New Employee Paperwork Summary

EMPLOYEE NAME _______________________________ WWID _____________________

The following forms must be signed and collected at New Employee Orientation:

Completed by New Hire

1. Appendix A / Employment Agreement
2. Information Supplement 1
3. Information Supplement 2
4. Code of Conduct Questionnaire
5. Intel Employee Agreement
6. New Employee Orientation Certification
7. Employment Eligibility Verification I-9
8. Intel Retirement Plans Prior Service Questionnaire
9. New Hire Benefits Form

Please include this checklist when submitting forms to the Intel representative.

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APPENDIX A
TO EMPLOYMENT AGREEMENT SECTION 5

Employee Name: ______________________________ WWID: ______________________

Do you own or control, in whole or in part, any Preexisting Employee Intellectual Property (including patents and patent applications) that you are not licensing to the Intel Group, as defined in Section 5 as Identified Employee Controlled Intellectual Property?  (Do not answer “Yes” for patents which your former employer or other party owns, but which merely name you as an inventor.)

If yes, list such Identified Employee Controlled Intellectual Property (attach or specifically identify relevant patents, patent applications, or similar disclosures):

Do you have an economic interest in any patents, pending applications or other Preexisting Employee Intellectual Property that you do not own or control, for example patents or applications owned by a University on which you are named an inventor?

If yes, list such Preexisting Employee Intellectual Property (attach or specifically identify relevant patents, patent applications, or similar disclosures):

Attach additional sheets as necessary. Number of additional sheets attached: ____

Employee Signature: ___________________________ Date: _________________

Updated forms: ©Intel Corporation  REV APRIL 2013
Information Supplement

PLEASE PRINT
Complete all requested information. All information you provide will be handled in strict confidence.

EMPLOYEE NAME: ____________________________________________________________

   LAST     FIRST     MIDDLE

WORLDWIDE ID: ___________________ SOCIAL SECURITY NUMBER: ____-____-______

HOME PHONE NUMBER: ______________________________________________________

EMERGENCY CONTACT: _______________________________________________________

NAME ___________________ RELATIONSHIP ___________________ PHONE NUMBER ______

Technology Transfer Control Information
Intel works in technology areas that are subject to export controls by the United States government. Intel must obtain authorization from the Bureau of Industry and Security, U.S. Department of Commerce, before employing citizens from certain countries. This questionnaire is designed to assist Intel in determining whether it must apply for an export license on behalf of a potential new hire.

QUESTION 1
As of today’s date, are you one of the following?

☐ Citizen or Legal National of the United States;

☐ Lawful Permanent Resident (PR) of the United States (Note: Only having an application for PR status pending requires a “NO” answer.)

☐ A person granted refugee status in the United States (Note: Only having public interest parole, humanitarian parole, or temporary protected status requires a “NO” answer.)

☐ A person granted asylum status in the United States (Note: Only having an asylum application pending requires a “NO” answer)

☐ YES ☐ NO

NOTE: Individuals in nonimmigrant visa status such as B, L, H visa status should answer NO.

QUESTION 2
If your answer to Question 1 is “NO”, but you claim that you have authorization to work in the United States on a full-time basis, please identify the basis for your right to work in U.S:

☐ E ☐ F-1 ☐ H-1B ☐ H-3 ☐ J-1 ☐ L-1 ☐ TN ☐ EAD ☐ O-1

Visa/work authorization: start date____________ expiration date__________

Check, if applicable: ☐ Optional Practical Training ☐ Curricular Practical Training
(If you checked either box, bring a copy of the I-20 form to NEO)

QUESTION 3
If your answer to Question 1 is “NO” to all the legal status categories, please answer the following:

☐ What is your citizenship?

☐ If you have multiple citizenship (i.e., citizenship in two or more countries), name the country in which you have the most recent citizenship and provide the citizenship issuance date.

☐ If you have Permanent Residency (PR) in multiple countries (i.e., PR in two or more countries), name the country in which you have the most recent PR and provide the PR issuance date.
I understand that any work assignment at Intel may be conditioned upon export license requirements

I CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE AND CORRECT

____________________  ________________________________    _______________________________
EMPLOYEE SIGNATURE                                  DATE

Updated Forms ©Intel Corporation  REV APRIL 2013
The following information is required for confirmation of employment and/or benefit status:

EMPLOYEE NAME ________________________________

DATE OF BIRTH ___/____/____

MARITAL STATUS:  □ SINGLE  □ MARRIED  GENDER:  □ MALE  □ FEMALE

Intel's Commitment to Diversity

Our diversity is our strength. We want to be a workplace of choice for all people and we value the unique perspectives offered by a diverse workforce. Intel does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, disability, veteran status, marital status, gender identity, gender expression, or sexual orientation. This principal applies to all areas of employment: recruitment and hiring, training, performance evaluations, promotions and transfers, compensation and benefits, and social and recreational programs.

We encourage and invite you to complete the information below. Your information is critical to our efforts in complying with federal and state Equal Employment Opportunity record keeping, reporting, and other legal requirements. While identifying is voluntary, Intel will also use this information to invite you to applicable Intel events and related communications. Any information you provide will be kept confidential and will be used only in accordance with legal requirements.

What is your race? Please select all that apply. You may also select one race or ethnicity category that you most closely identify with as primary:

- Hispanic, Latino, or of Spanish Origin - A person having origins in any of the original peoples of Cuba, Mexico, Puerto Rico, South or Central America, or other Spanish culture or origin regardless of race.
- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
DISABILITY
A “person with a disability” means any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such impairment, or is regarded as having such impairment. Intel welcomes you to identify if you meet the definition of a person with a disability.
YES, I am a person with a disability.

HAVE YOU EVER SERVED IN THE U.S. MILITARY (ACTIVE, RESERVE, AND/OR NATIONAL GUARD?)
If YES the below is all about you.
Intel welcomes military veterans, active duty, and guard and reserves! We value your experience and know that the military shares our values: discipline, quality, risk taking, results orientation, customer orientation, and great place to work. More than simply words, they are something we live by each day. They speak to everyone within our diverse workforce, and service members who have lived and breathed these values will do well at Intel. If you have served in the military, we invite you to identify yourself below as a proud member of this community. Identifying your military status is voluntary but it provides Intel with critical, relevant, and accurate data on our workforce which translates into enhanced results in recruiting, retaining, promoting, and supporting our military employees. As a part of Intel’s military community, you can choose to be involved in additional events, help build programs, and foster ongoing efforts.

Please check which category you fall into:

☐ MILITARY/PROTECTED VETERAN: You served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

☐ NATIONAL GUARD SERVICE: You served in the National Guard but were not called or drafted into active service by the U.S.

In addition, please check all that are applicable (you may check more than one category):

☐ DISABLED MILITARY/VETERAN: You (a) were discharged or released from active duty because of a service-connected disability, or (b) are entitled to compensation under laws administered by the Secretary of Veterans Affairs.

☐ RECENTLY SEPARATED MILITARY/VETERAN: You served on active duty within the last 3 years.

DATE OF MOST RECENT DISCHARGE: ___/____/____

☐ ARMED FORCES SERVICE MEDAL MILITARY/VETERAN: While serving on active duty, you participated in a military operation for which an Armed Forces service medal was awarded.
Code of Conduct Questionnaire
Intel Confidential

If you answer “Yes”, to Questions 1-2 below, you must review the policy about appointments to boards of directors in a personal capacity http://legal.intel.com/Corporate+Guidelines/bodappt+personal.htm, and if required, complete an “Outside Directorship Conflict of Interest Questionnaire” and follow the approval process outlined in the policy and Questionnaire. If you answer “Yes”, to Questions 3-4 below, you must disclose to your manager, in writing, the existence and nature of your outside relationship or employment. These disclosures must be made within the first three weeks of employment, so that Intel can determine if it creates an actual or perceived conflict of interest with Intel’s business interests.

1. Are you a member of a board of directors or board of advisors of an enterprise or company, or a member of a government entity advisory board or commission? If the answer is “No”, please go to question 3.

☐ No ☐ Yes If you answered “Yes”, please provide the name of the company or entity on whose board or commission you serve:

2. If you answered “Yes” to question 1,

   • Is this company or entity contemplating doing business with Intel as a vendor, purchaser, contractor or otherwise?
   or
   • Have you participated in or attempted to influence any Intel decision involving this company or entity?

   ☐ No ☐ Yes

3. Are you currently employed or do you have any financial or business interest that could present a conflict of interest, such as consulting, operating a personal business, holding political office, etcetera, outside of Intel?

   ☐ No ☐ Yes If you answered “Yes”, please provide the name of the employer or the nature of the financial or business interest:

   ____________________________________________________________
   ____________________________________________________________

4. If you answered “Yes” to question 3,

   • Does this outside employment or financial or business interest relate to or resemble business conducted at Intel?
   or
   • Could your outside employment or financial or business activity have a direct or adverse impact on your ability to make sound business decisions in the interest of Intel?

   ☐ No ☐ Yes
<table>
<thead>
<tr>
<th>PRINTED NAME</th>
<th>EMPLOYEE SIGNATURE</th>
<th>DATE</th>
<th>WORLDWIDE ID</th>
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</table>

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EMPLOYMENT AGREEMENT

In exchange for being employed by Intel Corporation or any of its subsidiaries, affiliates or successors (collectively called “Intel”) in this Agreement, I agree to the following:

1. General Conduct.
I will perform my assigned Intel duties and comply with all Intel policies, procedures, guidelines, rules, and instructions, including Intel’s Code of Conduct, Employment Guidelines and Corporate Information Security and Security policies.

2. Prior Third Party Information.
I will not bring to Intel, disclose to anyone at Intel, or use as part of my Intel work any proprietary or confidential information of any former employer or third party without their written authorization.

3. Confidential Information and Intel Property.
During and after my Intel employment, I will hold in strict confidence and not disclose or use any Confidential Information connected with Intel business or the business of any of Intel’s suppliers, customers, employees, or contractors unless (i) such disclosure or use is required in connection with my Intel work, (ii) such information becomes lawfully and publicly known outside Intel, or (iii) an Intel officer expressly authorizes such disclosure or use in advance and in writing. For purposes of this Agreement, Confidential Information includes, without limitation: technical information (e.g. roadmaps, schematics, source code, specifications), business information (e.g. product information, marketing strategies, markets, sales, customers, customer lists or phone books), personnel information (e.g. organizational charts, employee lists, skill sets, employee health information, names, phone numbers, email addresses, personnel files, employee compensation except where the disclosure of such personnel information is permissible under local labor law such as the right of employees to discuss compensation and working conditions under the US National Labor Relations Act), and other non-public Intel data and information of a similar nature. I understand and agree that all Confidential Information that I acquire in connection with my Intel employment is Intel’s exclusive property. I agree to return to Intel all of its Confidential Information (hard or soft copies; originals and copies) as well as all devices and equipment belonging to Intel (including computers, handheld electronic devices, telephone equipment and other electronic devices) either at the termination of my Intel employment or upon Intel’s request. I agree that any violation of this provision will result in immediate and irreparable injuries and harm to Intel, and that Intel shall have the option of pursuing all available legal and equitable remedies, including injunctive relief and specific performance.

4. Ownership of Proprietary Developments.
Except as provided in the next sentence, I agree that all trade secrets, copyrights, mask works, trademarks, inventions (including service inventions), discoveries, designs, formulae, processes, methods, manufacturing techniques, improvements, ideas, copyrightable works, and other intellectual property which I create, invent or discover alone or with others during my Intel employment, (collectively “Proprietary Developments”) are Intel’s sole property from the moment of their creation, invention or discovery. This shall not apply to an invention that I develop entirely on my own time without using Intel equipment, supplies, facilities, or trade secret information, except for those inventions that either: (1) relate at the time of conception or reduction to practice of the invention to Intel business, or actual or demonstrably anticipated research or development of Intel; or (2) result from any work performed by me for Intel. I agree that Intel has and shall always have sole legal and equitable title to all Proprietary Developments and I have no right to compensation for such Proprietary Developments. I agree to promptly disclose Proprietary Developments to Intel, and to the full extent allowed by law, but only to the extent not already owned by Intel pursuant to this Agreement and applicable law, hereby assign to Intel all rights in the Proprietary Developments. I agree that during and after my employment with Intel I will provide all assistance that Intel reasonably requests to secure or enforce its rights throughout the world with respect to Proprietary Developments, including signing all necessary documents to secure or memorialize those rights. If I fail or refuse to sign documents necessary to secure or enforce Intel’s rights, or if Intel cannot locate me through the exercise of reasonable diligence, I irrevocably appoint Intel or its designee as my attorney to sign such documents in my name. I waive any rights that I may have in any Proprietary Developments and, to the extent that such waiver is ineffective under applicable law until a Proprietary Development is created, invented or discovered, I agree to waive such rights immediately upon the creation, invention or discovery of such Proprietary Development.

As used in this Agreement “Preexisting Employee Intellectual Property” means intellectual property that I created prior to my employment with Intel.

I have specifically listed in Appendix A all Preexisting Employee Intellectual Property that I, in whole or in part, own or
control, or have the right to license and intend to exclude from licensing to Intel (“Identified Employee Controlled Intellectual Property”).

I agree that I will not use or disclose during my employment any Identified Employee Controlled Intellectual Property without the prior written consent of Intel. If I disclose or use any Identified Employee Controlled Intellectual Property without the prior written consent of Intel, I automatically and immediately grant Intel a non-exclusive, non-transferable (except within Intel), perpetual, irrevocable, royalty-free, world-wide license to all of the Identified Employee Controlled Intellectual Property disclosed or used with the right to sublicense, to make, have made, use, sell, offer to sell, import, reproduce, have reproduced, prepare derivative works of, distribute, and otherwise dispose of, any product or document, under all patents, trade secrets, copyrights and copyrightable works, mask works, trademarks, inventions, discoveries, designs, formulae, processes, methods, manufacturing techniques, improvements, and ideas.

I have also listed in Appendix A all Preexisting Employee Intellectual Property in which I have an economic interest (but do not own or control) and for which I do not have the right to grant a license to Intel.

For the avoidance of doubt, I agree that any Preexisting Employee Intellectual Property that I, in whole or in part, own, control or have the right to license and that is neither Identified Employee Controlled Intellectual Property nor identified in Appendix A prior to my employment in sufficient detail to Intel to identify its subject matter is licensed to Intel in the same manner and scope as disclosed or used Identified Employee Intellectual Property.

I agree that if I fail to make any required disclosure or breach any term of Sections 4 and 5, any applicable limitations periods shall be tolled and shall not run as to any claim, right, or cause of action Intel may have relating to such disclosure or breach that would have been discovered had the required disclosure been made, until such time as Intel obtains actual knowledge of the facts giving rise to such claim. Nothing contained in this Section shall limit other remedies otherwise available in law or in equity to Intel.


I agree that for twelve (12) months after my employment ends, I will not solicit, directly or indirectly, any employee to leave his/her employment with Intel. This applies to any employees that were employed with Intel as of my separation date from the company. I further agree that I shall not use or disclose Intel Confidential Information to aid any third party to target, identify, and/or solicit Intel employees to leave Intel employment and/or misappropriate Intel trade secrets. I agree that any violation of this provision will result in immediate and irreparable injuries and harm to Intel, and that Intel shall have the option of pursuing all available legal or equitable remedies, including injunctive relief and specific performance. I understand that nothing in this Agreement prohibits me from disclosing my compensation information to third parties in accordance with applicable law.


I acknowledge that use of Intel’s computer systems is not private or confidential. I understand and consent to Intel’s right to review any communications to or from my work computer, pager, phone or other electronic device and all computer information, including any password-protected employee communications, in accordance with applicable law.

8. At-will Employment (U.S. only)

I acknowledge that my employment with Intel is “at-will” which means that both Intel and I have the right to terminate my employment at any time, with or without advance notice and with or without cause. I understand that if I become employed by an Intel entity outside the U.S., local employment and termination law will apply if inconsistent with this Agreement.


I understand that if Intel Corporation is not my employer, Intel Corporation is signing this Agreement as agent for the Intel Corporation subsidiary, affiliate or successor that is my employer. The Agreement’s terms and conditions are severable. If any part of this Agreement is found or held to be unenforceable in any jurisdiction in which this Agreement is being performed, such provision shall be enforced to the greatest extent permitted by law, and the remainder of this Agreement and such provision as applied to other persons, places or circumstances shall remain in full force and effect. This Agreement: (a) survives my employment with Intel; (b) inures to the benefit of successors and assigns of Intel; and (c) is binding upon my heirs, assigns, and legal representatives. I am not a party to any other agreement which will interfere with my full compliance with this Agreement, except as I have specifically identified in this Agreement. For U.S. employees, only a written agreement, signed by the Vice-President, General Manager of Human Resources can change the “at will” nature of your employment. The remainder of this Agreement may not be modified or amended except in writing, signed by the parties. Only the Senior Vice President, GM Human Resources for Intel Corporation, or the General Counsel of Intel Corporation, or their delegate, has the authority to sign an Agreement modifying the remainder of this Agreement on behalf of Intel. This Agreement is effective the first day of my
employment with Intel, and supersedes any prior employee agreement signed by me with Intel, relating to this subject matter. I have carefully read all of the provisions of this Agreement and I understand and will fully and faithfully comply with all provisions.

Intel Corporation

__________________________________/___________________ Printed Name & WWID # (please print clearly)

_____________________________
Signature Date

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New Employee Orientation Certification

I, ______________________________, acknowledge receipt of the Intel Code of Conduct, Information Security Business Code of Conduct and other employee materials. In addition to these documents, I understand that the Intel Employment Guidelines provide a framework for workplace conduct and expectations. The Intel Employment Guidelines cover:

- Alcohol and Drug-Free Workplace
- Anti-harassment
- Attendance at Work
- Conducting Outside Business
- Electronic Communications
- Employee Records and Information Requests
- Employment At Will
- Equal Employment Opportunity and Diversity
- Introduction to Guidelines
- Non-Fraternization
- Open Door
- Progressive Discipline
- Security and Confidential Information
- Solicitation, Distribution and Information-Posting
- Workplace Behavior
- Workplace Threats and Violence

I understand that I am expected to read and comply with the Intel Employment Guidelines which can be found on Circuit (Intel's internal website) under the My Life & Career Tab / My Career / Intel Employment Guidelines. I acknowledge my obligation to review the Intel Employment Guidelines within the first 3 weeks of my employment.

I understand and agree that nothing in the Intel Employment Guidelines, Code of Conduct, Information Security Business Code of Conduct or other policies create an employment contract or other express contractual obligations on the part of Intel. I also understand that Intel reserves the right to add, modify, or delete provisions set out in these policies and guidelines at any time without advance notice.

I understand and agree that my employment is at will which means that either Intel or I have the right to terminate my employment at any time, with or without advance notice and with or without cause. Only a written agreement, signed by the Vice-President and Director of Human Resources, can change the at-will nature of my employment.
I certify that I have read and understand the above.

<table>
<thead>
<tr>
<th>PRINTED NAME</th>
<th>EMPLOYEE SIGNATURE</th>
<th>WORLDWIDE ID</th>
<th>DATE</th>
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Updated Forms ©Intel Corporation  REV APRIL 2013
Instructions for Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referring parties, who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 no later than the first day of employment. Section 1 should never be completed before the employer has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.
All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. **A citizen of the United States**

2. **A noncitizen national of the United States**: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. **A lawful permanent resident**: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. **An alien authorized to work**: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:
- **Record the date that your employment authorization expires, if any.** Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- **Next, enter your Alien Registration Number (A-Number)/USCIS Number.** At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
  - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
  - (2) If you obtained your admission number from USCIS **within the United States**, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the Handbook for Employers: Instructions for Completing Form I-9 (M-274) on www.uscis.gov/1-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.
Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A OR a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should not present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

   If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number);
   and the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for ALL new hires or revalidations. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.
Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274) or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.

2. The arrival portion of Form I-941/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.

3. The departure portion of Form I-941/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.

2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.

2. Record the number and other required document information from the actual document presented.

3. Initial and date the change.

See the Handbook for Employers: Instructions for Completing Form I-9 (M-274) at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.
Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
   a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
   b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and

b. Record the document title, document number, and expiration date (if any).

4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274).
You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the Handbook for Employers, you can download them from the USCIS Web site at www.uscis.gov/forms. You may also obtain forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

**Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date of employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

**USCIS Privacy Act Statement**

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

**Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.
**Employment Eligibility Verification**
Department of Homeland Security
U.S. Citizenship and Immigration Services

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

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

### 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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

I attest, under penalty of perjury, that I am (check one of the following):

- [ ] A citizen of the United States
- [ ] A noncitizen national of the United States (See instructions)
- [ ] A lawful permanent resident (Alien Registration Number/USCIS Number): _____________
- [ ] An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) ___________. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____________

OR

2. Form I-94 Admission Number: _____________

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

- Foreign Passport Number: _____________
- Country of Issuance: _____________

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator:</th>
<th>Date (mm/dd/yyyy):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Employer Completes Next Page**
**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

**Employee Last Name, First Name and Middle Initial from Section 1:**

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
<td></td>
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<tr>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
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<tr>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td></td>
<td></td>
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<tr>
<td>Document Title:</td>
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<td>Issuing Authority:</td>
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<td>Issuing Authority:</td>
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<tr>
<td>Document Number:</td>
<td>Document Number:</td>
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<tr>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy) (See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

| Document Title: | Document Number: | Expiration Date (if any) (mm/dd/yyyy): |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy) | Print Name of Employer or Authorized Representative: |
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td>1.</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2.</td>
<td>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</td>
<td></td>
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</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3.</td>
<td>School ID card with a photograph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4.</td>
<td>Voter's registration card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Foreign passport; and</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>b.</td>
<td>Form I-94 or Form I-94A that has the following:</td>
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<td></td>
</tr>
<tr>
<td>(1)</td>
<td>The same name as the passport and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>An endorsement of the alien's nonimmigrant status 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>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</td>
<td></td>
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</tr>
</tbody>
</table>

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

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. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
The Intel Retirement Plans

Prior Service Credit Questionnaire

New employees who have previously worked at an Intel Subsidiary in a contingent worker assignment as an employee of a temporary employment or service agency may be eligible for Prior Service Credit under the Intel Retirement Plans. Intel Subsidiaries include (but not limited to) McAfee, WindRiver, Havok.

This questionnaire should be used for prior service only.

If you cannot answer “Yes” to ALL of the below questions, you are not eligible for Prior Service Credit and should not complete or submit this questionnaire.

☐ Yes I have performed service for an Intel Subsidiary while working as an employee of another company e.g. employment or temporary agency (i.e.: Kelly Services, etc).

NOTE: - Independent contractors should answer “No”
- individuals employed directly for a company acquired by Intel should answer “No”

☐ Yes While working as an employee of another company (contingent worker), I reported to and was directly managed in my daily activities by an Intel Subsidiary employee during the entire 365 day period.

☐ Yes I worked for an Intel Subsidiary service agency or supplier for a minimum of 12 consecutive (unbroken) months within the five years prior to my most current Intel Hire or Rehire date

If you answered “Yes” to ALL of the above questions, please complete remaining information below, sign and return this form to: Prior Service Credit, Financial Benefits, FM3-224.

Your answers will help us verify (if required, you can provide proof of your eligibility information by W2 or other means) and set up your eligibility for Prior Service Credit under the Intel Retirement Plans. Prior Service Credit will be used to determine when you are eligible to participate in the Plans, and when future Intel contributions may be made and will vest on your behalf.

Prior Service Credit Employee Eligibility Information

Please provide the following information regarding your employment with the temporary agency or service agency. If you have worked for more than one agency, please use the back of this form for additional agency information. Incomplete forms will not be processed

Agency Name: _____________________________________________________ (example: Kelly Services)
Address: _________________________________________________________ (street, city, state, zip)
Area Code and Phone #: _____________ Agency Contact Name:________________________
Agency Employment Dates: From __ __-__ __-__ __ To __ __-__ __-__ __
*Dates must include full MM-DD-YY or they will not be processed

Description of service you provided while an employee of this agency:
____________________________________________________________________________________
Name of Intel Subsidiary employee who managed you: _______________________________________
Describe how you were managed by the Intel Subsidiary employee: ____________________________

Signature - By signing below you are certifying that the above information is correct and if required, you can provide proof of your eligibility information by W2 or other means.

Print Name: _______________________ Intel Mailstop ______________________ WWID____________________
Employee’s Signature __________________________ Date ________________________

Additional Prior Service Credit Eligibility Information
Please provide the following information regarding your employment with the temporary agency or service agency. Incomplete forms will not be processed.

Agency Name: _____________________________________________________ (example: Kelly Services)
Address: __________________________________________________________ (street, city, state, zip)
Area Code and Phone #: _____________ Agency Contact Name:___________________________
Agency Employment Dates: From __ __ - __ __ - __ __ To __ __ - __ __ - __ __
*Dates must include full MM-DD-YY or they will not be processed

Description of service you provided while an employee of this agency:

Name of Intel Subsidiary employee who managed you:_____________________________________
Describe how you were managed by the Intel Subsidiary employee: _________________________

Additional Prior Service Credit Eligibility Information
Please provide the following information regarding your employment with the temporary agency or service agency. Incomplete forms will not be processed.

Agency Name: _____________________________________________________ (example: Kelly Services)
Address: __________________________________________________________ (street, city, state, zip)
Area Code and Phone #: _____________ Agency Contact Name:___________________________
Agency Employment Dates: From __ __ - __ __ - __ __ To __ __ - __ __ - __ __
*Dates must include full MM-DD-YY or they will not be processed

Description of service you provided while an employee of this agency:

Name of Intel Subsidiary employee who managed you:_____________________________________
Describe how you were managed by the Intel Subsidiary employee: _________________________

Updated Forms ©Intel Corporation  REV APRIL 2013
Welcome to Intel,

Part of getting started at Intel is to make critical benefits decisions for you and your family. If you are eligible, you are automatically enrolled in the benefits described under Default Coverage below from your date of hire (except for Interns who default to no coverage). No action is required by you unless you wish to select different plan options, waive (no coverage) coverage for yourself, or enroll your eligible dependents.

To research your options, costs, or to begin the enrollment process visit the My Health Benefits Web site; from Circuit, search for My Health Benefits or from the Internet at www.intel.com/go/myben.

As a new hire I understand that:
- I must take action within 30 days of my start date to either enroll or waive benefits for myself and any eligible dependents or I will be defaulted into the coverage described below.
- The next opportunity to change my benefits will be during annual enrollment or if I experience a change-in-status event (e.g., marriage, birth of a child). Enrollment for any change-in-status event must be completed within 30 days of the date of the event.
- I must select the same medical and dental plan for my dependents as I do for myself.
- The coverage I select will take effect back to my hire or rehire date.

I understand that my decision not to take action will result in the Default Coverage below:
- I will be automatically enrolled in the Default Coverage unless you choose an alternative plan available at your location or waive coverage. The default health plan option is the employee only coverage for medical (Anthem Blue Cross Consumer-Driven Health Plan) at a cost of $24.00 per month and dental (Delta Dental) at a cost of $30 per month (except for Interns, who will default to no coverage).
- For New Mexico Employees – I will be automatically enrolled in the Default Coverage unless you choose an alternative plan available at your location or waive coverage. The default health plan option is the employee only coverage for medical (Connected Care Copay (NM) at a cost of $52.00 per month and dental (Delta Dental) at a cost of $30 per month (except for Interns, who will default to no coverage).
- You can change this default coverage by accessing the My Health Benefits Web site within the first 30 days from your hire or rehire date.
- Short-Term Disability (STD): STD provides financial assistance if I am unable to work due to illness, injury, or pregnancy. NOTE: CA, NJ, NY, RI and HI make enrollment in STD mandatory.
- If I live in CA I will automatically be enrolled in the Intel California Voluntary Short Term Disability Plan (CA-VSTD) at a cost of 1% of wages to an annual maximum of $1,008.80. I understand I will be allowed to change to the CA state disability insurance plan (CA-SDI) at a higher cost, but will not be allowed to completely opt out of all plans. NOTE: The CA-VSTD provides richer coverage at a lower cost than the CA-SDI plan.
- If I live in NJ, NY, or RI I will be automatically enrolled in my state disability plan. I further understand that I will be auto-enrolled in the Intel STD plan as supplement coverage at a combined state STD Plan and Intel STD Plan cost of 0.8% of wages to an annual maximum of $600. You can only waive the supplemental default coverage by accessing the My Health Benefits Web site within the first 30 days from your hire or rehire date.
- If I live in RI, I will be automatically enrolled in my state disability plan at a cost of 1.3% of wages to an annual maximum of $736.80. You cannot waive this coverage.
- If I live in any state not mentioned above, I will be automatically enrolled in the Intel STD plan at a cost of 1.2% of wages to an annual maximum of $600. You can waive this default coverage by accessing the My Health Benefits Web site within the first 30 days from your hire or rehire date.

I understand the cost of medical, dental and disability coverage noted above are 2013 rates and are subject to change.

Notice of Special Enrollment Rights
If you are waiving enrollment in the Intel Group Health Plan for yourself or your dependents (spouse and children) because of other health insurance coverage, you may in the future be able to enroll yourself and your dependents in the Intel Group Health Plan provided that you request enrollment within other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependent provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Additionally, you may be able to enroll yourself and your dependents in the Intel Group Health Plan under these additional two scenarios:

- You or your dependent(s) Medicaid or Children’s Health Insurance Program (“CHIP”) coverage is terminated as a result of loss of eligibility. You must request this special enrollment for you and your dependent(s) within 60 days of the loss of coverage for Medicaid or CHIP.
- You or your dependent(s) become eligible for a premium assistance subsidy* under Medicaid or CHIP. You must request this special enrollment within 60 days of when eligibility for the premium assistance subsidy is determined.

* Note: States may elect to provide premium assistance subsidies to eligible, low-income children under a qualified employer-sponsored group health plan by reimbursing employees for the difference in cost between the state plan and the employer’s plan. The Health FSA, CIGNA HDHP, and Anthem Blue Cross HDHP are not considered a qualified employer sponsored group health plan.

PRINTED NAME ___________________________ EMPLOYEE SIGNATURE ___________________________ WWID ___________________________ DATE ___________________________

NOTE: To begin the enrollment process or to find additional information on program costs, visit the My Health Benefits Web site; from Circuit, search for My Health Benefits or from the Internet at www.intel.com/go/myben. If you have questions about your health benefits, benefit costs or enrolling, contact the Intel Health Benefits Center at (877) GoMyBen (466-9236). For complete information on Intel’s Health and Disability programs visit the Pay, Stock and Benefits Handbook. From Circuit, search for Pay, Stock and Benefits Handbook.
Intel offers a **New Hire Pay & Benefit course** to all new hires. This course is virtually instructor led and will provide an overview of the medical, dental, flexible spending accounts, life insurance, disability, stock and retirement benefits offered by Intel. Following your Start Date, if you are interested in attending the course, please visit “Circuit > My Learning> My Learning Tool”. In My Learning Search, type New Hire Pay, select Virtual Classroom (VC) from the drop down menu, check mark Match Exact Phrase and click Search. Refine the search result by clicking Sites, selecting All sites and click Apply. The results will display the available offerings for the class. Click Register in the offering that best suits your calendar. A registration confirmation will show up. You will receive an e-mail with the bridge information and materials before the class.
Important Information about Medical Care if you have a Work-Related Injury or Illness
If you do not understand any part of this notification, contact your district personnel department for help in understanding your rights

Initial Written Employee Notification Re: Medical Provider Network
(Title 8, California Code of Regulations, section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers’ Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Broadspire Services Inc. Your employer’s workers’ compensation carrier is the Old Republic Insurance Company. This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

What is a MPN?

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

MPNs must allow employees to have a choice of provider(s).

How do I find out which doctors are in my MPN?

The MPN contact listed in this notification will be able to answer your questions about the MPN and will help you obtain a regional list of all MPN doctors in your area. At minimum, the regional listing must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive.

You can get the list of MPN providers by calling the MPN contact, your Claims Adjuster, or by going to our website at: www.broadspireppo.com. You may also contact the Broadspire Customer Assistance unit at 800-800-2600. Please see below for the phone number of your designated claims office(s).

Designated Location MPN Contact

Broadspire-Brea
PO Box 2458
Brea CA 92822
Phone: 714-579-8100
Toll free: 800-732-7475
Fax: 866-780-4074
You also have the right to a complete listing of all of the MPN providers upon request.

☑️ **What happens if I get injured at work?**

**In case of an emergency, you should call 911 or go to the closest emergency room.**
If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

☑️ **How do I choose a provider?**

After the first medical visit, you may continue to be treated by this doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury. If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. If you need help in choosing a doctor you may call the MPN Contact listed above.

☑️ **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury.
What standards does the MPN have to meet?

The MPN has providers for the entire state of California.

The MPN must give you a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary physicians within 15 miles and specialists within 30 miles. If you live in a rural area there may be a different standard.

The MPN must provide initial treatment within 3 days. You must receive specialist treatment within 20 days of your request. If you have trouble getting an appointment, contact the MPN.

What if there are no MPN providers where I am located?

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN for assistance in finding a physician or for additional information.

What if I need a specialist not in the MPN?

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

What if I disagree with my doctor about medical treatment?

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN and tell them you want a second opinion. The MPN should give you at least a regional MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or
treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor’s office will notify your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third opinion doctor, you may ask for an Independent Medical Review (IMR). Your employer or MPN contact person will give you information on requesting an Independent Medical Review and a form at the time you request a third opinion.

If either the second or third opinion doctor agrees with your need for a treatment or test, you will be allowed to receive that medical service from a provider inside the MPN, including the second or third opinion physician.

If the Independent Medical Reviewer supports your need for a treatment or test you may receive that care from a doctor inside or outside of the MPN.

What if I am already being treated for a work-related injury before the MPN begins?

Your employer or insurer has a “Transfer of Care” policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If you have properly pre-designated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about pre-designation, contact the MPN contact.) If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician.

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are in the box below.
Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer’s decision to transfer your care into the MPN. If you don’t want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete transfer of care policy for more details on the dispute resolution process.

For a copy of the entire transfer of care policy, ask your MPN Contact.

What if I am being treated by a MPN doctor who decides to leave the MPN?

Your employer or insurer has a written “Continuity of Care” policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continuing your care with the non-MPN provider, you and your primary treating physician must receive a letter of notification.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to MPN physicians. These conditions are set forth in the box above, “Can I Continue Being Treated by My Doctor?”
You can disagree with your employer’s decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care into the MPN. If you or your employer disagrees with your doctor’s report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the entire Continuity of Care policy, please ask your MPN Contact.

- **What if I have questions or need help?**

  - If you have any MPN questions, please contact your Claims Adjuster or Broadspire’s Customer Assistance Number @ 800-800-2600.

  - MPN website: [www.broadspireppo.com](http://www.broadspireppo.com)

- **Division of Workers’ Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call DWC’s Information and Assistance at 1-800-736-7401. You can also go to DWC’s website at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) and click on “medical provider networks” for more information about MPNs.

- **Independent Medical Review:** If you have questions about the Independent Medical Review process contact the Division of Workers’ Compensation’s Medical Unit at:

  DWC Medical Unit  
  P. Box 71010  
  Oakland CA  94612  
  (510) 286-3700 or (800) 794-6900

Keep this information in case you have a work-related injury or illness.

Updated Forms ©Intel Corporation  REV APRIL 2013
Información Importante sobre Cuidado Médico si tiene una Lesión o Enfermedad de Trabajo. SI USTED NO ENTIENDE CUALQUIER PARTE DE ESTA NOTIFICACIÓN, COMUNÍQUESE CON EL DEPARTMENTO DE PERSONAL PARA QUE LE AYUDEN A ENTENDER SUS DERECHOS

Notificación Inicial Escrita del Empleado sobre la Red de Proveedores Médicos (Título 8, Código de Regulaciones de California, sección 9767.12)

La ley de California requiere que su empleador le proporcione y pague el tratamiento médico si se lesiona en el trabajo. Su empleador ha elegido a proporcionarle este cuidado médico utilizando una red de médicos de Compensación de Trabajadores llamada Red de Proveedores Médicos o MPN (Medical Provider Network). Esta MPN está administrada por Broadspire Services Inc. El nombre de la compañía de seguros de Compensación de Trabajadores de su empleador es a Old Republic Insurance Company. Esta notificación le informará lo que necesita saber sobre el programa de la MPN y le describirá sus derechos en elegir cuidado médico para sus lesiones o enfermedades de trabajo.

¿Qué es una MPN?

Una Red de Proveedores Médicos o MPN es un grupo de proveedores de asistencia médica (médicos y otros proveedores médicos) utilizados por su empleador para atender a trabajadores que se lesionan en el trabajo. Cada MPN debe incluir una combinación de médicos que se especializan en lesiones de trabajo y médicos expertos en áreas de medicina general.

Las MPNs deben permitir que los empleados tengan una selección de proveedor(es).

¿Cómo puedo averiguar cuales médicos pertenecen a mi MPN?

El contacto de la MPN indicado en esta notificación podrá contestarle sus preguntas sobre la MPN y le ayudará a obtener una lista regional de los médicos de la MPN en su área. Por lo mínimo, la lista regional debe incluir una lista de todos los proveedores de la MPN dentro de 15 millas de su lugar de trabajo y/o residencia o una lista de todos los proveedores de la MPN dentro del condado donde usted vive y/o trabaja. Usted puede elegir cual lista quiere recibir.

Puede obtener la lista de los proveedores de la MPN llamando al contacto de la MPN o puede ir a nuestra página web en el: www.broadspireppo.com. También puede hablar a la oficina de Asistencia del Clientes de Broadspire al number (800)800-2600. El teléfono de la oficina de su contacto del MPN esta designada abajo con una marca como este ejemplo:

Designated Location MPN Contact

Broadspire-Brea
PO Box 2458
Brea CA  92822
Phone:  714-579-8100
Toll free:  800-732-7475
Fax:  866-780-4074
¿Qué pasa si me lastimo en el trabajo?

En caso de emergencia, debe llamar al 911 o ir a la sala de emergencias más cercana. Si se lesiona en el trabajo, notifique a su empleador lo más pronto posible. Su empleador le proporcionará un formulario de reclamo. Cuando le notifique a su empleador que ha sufrido una lesión de trabajo, su empleador hará la cita inicial con el médico de la MPN.

¿Cómo escojo un proveedor?

Después de la primera visita médica, puede continuar ser atendido por este médico o puede elegir otro médico dentro de la MPN. Puede continuar eligiendo médicos de la MPN para todo su cuidado médico para esta lesión. Si es apropiado, puede escoger un especialista o puede pedirle al médico que lo está atendiendo que lo refiera a un especialista. Si necesita ayuda en elegir un médico puede llamarle al contacto de la MPN arriba descrito.

¿Puedo cambiar de proveedor?
Sí. Usted puede cambiar de proveedores dentro de la MPN por cualquier razón, pero los proveedores que elija deben ser apropiados para tratar su lesión.

¿Qué requisitos debe tener la MPN?

La MPN tiene proveedores para todo el estado de California.

La MPN tiene que proporcionarle una lista regional de proveedores que incluya por lo menos tres médicos en cada especialidad usualmente utilizada para tratar lesiones/enfermedades en su industria. La MPN debe proporcionarle acceso a médicos primarios dentro de 15 millas y especialistas dentro de 30 millas. Si vive en una área rural puede haber un requisito diferente.

La MPN debe proporcionarle tratamiento inicial dentro de 3 días. Debe recibir tratamiento del especialista dentro de 20 días de su petición. Si tiene algún problema en obtener una cita, pongase en contacto con la MPN.

¿Qué tal si no hay proveedores de la MPN donde estoy localizado?

Si está temporalmente trabajando o viviendo fuera de la área de servicio de la MPN o en una área rural, la MPN o el médico que lo está atendiendo le dará una lista de por lo menos tres médicos que lo puedan atender. La MPN también puede permitirle elegir su propio médico fuera de la red de la MPN. Póngase en contacto con su MPN para asistencia en encontrar un médico o para información adicional.

¿Qué tal si necesito un especialista que no está dentro de la MPN?

Si necesita ver un especialista que no está disponible dentro de la MPN, usted tiene derecho a ver un especialista fuera de la MPN.

¿Qué tal si no estoy de acuerdo con mi médico sobre tratamiento médico?

Si usted no está de acuerdo con su médico o desea cambiar de médico por cualquier razón, usted puede escoger otro médico dentro de la MPN.

Si usted no está de acuerdo con el diagnosis o tratamiento recetado por su médico, usted puede pedir una segunda opinión de un médico dentro de la MPN. Si quiere una segunda opinión, debe ponerse en contacto con la MPN y decirles que quiere una segunda opinión. La persona de contacto asegurará que por lo menos tenga una lista regional de proveedores de la MPN para elegirlo. Para obtener una segunda opinión, debe elegir un médico dentro de la lista de la MPN y hacer una cita dentro de 60 días. Usted debe decírselo al contacto de la MPN la fecha de su cita y el contacto de la MPN le mandará al médico una copia de su
expediente médico. Usted puede pedir una copia de su expediente médico que se le enviará al médico.

Si no hace una cita dentro de 60 días a partir de recibir la lista regional de proveedores, no le será permitido tener una segunda o tercera opinión sobre el disputado diagnosis o tratamiento recomendado por el médico que lo está atendiendo.

Si el médico de la segunda opinión siente que su lesión está fuera del tipo de lesión que él o ella normalmente trata, la oficina del médico le notificará a su empleador o compañía de seguros y usted obtendrá otra lista de médicos o especialistas de la MPN para que pueda hacer otra selección.

Si usted no está de acuerdo con la segunda opinión, puede pedir por una tercera opinión. Si usted pide una tercera opinión, usted pasará por el mismo proceso que pasó para la segunda opinión.

Recuerde que si no hace una cita dentro de 60 días a partir de recibir la otra lista de proveedores de la MPN, entonces no le será permitido tener una tercera opinión sobre el disputado diagnosis o tratamiento recomendado por el médico que lo está atendiendo.

Si usted no está de acuerdo con el médico de la tercera opinión, usted puede pedir una Revisión Médica Independiente o IMR (Independent Medical Review). Su empleador o la persona de contacto de la MPN le dará información sobre cómo pedir la Revisión Médica Independiente y un formulario cuando usted pida la tercera opinión.

Si el médico de la segunda o tercera opinión está de acuerdo que usted necesita algún tratamiento o análisis, le será permitido recibir el servicio médico de un proveedor dentro de la MPN, incluyendo los médicos de la segunda o tercera opinión.

Si el médico que hace la Revisión Médica Independiente corrobora su necesidad para algún tratamiento o análisis, usted podrá recibir ese cuidado de un médico dentro o fuera de la MPN.

¿Qué tal si ya estoy siendo atendido por una lesión de trabajo antes de que empiece la MPN?

Su empleador o la compañía de seguros tiene un plan de “Transferencia de Cuidado” que determinará si usted puede continuar siendo temporalmente atendido por una lesión de trabajo por un médico fuera de la MPN antes de que su cuidado sea transferido a la MPN.

Si usted apropiadamente ha designado previamente un médico para atenderlo, usted no puede ser transferido a la MPN. (Si tiene preguntas acerca de la designación previa, pregúntele al MPN Contact en la ultima pagina de este documento.) Si su médico actual no es o no se convierte en un miembro de la MPN, entonces podrá ser obligado ver a un médico de la MPN.

Si su empleador decide transferirlo a la MPN, usted y su médico que lo está atendiendo deben
recibir una carta notificándoles de la transferencia.

Si usted llena ciertos requisitos, puede que califique a continuar ser atendido por un médico fuera de la MPN hasta por un año antes de que sea transferido a la MPN. Los requisitos para posponer la transferencia de su cuidado a la MPN están en la caja debajo.

¿Puedo Continuar Ser Tratado Por Mi Médico?

Usted puede calificar para tratamiento continuo con su proveedor que no está dentro de la MPN (por transferencia de cuidado o continuidad de cuidado) hasta por un año si su lesión o enfermedad llena cualquiera de las siguientes condiciones:

- **(Agudo)** El tratamiento para su lesión o enfermedad será completado en menos de 90 días:
- **(Grave o crónico)** Su lesión o enfermedad es una que es grave y continua por lo menos 90 días sin una cura total o empeora y requiere de tratamiento continuo. Se le podrá permitir ser atendido por su médico actual hasta por un año, hasta que una transferencia de cuidado segura pueda ser hecha.
- **(Terminal)** Tiene una enfermedad incurable o condición irreversible que probablemente cause la muerte dentro de un año o menos.
- **(Cirugía pendiente)** Ya tiene una cirugía u otro procedimiento que ha sido autorizado por su empleador o compañía de seguros y que se realizará dentro de 180 días a partir de la fecha efectiva de la MPN o la fecha de la terminación del contrato entre la MPN y su médico.

Usted puede no estar de acuerdo con la decisión de su empleador sobre transferir su cuidado a la MPN. Si no quiere ser transferido a la MPN, pidale a su médico que lo está atendiendo por un informe médico que indique si tiene una de las cuatro condiciones indicadas arriba para poder posponer su transferencia a la MPN.

El médico que lo está atendiendo tiene 20 días a partir de la fecha de su petición para darle una copia del informe sobre su condición. Si el médico que lo está atendiendo no le da el informe dentro de los 20 días a partir de la fecha de su petición, el empleador podrá transferir su cuidado a la MPN y estará obligado a utilizar un médico de la MPN.

Tendrá que darle una copia del informe a su empleador si desea posponer la transferencia de su cuidado. Si usted o su empleador no está de acuerdo con el informe de su médico sobre su condición, usted o su empleador puede disputarlo. Vea el plan de transferencia de cuidado para más detalles sobre el proceso de resolución de disputa.

Para una copia del plan entero sobre la transferencia de cuidado, pregúntele a su contacto de la MPN.

- ¿Qué tal si estoy bajo tratamiento con un médico de la MPN que decide dejar la MPN?

Su empleador o compañía de seguros tiene un plan escrito para “La Continuidad de Cuidado” que determinará si es que podrá continuar temporalmente su tratamiento por su lesión de trabajo actual con su médico si su médico ya no está participando en la MPN.

Si su empleador decide que usted no califica para continuar su tratamiento con el médico que no es un proveedor dentro de la MPN, usted y el médico que lo está atendiendo deberán recibir una carta de notificación.
Si usted llena ciertos requisitos, tal vez podrá calificar para continuar su tratamiento con este médico hasta por un año antes de que tenga que cambiar a un médico de la MPN. Estos requisitos están expuestos en la caja descrita arriba, “¿Puedo Continuar Ser Tratado Por Mi Médico?”

Usted puede no estar de acuerdo con la decisión de su empleador sobre negarle la Continuidad de Cuidado con el proveedor que ya no es parte de la MPN. Si quiere continuar su tratamiento con este médico, pidale al médico que lo está atendiendo por un informe que indique si tiene una de las cuatro condiciones descritas en la caja de arriba para ver si califica para seguir recibiendo tratamiento de su médico actual.

El médico que lo está atendiendo tiene 20 días a partir de la fecha de su petición para darle una copia del informe sobre su condición. Si el médico que lo está atendiendo no le da el informe dentro de los 20 días a partir de la fecha de su petición, el empleador podrá transferir su cuidado a la MPN y estará obligado a utilizar un médico de la MPN.

Tendrá que darle una copia del informe a su empleador si desea posponer la transferencia de su cuidado. Si usted o su empleador no está de acuerdo con el informe de su médico sobre su condición, usted o su empleador puede disputarlo. Vea el plan de transferencia de cuidado para más detalles sobre el proceso de resolución de disputa.

Para una copia del plan de la Continuidad de Cuidado entero, pregúntele a su Contacto de la MPN.

¿Qué tal si tengo preguntas o necesito ayuda?

- **El Contacto de la MPN:** Usted siempre puede ponerse en contacto con el Contacto de la MPN si necesita ayuda o una explicación sobre su tratamiento médico para su lesión o enfermedad de trabajo. El número de asistencia al consumidor de Broadspire al (800)800-2600

  - **La página web de la MPN del empleador es:** [www.broadspireppo.com](http://www.broadspireppo.com)

  - **La División de Compensación de Trabajadores (DWC):** Si tiene algún interés queja, pregunta sobre la MPN, el proceso de notificación, o su tratamiento médico después de una lesión o enfermedad de trabajo, puede llamar a la Oficina de Información y Asistencia de la DWC al 1-800-736-7401. También puede consultar con la página web de la DWC en el [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) y haga clic en “la red de proveedores médicos” para más información sobre las MPNs.

  - **Revisión Médica Independiente:** Si usted tiene preguntas sobre el proceso de la Revisión Médica Independiente póngase en contacto con la Unidad Médica de la División de Compensación de Trabajadores en:

    DWC Medical Unit
    PO Box 71010
    Oakland CA  94612
    510-286-3700 or 800-794-6900

Guarde esta información en caso que tenga una lesión o enfermedad de trabajo

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