HENRY FORD HEALTH®

Form I-9 Friends and Family Process

EMPLOYEE PORTION

Invitation

Employee Email

EXTERNAL] Electronic Form I 9 Invitation Ascension Demo (Company ID: DemoAscension)	External	Inbox ×	

Form I-9 Compliance <services@formi9.com>

10:18 AM (3 m

Dear

We are excited to have you join us! As you prepare to start your new employment with Ascension, we would like to provide you with instructions for completing your Form I-9.

The Form I-9, Employment Eligibility Verification is required by federal immigration law. You must present the appropriate documentation verifying your identity and eligibility to work in the U.S.

Prior to first day	y of empl	loyment
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Please complete Section 1 of the Form I-9 at your earliest convenience. You can visit Section 1 Login Page Here and login with information below:

First Name: Last Name: Last Name: Login ID: fd031df775

An email will come from Form I-9C Compliance. Within this email a Login ID and a link to access Section 1 will be available.

Once you click the Section 1 link it will ask for you to log in with the credentials provided within the email.

First Name:			
Last Name:			
Login ID:			
]	
	L	.og In	



Employee Information

Employee Information

► START HERE: Read instructions carefully before completing this form. The instructions must be available during completion of this form.

Click here to view Instructions Click here to view List of Acceptable Documents

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Check box to show the Preparer / Translator section

Step 1 is entering the employee information.

*Utilize the Preparer and/or Translator section if a separate individual(s) assists with filling out the employee fields.

Note that you cannot move onto the next step until all required fields are filled in.

Last Name	Smith	0
First Name	John	
Middle Initial		3
Other Last Names Used	(if any)	0
Address	Street Number and Name	0
Apt. Number		0
City or Town		3
State	- Select State -	• ?
Zip		
Date of Birth	mm/dd/yyyy	3
J.S. Social Security Number		0
	SSN Applied For	
Email	OPTIONAL	0
Telephone Number	OPTIONAL	0



Citizenship or Immigration Status

Citizenship Status

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:

1. A citizen of the United States ?

2. A noncitizen national of the United States (See instructions) (2)

3. A lawful permanent resident (Enter USCIS or A-Number.) (?)

ork until (exp. date, i	fany) 🕐		N/A - Not Applicable
If you check Item I	Number 4., enter one of these:	Select a Document	~
USCIS/A-Number 🕐	Form I-94 Admission Number (Foreign Passport N	umber and Country of Issuance 🕐

The second step is choosing Citizenship or Immigration Status.

Read through each option carefully before choosing.







Employee eSignature

Employee eSignature

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Last Name		
First Name	-	
Middle Initial Name		
Security Question	What is your mother's name?	~
Your answer	Your Answer	

When the 'Sign' button below is clicked, you acknowledge, agree and attest that you:

- Have reviewed and confirmed that the information in the Section 1 is true and correct to the best of your knowledge.

- Are the person named in Section 1.

- Freely intend to create and are adopting as your own a legally binding electronic signature on this electronic document that carries the same legal effect and enforceability as your handwritten signature.

- Understand that you may refuse to sign this document electronically by selecting the 'Back' button below, or close the browser window, but instead have freely elected to sign electronically.

The fourth step is to digitally sign your Section 1 I-9. Your name will appear along with a security question.

Choose your question from the drop-down & provide the answer. Click Sign when done.



Complete



Electronic Signature is **VERIFIED AND SECURE** I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.



Weirath, Emily

electronically signed the

Form I-9, 08/01/2023 , dated

Thursday, October 19, 2023 8:48 AM Pacific Time at the Employee's signature

Back

line.

Section 1 is completed. Redirecting...

The last step will be completion! You will receive a Verified and Secure state showing that Section 1 was completed successfully.

Do not close out of this window - your page will automatically load to the Designated Individual section.



Designated Individual

Section 2 EMAIL INVITATION REQUIRED

REQUIRED NEXT STEP - DO NOT EXIT

- Select an individual, 21 years of age or older, to meet with in person to complete Section 2 of the Form I-9 on behalf of the employer.
- This person will review and record the original documents that you present for Identity and Employment Authorization in the United States.
- You may provide original documents from either List A or List B and C as outlined in the <u>LISTS OF ACCEPTABLE</u>
 <u>DOCUMENTS</u>

IMPORTANT: In order for Employer to remain in compliance with the Department of Homeland Security, you MUST meet with this individual in person and complete Section 2 of the Form I-9 within your third day of employment.

1. Enter the Last Name and First Name of the individual selected to complete Section 2 (this individual must be someone you will meet in-person, so they can physically review your documents).

Last Name:		
First Name:		
2. Enter their email	address	
Email:		
3. Re-enter the emai	l address to confirm	
Email:		
4. Click "Send Invita during the Section 2	tion" and a secure link will be sent for Section 2 completion. You must be pł completion process.	nysically present
		Send Invitation

In order to complete Section 2 of the I-9 a Designated Person needs to be set. Enter their Last name, First name, and email address twice before clicking Send Invitation.

- Designated individuals need to be at least 21 years or older & have access to email.
- Your individual can be a family member, neighbor, co-worker, or anyone you feel comfortable with sharing your acceptable document(s) information with.

This individual will join you to complete Section 2 of your I-9. Please let this designated person know that they will receive an email inviting them to complete Section 2 of your I-9. This email needs to be saved and not deleted.

DESIGNATED INDIVIDUAL PORTION

Document Verification

Before meeting with your designated individual, please have your physical, acceptable documents ready. Your designated individual will be required to bring up the Section 2 email they received the day you entered their information when completing Section 1.

• The designated individual must have a device that will allow them to access the Internet and complete Section 2. (e.g. computer, laptop, smartphone, tablet)

The email will be from Form I-9 Compliance and will also have the login credentials for your designated individual to use when completing Section 2.

From: Form I-9 Compliance <fi9.services@fadv.com> Sent: Tuesday, September 24, 2024 1:40 PM To: Subject: [Stage] Electronic Form I-9 Invitation (Company ID: demohfhs)

Caution: External Email!

Do not open attachments or click on links if you do not recognize the sender. If this email is suspicious, please click the *Report Phish* button in your Outlook app

has selected you to complete Section 2 of the Electronic Form I-9 as an Authorized Representative for STAGING - Henry Ford Health Systems.

Instructions:

- You both are required to meet each other in person
- ; is required to show you the documents they selected for you to complete Section 2
 - s should show you an original document from List A OR an original document from both List B AND List C. View acceptable documents by clicking here
- Section 2 needs to be completed within 48 hours of receiving this email invite

Let's get started!

Please visit <u>The Form I-9 Login Page Here</u> and log in with the following information: First Name: Last Name: Login ID: be41eb41ab

eForm I-9 Login First Name: Last Name: Login ID:

Document Verification

Once logged in, your designated individual will complete Section 2 by entering the document information that you chose when filling out Section 1.

Your designated individual will need to fill out the highlighted fields shown on Section 2 of the I-9 form.

Once the information is filled in, they will go to the bottom of the page and verify their name is showing correctly then check Signature Validation and proceed to the next step.

Section 2. Employer o (Employers or their authorized r must physically examine one do "Lists of Acceptable Documents	r Authorized Rep epresentative must comp cument from List A OR a ")	resentative Revie lete and sign Section 2 combination of one doc	ew and Verification within 3 business days of ument from List B and or	on f the employee's first on the document form List	day of employment. You t C as listed on the
Employee Info from Section 1 ②	Last Name (Family N	First Name (Given Name) M.I. (⑦ Citizenship/Imi	migration Status 🥐
Identity and Em Document Sam	List A ployment Authorizatio	OR	List B Identity	AND Emplo	List C yment Authorizatior
Document Title: ?	elect a Document		•	0	• @0
Issuing Authority: ⑦		•	-		• ?
Document Number: ③			C		?
Expiration Date (if any)(mm/dd/yy	W): ⑦				(?
Document Title: ⑦		•			
Issuing Authority: ③		•	Additional Information		Code - Section 2 & 3 ot Write in This Space
Document Number: ⑦					
Expiration Date (if any)(mm/dd/yy	w): ⑦				
Document Title: ⑦		•			
Issuing Authority: ③		•			
Document Number: ③					
Expiration Date (if any)(mm/dd/yy	w): ⑦				
	enalty of perjury, that t(s) appear to be genu	(1) I have examined uine and to relate to to s.	the document(s) pres	sented by the abov and (3) to the best	e-named employee of my knowledge f
ertification: I attest, under p) the above-listed documen nployee is authorized to wo 'he employee's first day of e	rk in the United State mployment (<i>mm/dd/y</i>)	yyy): ⑦ 07/02/2023	(See instr	uctions for exempt	ions)
ertification: I attest, under p) the above-listed documen nployee is authorized to wo he employee's first day of e Signature of Employer or Authoriz	rk in the United State mployment (mm/dd/yg ed Representative ⑦	nyy): ⑦ 07/02/2023 Today's Date (mm/dd/y)	(See instr wy): ⑦ Title of E	mployer or Authorized	<i>ions)</i> Representative ⑦

Document Verification

	Address Market Street States		
irst Name	MI		Last Name
What is your mother's name?		•	
correct, (2) are the person nam o create and are adopting as the electronic document that carrie nandwritten signature; and (4 document electronically by se	ed in that neir own a es the san) underst lecting th	Sectio legally ne lega and the With	n of the document, (3) freely intend binding electronic signature on this al effect and enforceability as their nat they may refuse to sign this bidraw Consent' button below but

HENRY FORD HEALTH

The last step your designated individual will need to complete is their signature validation.

Their last name & first name will be pre-populated into the fields. They will choose a security question by clicking the drop-down and fill in the answer.

After that they will click E-Sign Document. They will receive a Verified and Secure state showing that Section 2 was completed.

Electronic Signature is VERIFIED AND SECURE

I am aware that federal law provides for imprisonment and / or fines for false statements or use of false documents in connection with the completion of this form.

Close Form

Instant Signature

electronically signed the Form I-9, 08/01/2023, dated Thursday, October 19, 2023 9:40 AM Pacific Time at the Employer's signature line.

Print this E-Signature receipt



Closing



- \star Receive Section I Link
- ★ Complete Section I (all 5 steps)
- Assign Designated Individual for Section
 2- Document Verification
- ★ Meet with Designated Individual in person
 - Have physical documents ready
 - Ask Designated Individual to log onto the Form-I9 Compliance site using the login information provided via email
- ★ Designated Individual completes Section 2





Contact Information:

Email: <u>HROnboarding@hfhs.org</u>

Phone: 313-874-1095



