card or PIN without your permission if you had told us, you could lose as much as \$500. Also, if your electronic history shows transfers that you did not make, including those made by your Card or other means, tell us at once. If you do not tell us within 60 days after the earlier of the date you electronically accessed your account (if the unauthorized transfer could be viewed in your electronic history), or the date we sent the FIRST written history on which the unauthorized transfer appeared, you may not get back any money you lost after the 60 days if we can prove that we could have stopped someone from taking the money if you had told us in time. If a good reason (such as a long trip or a hospital stay) kept you from telling us, we will extend the time periods for a reasonable period.

c. In Case of Errors or Questions About Your Electronic Transfers

Telephone us at (866) 395-9200 or write us at Global Cash Card 3972 Barranca Pkwy Ste J610 Irvine, CA 92606 as soon as you can, if you think an error has occurred in your Card account. We must allow you to report an error until 60 days after the earlier of the date you electronically access your account, if the error could be viewed in your electronic history, or the date we sent the FIRST written history on which the error appeared. You may request a written history of your transactions at any time by calling us at (949) 751-0360 or writing us at Global Cash Card 3972 Barranca Pkwy Ste J610 Irvine, CA 92606. You will need to tell us:

- Your name and Card account number.
- Why you believe there is an error, and the dollar amount involved.
- Approximately when the error took place.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. For errors involving new accounts, point of sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents we used in our investigation. If you have any further questions regarding our error resolution procedures, please contact us by calling (866) 395-9200.

d. Your Liability for Unauthorized Prepaid Card Transaction

Under Visa's Zero Liability Policy, your liability for unauthorized transactions on your Card Account is \$0.00 if you are not grossly negligent or fraudulent in the handling of your Card. These provisions limiting your liability do not apply to debit transactions not processed by Visa or foreign ATM withdrawals.

Under MasterCard's zero Liability Policy, your liability for unauthorized transactions on your Card account is \$0.00 if you notify us promptly upon becoming aware of the loss or theft, and you exercise reasonable care in safeguarding your card from loss, theft, or unauthorized use. These provisions limiting your ability do not apply to debit transactions not processed by MasterCard or to unregistered cards.

7. Confidentiality

We may disclose information to third parties about your Card account or the transactions you make: (1) Where it is necessary for completing transactions; (2) In order to verify the existence and condition of your Card account for a third party, such as merchant; (3) In order to comply with government agency or court orders, or other legal reporting requirements; (4) If you give us your written permission; or (5) To our employees, auditors, affiliates, service providers, or attorneys as needed.

8. Our Liability for Failure to Complete Transactions

If we do not complete a transaction to or from your Card account on time or in the correct amount according to our Agreement with you, we will be liable for your losses and damages proximately caused by us. However, there are some exceptions. We will not be liable, for instance: (1) If, through no fault of ours, you do not have enough funds available in your Card account to complete the transaction; (2) If a merchant refuses to accept your Card; (3) If an ATM where you are making a cash withdrawal does not have enough cash; (4) If an electronic terminal where you are making a transaction does not operate properly and you knew about the problem when you initiated the transaction; (5) If access to your Card has been blocked after you reported your Card or PIN lost or stolen; (6) If there is a hold or your funds are subject to legal process or other encumbrance restricting their use;

(7) If we have reason to believe the requested transaction is unauthorized; (8) If circumstances beyond our control (such as fire, flood or computer or communication failure) prevent the completion of the transaction, despite reasonable precautions that we have taken; (9) Any other exception stated in our Agreement with you.

9. Change of Address

You are responsible for notifying us immediately upon any change to your address. If your address changes to a non-U.S. address, we may cancel your Card and return funds to you in accordance with this Agreement.

10. Other Terms

Your Card and your obligations under this Agreement may not be assigned. We may transfer our rights under this Agreement. Use of your Card is subject to all applicable rules of any association involved in transactions. We do not waive our rights by delaying or failing to exercise them at any time. We may (without prior notice and when permitted by law) set off the funds in this account against any due and payable debt you owe us now and in the future. If any provision of this Agreement shall be determined to be invalid or unenforceable under any rule, law, or regulation of any governmental agency, local, state, or federal, the validity or enforceability of any other provision of this Agreement shall not be affected. This Agreement will be governed by the law of the State of South Dakota except to the extent governed by federal law. Should your card have a remaining balance after a certain period of time, we may be required to remit the remaining funds to the appropriate state agency.

11. Amendment and Cancellation

You will be notified of any change in the manner required by applicable law prior to the effective date of the change. However, if the change is made for security purposes, we can implement such change without prior notice. You may close your Card at any time by contacting us at (949) 751-0360. Your termination of this Agreement will not affect any of our rights or your obligations arising under this Agreement prior to termination. Should your Card account be closed, we will issue you a credit for any unpaid balances, subject to fees as disclosed in this Agreement.

12. Telephone Monitoring/Recording

From time to time, we may monitor and/or record telephone calls between you and us to assure the quality of our customer service or as required by applicable law.

13. No Warranty Regarding Goods and Services

We are not responsible for the quality, safety, legality, or any other aspects of any goods or services you purchase with your Card.

14. How to get all your money off the card

You can go to any participating bank and withdraw all of your money. Inform the teller you wish to do an over the counter transaction and tell them your card balance.

15. English Language Controls

Translations of this Agreement that may have been provided are for your convenience only and may not accurately reflect the original English meaning. The meanings of terms, conditions, and representations herein are subject to definitions and interpretations in the English language.

16. DISPUTE CLAUSE

We have put this Dispute Clause in question and answer form to make it easier to follow. However, this Dispute Clause is part of this Agreement and is legally binding.

Background and Scope.

Question	Answer
What is arbitration?	An alternative to court
In arbitration, a third party arbitrator ("Arbitrator") solves Disputes in an informal hearing.	
Is it different from court and jury trials?	Yes
The hearing is private. There is no jury. It is usually less formal, faster and less expensive than a lawsuit. Pre-hearing fact finding is limited. Appeals are limited. Courts rarely overturn arbitration awards.	
Can you opt-out of this Dispute Clause?	Yes, within 60 days
If you do not want this Dispute Clause to apply, you must send us a signed notice within 60 calendar days after you purchase the Card. You must send the notice in writing (and not electronically) to our Notice Address, Attn: General Counsel. Provide your name, address and Card number. State that you "opt out" of the dispute clause.	
What is this Dispute Clause about?	The parties' agreement to arbitrate Disputes
Unless prohibited by applicable law and unless you opt out, you and we agree that you or we may elect to arbitrate or require arbitration of any "Dispute" as defined below.	
Who does the Dispute Clause cover?	You, us and certain "Related Parties"
This Dispute Clause governs you and us. It also covers certain "Related Parties": (1) our parents, subsidiaries and affiliates; (2) our employees, directors, officers, shareholders, members and representatives; and (3) any person or company that is involved in a Dispute you pursue at the same time you pursue a related Dispute with us.	
What Disputes does the Dispute Clause cover?	All Disputes (except certain Disputes about this Dispute Clause)
This Dispute Clause governs all "Disputes" that would usually be decided in court and are between us (or any Related Party) and you. In this Dispute Clause, the word "Disputes" has the broadest reasonable meaning. It includes all claims even indirectly related to your Card or this Agreement. It includes claims related to the validity in general of this Agreement. However, it does not include disputes about the validity, coverage or scope of this Dispute Clause or any part of this Dispute Clause. (This includes a Dispute about the rule against class arbitration.) All such disputes are for a court and not an Arbitrator to decide.	
Who handles the arbitration?	Usually AAA or JAMS
Arbitrations are conducted under this Dispute Clause and the rules of the arbitration administrator in effect when the arbitration is started. However, arbitration rules that conflict with this Dispute Clause do not apply. The arbitration administrator will be either:	
• The American Arbitration Association ("AAA"), 1633 Broadway, 10th Floor, New York, NY 10019, www.adr.org ;	
• JAMS, 620 Eighth Avenue, 34th Floor, New York, NY 10018, www.jamsadr.com	
• Any other company picked by agreement of the parties.	
If all the above options are unavailable, a court will pick the administrator. No arbitration may be administered without our consent by any administrator that would permit a class arbitration under this Dispute Clause. The arbitrator will be selected under the administrator's rules. However, the arbitrator must be a lawyer with at least ten years of experience or a retired judge unless you and we otherwise agree.	
Can Disputes be litigated?	Sometimes
Either party may bring a lawsuit if the other party does not demand arbitration. We will not demand arbitration of any lawsuit you bring as an individual action in small-claims court. However, we may demand arbitration of any appeal of a small-claims decision or any small-claims action brought on a class basis.	
Are you giving up any rights?	Yes
For Disputes subject to this Dispute Clause, you give up your right to:	
1. Have juries decide Disputes.	
2. Have courts, other than small-claims courts, decide Disputes.	
3. Serve as a private attorney general or in a representative capacity.	
4. Join a Dispute you have with a dispute by other consumers.	
5. Bring or be a class member in a class action or class arbitration.	
We also give up the right to a jury trial and to have courts decide Disputes you wish to arbitrate.	
Can you or another consumer start a class arbitration?	No
The Arbitrator is <u>not</u> allowed to handle any Dispute on a class or representative basis. All Disputes subject to this Dispute Clause must be decided in an individual arbitration or an individual small-claims action. This Dispute Clause will be void if a court rules that the Arbitrator can decide a Dispute on a class basis and the court's ruling is not reversed on appeal.	
What law applies?	The Federal Arbitration Act ("FAA")
This Agreement and the Cards involve interstate commerce. Thus, the FAA governs this Dispute Clause. The Arbitrator must apply substantive law consistent with the FAA. The Arbitrator must honor statutes of limitation and privilege rights. Punitive damages are governed by the constitutional standards that apply in judicial proceedings.	

Will anything I do make this Dispute Clause ineffective?	No
This Dispute Clause stays in force even if: (1) you or we end this Agreement; or (2) we transfer or assign our rights under this Agreement.	
Process.	
What must a party do before starting a lawsuit or arbitration?	Send a written Dispute notice and work to resolve the Dispute
Before starting a lawsuit or arbitration, the complaining party must give the other party written notice of the Dispute. The notice must explain in reasonable detail the nature of the Dispute and any supporting facts. If you are the complaining party, you must send the notice in writing (and not electronically) to our Notice Address, Attn: General Counsel. You or an attorney you have personally hired must sign the notice and must provide the Card number and a phone number where you (or your attorney) can be reached. A letter from us to you will serve as our written notice of a Dispute. Once a Dispute notice is sent, the complaining party must give the other party a reasonable opportunity over the next 30 days to resolve the Dispute on an individual basis.	
How does an arbitration start?	Mailing a notice
If the parties do not reach an agreement to resolve the Dispute within 30 days after notice of the Dispute is received, the complaining party may commence a lawsuit or an arbitration, subject to the terms of this Dispute Clause. To start an arbitration, the complaining party picks the administrator and follows the administrator's rules. If one party begins or threatens a lawsuit, the other party can demand arbitration. This demand can be made in court papers. It can be made if a party begins a lawsuit on an individual basis and then tries to pursue a class action. Once an arbitration demand is made, no lawsuit can be brought and any existing lawsuit must stop.	
Will any hearing be held nearby?	Yes
The Arbitrator may decide that an in-person hearing is unnecessary and that he or she can resolve a Dispute based on written filings and/or a conference call. However, any in-person arbitration hearing must be held at a place reasonably convenient to you.	
What about appeals?	Very limited
Appeal rights under the FAA are very limited. The Arbitrator's award will be final and binding. Any appropriate court may enter judgment upon the arbitrator's award.	
Arbitration Fees and Awards.	
Who bears arbitration fees?	Usually, we do.
We will pay all filing, administrative, hearing and Arbitrator fees if you act in good faith, cannot get a waiver of such fees and ask us to pay.	
When will we cover your legal fees and costs?	If you win
If you win an arbitration, we will pay the reasonable fees and costs for your attorneys, experts and witnesses. We will also pay these amounts if required under applicable law or the administrator's rules or if payment is required to enforce this Dispute Clause. The Arbitrator shall not limit his or her award of these amounts because your Dispute is for a small amount.	
Will you ever owe us for arbitration or attorneys' fees?	Only for bad faith
The Arbitrator can require you to pay our fees if (and only if): (1) the Arbitrator finds that you have acted in bad faith (as measured by the standards set forth in Federal Rule of Civil Procedure 11(b)); and (2) this power does not make this Dispute Clause invalid.	
Can an award be explained?	Yes
A party may request details from the Arbitrator, within 14 days of the ruling. Upon such request, the Arbitrator will explain the ruling in writing.	

17. Waiver of Right to Trial by Jury

You and we acknowledge that the right to trial by jury is a constitutional right but may be waived in certain circumstances. To the extent permitted by law, you and we knowingly and voluntarily waive any right to trial by jury in the event of litigation arising out of or related to this agreement. This jury trial waiver shall not affect or be interpreted as modifying in any fashion the dispute clause set forth in the following section, if applicable, which contains its own separate jury trial waiver.

18. Right of Set-Off: In the event of a negative balance on your Card, we reserve the right to off-set that negative balance with any funds you have on deposit with us, including, without limitation, the balance or balances on other Cards you may have with Global Cash Card.

This Card is issued by MetaBank, Member FDIC.
5501 S. Broadband Lane
Sioux Falls, SD 57108
(949) 751-0360
www.globalcashedcard.com
© 2016 MetaBank



Worker Name: _____

Veteran Name: _____

Authorized Representative Name: _____

Pay period Begins: (MM/DD/YYYY) - - Pay period Ends: (MM/DD/YYYY) - -

Day of Week	Service Date (MM/DD)	Time In		Time Out		# of Hours Worked
Sun	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Mon	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Tues	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Wed	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Thurs	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Fri	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Sat	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Sun	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Mon	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Tues	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Wed	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Thurs	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Fri	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Sat	—	•	<input type="radio"/> AM <input type="radio"/> PM	•	<input type="radio"/> AM <input type="radio"/> PM	
Service Hours Total:						

The Employer and Worker certify that the information provided on this timesheet is a true and accurate statement of the services provided. The Employer and Worker understand that payment for services provided are subject to payroll taxes.

Worker Signature: _____ Date: ____ - ____ - ____

Veteran/AR Signature: _____ Date: ____ - ____ - ____

Timesheet Submission

Mail:
10425 W North Ave, Suite 345
Milwaukee, WI 53226

Email:
PayrollTimesheets@Premier-FMS.com

Fax:
(855) 334-3866

TIMESHEET CHECK-LIST

- ☐ Is my legal name on the TS?
- ☐ Is my Veteran's legal name on the TS?
- ☐ Did I fill-in the correct pay period with the correct start and end dates?

Example (See schedule for dates):

Pay period Begins: (MM/DD/YYYY)

07 / 02 / 2017

Pay period Ends: (MM/DD/YYYY)

07 / 15 / 2017

- ☐ Did I fill-in the dates for the correct day of the week?
Example: July 9th is a Sunday - you would fill the first Sunday as 07/09
- ☐ Did I review that all my hours are accurate?
- ☐ Did I sign and date my TS?
Example: If the last day you worked was July 23rd - you would sign and date the TS as 7/23/yr.
- ☐ Did my employer sign and date my TS?
- ☐ Did I make sure hours submitted are worked on or before the TS due date and signed date?
- ☐ Did I use standard time (not military time)?
- ☐ Did I make sure the dates on the TS are for one pay period **ONLY** and do not cross with any other pay periods?
- ☐ Did I make sure I did **NOT** use white-out to make corrections?

Timesheets received that are missing any of the above information will be rejected and returned for correction. This may result in delay of payment.

Once all check boxes are checked, please submit your timesheet to Premier Financial Management Services.

WHY USE PORTAL TIMESHEET?

- Eliminates the risk of filling out your timesheet incorrectly.
- Timesheets will be processed faster!
- It's paperless! Go GREEN!
- Can be submitted on any device with an internet connection (home, work, or smart phone).
- It is secure, confidential and can be accessed from any location at any time of the day, year round.

For any questions or concerns, please contact our office at (855) 287-6638.

MARKING INSTRUCTIONS FOR TIMESHEET

- Write in **BLACK** or **BLUE** ink only.
- Write as large and legible as possible without touching the sides of the boxes.
Do not write outside of the boxes.



Premier

FINANCIAL MANAGEMENT SERVICES

Part of the AssuranceSD family

HILLTOP VETERAN DIRECTED CARE ACCRUED PAID SICK LEAVE FORM

Worker Name: _____

Veteran Name: _____

Authorized Representative Name: _____

Pay period Begins: (MM/DD/YYYY) ____ / ____ / ____ Pay period Ends: (MM/DD/YYYY) ____ / ____ / ____

Day of Week	Service Date (MM/DD)	PTO Start Time		PTO End Time		# of Hours Requested
Sun	—	•	AM	•	AM	
		•	PM	•	PM	
Mon	—	•	AM	•	AM	
		•	PM	•	PM	
Tues	—	•	AM	•	AM	
		•	PM	•	PM	
Wed	—	•	AM	•	AM	
		•	PM	•	PM	
Thurs	—	•	AM	•	AM	
		•	PM	•	PM	
Fri	—	•	AM	•	AM	
		•	PM	•	PM	
Sat	—	•	AM	•	AM	
		•	PM	•	PM	
Sun	—	•	AM	•	AM	
		•	PM	•	PM	
Mon	—	•	AM	•	AM	
		•	PM	•	PM	
Tues	—	•	AM	•	AM	
		•	PM	•	PM	
Wed	—	•	AM	•	AM	
		•	PM	•	PM	
Thurs	—	•	AM	•	AM	
		•	PM	•	PM	
Fri	—	•	AM	•	AM	
		•	PM	•	PM	
Sat	—	•	AM	•	AM	
		•	PM	•	PM	
Service Hours Total:						

The Employer and Worker certify that the information provided on this form is a true and accurate statement of the services being requested. The Employer and Worker understand that payment for services provided are subject to payroll taxes.

Worker Signature: _____ Date: ____ / ____ / ____

Veteran/AR Signature: _____ Date: ____ / ____ / ____

Timesheet Submission:

Mail:
10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email:
PayrollTimesheets@Premier-FMS.com

Fax:
855.325.4668

Timesheet Check-List

Is my legal name on the TS?
Is my Veteran's legal name on the TS?
Did I fill-in the correct pay period with the correct start and end dates?

Example (See schedule for dates):

Pay period Begins: (MM/DD/YYYY)

07 / 02 / 2017

Pay period Ends: (MM/DD/YYYY)

07 / 15 / 2017

Did I fill-in the dates for the correct day of the week?

Example: July 9th is a Sunday - you would fill the first Sunday as 07/09

Did I review that all my hours are accurate?

Did I sign and date my TS?

Example: If the last day you worked was July 23rd - you would sign and date the TS as 7/23/yr.

Did my employer sign and date my TS?

Did I make sure hours submitted are requested on or before the TS due date and signed date?

Did I use standard time (not military time)?

Did I make sure the dates on the TS are for one pay period **ONLY** and do not cross with any other pay periods?

Did I make sure I did **NOT** use white-out to make corrections?

Marking Instructions for timesheet

- Write in **BLACK** or **BLUE** ink only.
- Write as large and legible as possible without touching the sides of the boxes.
Do not write outside of the boxes.

Timesheets received that are missing any of the above information will be rejected and returned for correction. This may result in delay of payment.

Once all check boxes are checked, please submit your timesheet to Premier Financial Management Services.

Healthy Families and Workplaces Act (HFWA)

- The Colorado Healthy Families and Workplaces Act (HFWA) requires Colorado employers to provide two types of paid sick leave to their employees: accrued leave and public health emergency (PHE) leave (not currently in effect). The following points apply to both PHE and accrued leave.
- Paid sick leave must be paid for time off work, and at the same pay rate the employee earns during time worked.
- Paid sick leave can't be counted against employees as absences that may lead to firing or other negative action.
- Employee can generate up to 48 hours of paid sick time per calendar year.

Acceptable Reasons to Use Accrued Sick Time

- Inability to work due to a mental or physical illness, injury, or health condition.
- Obtaining preventive medical care (including vaccination), or medical diagnosis/care/treatment.
- Needs due to domestic abuse, sexual assault, or criminal harassment including medical attention, mental health care or other counseling, legal or other victim services, or relocation.
- Care for a family member who needs the sort of care listed above.
- During a PHE, a public official closed the employee's workplace, or the school or place of care of the employee's child.
- Effective Aug. 7, 2023: Bereavement, or financial/legal needs after a death of a family member; or
- Effective Aug. 7, 2023: Due to inclement weather, power/heat/water loss, or other unexpected event, the employee must evacuate their residence, or care for a family member whose school or place of care was closed

For any questions or concerns, please contact our office at 855.613.6898.