



Form I-9 Compliance

24 Corporate Plaza, Suite 100
Newport Beach, CA 92660

ALLIANCE PARTNER NEW CLIENT "SET-UP" PROTOCOLS

IMPORTANT NOTE:

Alliance Partner must complete this form and return it along with the completed Client Registration Form to Form I-9 Compliance to facilitate the "Set-Up" of their New Client.

1. How many separate locations does your client have that will be utilizing our Electronic Form I-9 (eForm I-9) and/or Employment Verification Program (EVP) services? _____
2. How many system users do you anticipate your client having? _____
3. In what format does your client want the eForm I-9 and/or EVP Reporting system to be set-up? The Reporting can be structured as listed below.

(Please check appropriate Reporting format as listed below)

By each location

By region, division, business unit, etc.

One report for the entire organization

Some combination of the above

Please provide detailed explanation (if applicable)

IMPORTANT NOTE:

The protocol we follow to break down a location, region, division, business unit for eForm I-9 and/or EVP Reporting purposes, is to create a unique "Company ID" for each. It is the creation of the unique "Company ID" that determines whether a location charge is accessed.

4. For new clients with multiple locations (Company ID's), the Alliance Partner will be charged a one time installation set-up fee based upon the following fee schedule:
 - a. 0-5 locations (Company ID's) - No Charge
 - b. 6+ locations (Company ID's) - \$50 per location (per Company ID)

5. For your client's field system users, what permissions does your client want to grant them?

(Please check all appropriate permissions as listed below)

The capability to "create" and Archive an eForm I-9 and/or EVP (ONLY)

The capability to "view" all eForm I-9 and/or EVP Reporting for their area of responsibility (Company ID).

The capability to "retrieve" Archived and Pending eForm I-9's and/or EVP's for their area of responsibility (Company ID).

Other – Please provide detailed explanation below:

6. Your client has one "Primary Contact" for each location (Company ID).

- a. This Primary Contact will be the individual who will receive the following:

1. 90-60-30 Day Email "Alerts" of Expiring Work Documents
2. SSA/DHS Tentative Non-Confirmation "Notifications"
3. DHS Verification in Process "Status Changes"

7. Are there any client corporate system users that your client will designate to review Reports for all locations, divisions, regions, business units, etc.? (If so, please identify those corporate users immediately below)

8. Does your client want these corporate system users to have the ability to access/retrieve an Archived or Pending eForm I-9 and/or EVP from one of your locations (Company ID's)?

(Please check appropriate answer below)

YES

1. If YES, we will need to set them up as an authorized user for that location (Company ID).

NO

9. Is there an accepted corporate nomenclature that your client uses that they would like us to incorporate in creating their locations Company ID's? (Please check appropriate answer below)

YES

1. If YES, please specify what you would like us to use for their location Company ID's on a location by location basis below.

NO

Please provide detailed corporate specification below.

10. Please have your client utilize one of the following two Forms along with the completed Client Registration Form, to help us facilitate the creation of login information for their new system users:

a. Supplemental Registration Information Form

1. For clients with no more than 5 locations (Company ID's) **and** 20 system users.

b. Batch Import File Specification Document

1. For clients with either 6 or more locations (Company ID's) **or** more than 20 system users.