



## **ARIS Solutions -New MexiCare Employee Hiring Packet**

Included in this packet are all the forms that you need to fill out to sign up to work.

The sections that are highlighted are the ones that you need to fill out. Please be sure that you complete them all. Failing to complete highlighted sections may result in the packet being returned to your employer and a delay in processing.

As an employee, you must clear the background checks and perform required caregiver training before you can work through the New MexiCare program. You will receive information from Care Academy to begin your training process ([https://go.careacademy.com/users/sign\\_in](https://go.careacademy.com/users/sign_in)). If you work before you have passed the background check, we won't be able to pay you for those services. **As an employee, you will be required to complete monthly on-line training courses.**

Please remember: you **cannot** be paid through this program, until your employer has been told that you have **cleared the background checks** and are **approved to work**. The date that the employer is told will be the first day that we can pay you for your work.

If you are unpaid for one year, you will be considered “inactive” and terminated. If you become inactive or are terminated for any reason, you **must** complete another hiring packet and pass the background checks before you can work.

It is important that you complete and return each form entirely. **Missing information or incorrectly completed forms will cause us to return the forms to your prospective employer and delay your potential start date.**

If you have any questions about how to fill out the included forms, you can contact ARIS Solutions' Customer Service staff. Representatives can be reached by calling (800) 798-1658.

Forms can be mailed back to us or emailed to [enrollment@arissolutions.org](mailto:enrollment@arissolutions.org)

Our mailing address is:

**ARIS Solutions  
PO Box 4409  
White River Jct., VT 05001**



## Included Forms to Complete and Return:

- Employee Hiring Notice**—this makes sure that we have the necessary information to connect you with your employer.
- Forms W-4**—these forms give us information about your State and Federal Income Tax withholdings.
- Employment Eligibility Verification Form**—this form gives information about your ability to work in the United States. **Your employer needs to look at your identification and complete Employer section.** You do **not** need to send ARIS Solutions copies of your identification.
- Employee Confirmation Form**—sign off form to make sure you understand some general information about working for an employer supported by ARIS Solutions.
- Direct Deposit Authorization Form** (*optional*)
- EVVie Registration Form and Agreement**- this form enrolls you in the timesheet submission portal.

Forms can be mailed back to us or emailed to [enrollment@arissolutions.org](mailto:enrollment@arissolutions.org)

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PO Box 4409  
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If you have any questions or need assistance completing these forms, ARIS Solutions' Customer Service team is available to help. Representatives can be reached by calling (800) 798-1658.





**ARIS Solutions -New MexiCare**

**Employee Hiring Notice**

**Employee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Employee Mailing Address:** \_\_\_\_\_

**Employee Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

Cell  Home

**Employee Email Address:** \_\_\_\_\_

**Relationship to:**

**Employer:** \_\_\_\_\_  **Individual Receiving Support:** \_\_\_\_\_

By Leaving the Employer relationship blank, I choose not to take exemptions available to me

**Employer Name:** \_\_\_\_\_

**Employer Mailing Address:** \_\_\_\_\_

**Employer Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Agency/Program:** \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_

**Failure to complete highlighted sections may result in these forms being returned and a delay in processing**



## Relationship Disclosure Form

**Employee Name**

**Employer Name**

### Are you related to the employer?

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No** (if no- you can skip to sign and date)

**If yes** how are you related to the employer? **Please check only one-** for example if the employer is your mother, you are the child)... check child

<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child (Date of Birth):	<input type="checkbox"/> Other (please explain):
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**Exempt-** Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA), and Unemployment insurance (FUTA and SUTA) which means you are not earning Social Security work credits and you will not receive unemployment benefits if your employment is terminated. (for more info please see IRS Publication 15- Family Employees at [www.irs.gov](http://www.irs.gov))

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

The following relationships are exempt from: **Social Security, Medicare, and FUTA**.

SPOUSE, PARENT, CHILD under 21

The following situation is exempt from: **SUTA**

EMPLOYEE under 18

The following relationships are exempt from: **SUTA**

SPOUSE, PARENT, CHILD (under 18)

**Note:** *It is the employee's responsibility to notify ARIS Solutions if this relationship or living arrangement should change.*

I acknowledge and understand the tax implications of my relationship with my employer.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

# 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.**

# 2024

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.)		

**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](http://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](http://www.irs.gov/W4App) for 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.)

<b>Step 3: Claim Dependent and Other Credits</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)	<b>Date</b>	

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### 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](http://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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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 15, 2025.

**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](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**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](http://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.

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 2024 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](http://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 2024 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: {
  - \$29,200 if you're married filing jointly or a qualifying surviving spouse
  - \$21,900 if you're head of household
  - \$14,600 if you're single or married filing separately
 } . . . . . 2 \$ \_\_\_\_\_
- 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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230





# 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.

<b>Last Name (Family Name)</b>		<b>First Name (Given Name)</b>		<b>Middle Initial (if any)</b>		<b>Other Last Names Used (if any)</b>	
<b>Address (Street Number and Name)</b>			<b>Apt. Number (if any)</b>		<b>City or Town</b>		<b>State</b>
<b>Date of Birth (mm/dd/yyyy)</b>		<b>U.S. Social Security Number</b>		<b>Employee's Email Address</b>		<b>Employee's Telephone Number</b>	
<p><b>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.</b></p>		<b>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</b>					
		<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 <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any) _____							
If you check <b>Item Number 4.</b> , enter one of these:							
<b>USCIS A-Number</b>		OR		<b>Form I-94 Admission Number</b>		OR	
						<b>Foreign Passport Number and Country of Issuance</b>	
<b>Signature of Employee</b>					<b>Today's Date (mm/dd/yyyy)</b>		

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
<b>Document Title 1</b>					
<b>Issuing Authority</b>					
<b>Document Number (if any)</b>					
<b>Expiration Date (if any)</b>					
<b>Document Title 2 (if any)</b>	<p><b>Additional Information</b></p>				
<b>Issuing Authority</b>					
<b>Document Number (if any)</b>					
<b>Expiration Date (if any)</b>					
<b>Document Title 3 (if any)</b>	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
<b>Issuing Authority</b>					
<b>Document Number (if any)</b>					
<b>Expiration Date (if any)</b>					
<p><b>Certification:</b> 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.</p>					
<b>Last Name, First Name and Title of Employer or Authorized Representative</b>					<b>First Day of Employment (mm/dd/yyyy):</b>
<b>Signature of Employer or Authorized Representative</b>			<b>Today's Date (mm/dd/yyyy)</b>		
<b>Employer's Business or Organization Name</b>			<b>Employer's Business or Organization Address, City or Town, State, ZIP Code</b>		

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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

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



**ARIS Solutions -New MexiCare  
Employee Confirmation Form**

**Employee Name:** \_\_\_\_\_ **Employer Name:** \_\_\_\_\_

**Employee Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

By signing this form, I understand:

- There are State, Federal and program rules that apply to the care I provide,
- The person who hired me and signs my timesheets is my employer,
- Based on my relationship to my employer, I may be exempt from some taxes,
- There is paperwork I must fill out before I can start to work,
- I must pass background checks before I can start to work,
- If I work before I have passed the background checks, I will not be paid,
- It is my employer's responsibility to make sure I am paid,
- I am not employed by ARIS Solutions, the State of New Mexico or the agency that provides funding to the person that I provide care to,
- My employer should be the person to send in my timesheet,
- There is a deadline for when my timesheet must arrive to be paid on time,
- Late timesheets will not be paid until the next regularly scheduled payroll for the program I work in,
- If my employer sends in a timesheet that is missing information, it could delay my payment,
- Funding for my payroll comes from the State,
- Signing a timesheet that is not accurate could be considered fraud,
- It is never okay to sign blank timesheets,
- Signing timesheets in someone else's name could be considered fraud,
- Sometimes to answer my question, ARIS Solutions staff might need to talk to my employer and have my employer talk to me.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**ARIS Solutions -New MexiCare**  
**Direct Deposit Authorization Form**

Please complete the **yellow** highlighted sections below to sign up for Direct Deposit of your paycheck and submit either a voided/canceled check or a typed and signed letter from the bank/financial institution—on their letterhead—that includes your account information. This information **cannot be handwritten**.

At this time, we **cannot**:

- Deposit funds into more than one account
- Deposit funds into any debit accounts (i.e., H&R Block Emerald Card)
- Deposit funds into an account that is not yours (the employee's)
- Accept deposit tickets/slips or account statements
- Accept starter checks or checks with handwritten information on them
- Accept request to cancel or change accounts over the phone. All change requests/cancellations must be made in writing, for your protection.

It will take at least one full pay period for your Direct Deposit Authorization to go into effect. You will be paid with a paper check until the process is completed.

By enrolling in direct deposit, you agree to allow payments in error to be reversed. ARIS Solutions staff will contact you in advance in the event an error and a funds reversal is necessary.

**Name:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Account Type (choose one):**  Checking  Savings

**Non-Payroll Recipient:**  Yes  No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**You must include a voided/canceled check OR include a signed letter from your bank that includes your name, account and routing number.**



## ARIS Solutions -New MexiCare

### EVVie Registration Form and Agreement for Timesheet Submission

Each Employer and Employee must complete a separate form. If you are filling out this form as an Employee, you (and your Employer) must sign up for EVVie with each Employer that you work for.

Please remember that each Employer and Employee must have individual email addresses (**cannot** share one with any other employer or employee).

Name: \_\_\_\_\_

Required (Please print clearly)

E-mail Address: \_\_\_\_\_

Required (Please print clearly)

Phone Number: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_

Required

Registering as: **Employer** \_\_\_\_\_

**Employee** \_\_\_\_\_ **My Employer's name is:** \_\_\_\_\_

Required

You are also agreeing that:

- You understand that ARIS Solutions reports suspected fraud to ALTSD, and will automatically do that,
- You will not share your User Name or Password with anyone,
- You will notify ARIS Solutions immediately if you change your email address,
- You will notify ARIS Solutions immediately if there is a change in employment status of any employee who uses EVVie,
- You will notify ARIS Solutions immediately if there is a change in the employer of record for anyone who uses EVVie and
- Submitting hours or services that were not worked may be considered fraud.

**Signature** \_\_\_\_\_

Required

**Print Name** \_\_\_\_\_

Required

**Date** \_\_\_\_\_

Required



**New MexiCare/Adult Family Care Respite/ Choices for Care/ PDAC/  
ASP/ Flexible Choices/ Moderate Needs  
(Calendar Year 2024)**

Pay Period Dates	Mail Time Sheet*	EVVie Date*	Pay Date
11/26/2023 - 12/9/2023	12/8/2023	12/11/2023	12/15/2023
12/10/2023 - 12/23/2023	12/22/2023	12/25/2023	12/29/2023
12/24/2023 - 1/6/2024	1/5/2024	1/8/2024	1/12/2024
1/7/2024 - 1/20/2024	1/19/2024	1/22/2024	1/26/2024
1/21/2024 - 2/3/2024	2/2/2024	2/5/2024	2/9/2024
2/4/2024 - 2/17/2024	2/16/2024	2/19/2024	2/23/2024
2/18/2024 - 3/2/2024	3/1/2024	3/4/2024	3/8/2024
3/3/2024 - 3/16/2024	3/15/2024	3/18/2024	3/22/2024
3/17/2024 - 3/30/2024	3/29/2024	4/1/2024	4/5/2024
3/31/2024 - 4/13/2024	4/12/2024	4/15/2024	4/19/2024
4/14/2024 - 4/27/2024	4/26/2024	4/29/2024	5/3/2024
4/28/2024 - 5/11/2024	5/10/2024	5/13/2024	5/17/2024
5/12/2024 - 5/25/2024	5/24/2024	5/27/2024	5/31/2024
5/26/2024 - 6/8/2024	6/7/2024	6/10/2024	6/14/2024
6/9/2024 - 6/22/2024	6/21/2024	6/24/2024	6/28/2024
6/23/2024 - 7/6/2024	7/5/2024	7/8/2024	7/12/2024
7/7/2024 - 7/20/2024	7/19/2024	7/22/2024	7/26/2024
7/21/2024 - 8/3/2024	8/2/2024	8/5/2024	8/9/2024
8/4/2024 - 8/17/2024	8/16/2024	8/19/2024	8/23/2024
8/18/2024 - 8/31/2024	8/30/2024	9/2/2024	9/6/2024
9/1/2024 - 9/14/2024	9/13/2024	9/16/2024	9/20/2024
9/15/2024 - 9/28/2024	9/27/2024	9/30/2024	10/4/2024
9/29/2024 - 10/12/2024	10/11/2024	10/14/2024	10/18/2024
10/13/2024 - 10/26/2024	10/25/2024	10/28/2024	11/1/2024
10/27/2024 - 11/9/2024	11/8/2024	11/11/2024	11/15/2024
11/10/2024 - 11/23/2024	11/22/2024	11/25/2024	11/29/2024
11/24/2024 - 12/7/2024	12/6/2024	12/9/2024	12/13/2024
12/8/2024 - 12/21/2024	12/20/2024	12/23/2024	12/27/2024
12/22/2024 - 1/4/2025	1/3/2025	1/6/2025	1/10/2025

**\*\* Timesheets submitted through EVVie must be received no later than 12:00 p.m. on the EVVie date or timesheets will be held until the next regularly scheduled pay date.**



## ALTSD Program Timesheet- New MexiCare

**\*REQUIRED FIELDS**

**Failure to provide the necessary information may result in delays in processing**

**\*EMPLOYEE NAME:** \_\_\_\_\_ **\* LAST FOUR DIGITS OF SS #:** \_\_\_\_\_

**\* PARTICIPANT NAME:** \_\_\_\_\_ **\* EMPLOYER'S PHONE #:** \_\_\_\_\_

Was the Participant admitted to a hospital or nursing home during any of these dates? Yes\_\_\_\_\_No\_\_\_\_

If **YES**, indicate the dates the Participant was **admitted to and discharged from** the hospital or nursing home

**NO SERVICES CAN BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME**

*Please Enter Pay Period Date Range:								# of Hours Worked
*Date	*Start Time	A M	P M	*End Time	A M	P M	*Service Code <b>(Personal Care/ Transportation)</b>	
Total Hours Worked for Current Pay Period								

**\*Start & End times need to be listed in quarter hour increments. Example: 12:00pm, 12:15pm, 12:45pm, etc.**  
*We (below) certify that the information provided on this form is true, accurate and complete.*

\*Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Timesheets received by ARIS Solutions after the due dates on the Payroll Schedule will be processed for the next scheduled pay date.**

**Mail timesheets to:** ARIS Solutions- PO Box 4409 White River Jct., VT 05001  
**Phone:** 1-800-798-1658 **Fax:** 1-802-295-0663  
**Secure Portal:** <https://arissolutions.org/fms-payment-submission/>

*Please note it is the Representative-Employer's responsibility to ensure the accuracy of the service codes used. Be sure to review prior to submission, especially when a Back-up worker is utilized.*