New Employee Paperwork Summary

EMPLOYEE NAME __________________________________ WWID _____________________

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

<table>
<thead>
<tr>
<th>Form Description</th>
<th>Completed by New Hire</th>
<th>Received by Intel Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Information Supplement Forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Appendix A / Employment Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Code of Conduct Questionnaire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. New Employee Orientation Certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Employment Eligibility Verification I-9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The Intel Retirement Plans*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. New Hire Benefits Form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*if applicable

Please include this checklist when submitting forms to the Intel representative.
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 projected 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:
□ 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 __________

Rev. 11/2010
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.

In order to help comply with federal and state Equal Employment Opportunity record keeping, reporting, and other legal requirements, Intel invites you to voluntarily complete the information below. Information will be recorded and maintained confidentially and will be used only in accordance with legal requirements.

For the following categories, please check ALL that apply:

- □ DISABLED
- □ DISABLED VET: Person who (a) was discharged or released from active duty because of a service-connected disability, or (b) is entitled to compensation under laws administered by the Secretary of Veterans Affairs.
- □ OTHER PROTECTED VET: Person who served on active duty either (a) during a war or (b) in a campaign or expedition for which a campaign badge has been authorized. This class of covered veterans includes all persons who served on active duty (between December 7, 1941 and April 28, 1952) during World War II, regardless of whether the person received a campaign badge. The class also includes persons who received campaign badges issued for the following campaigns and expeditions: El Salvador, Grenada, Haiti, Lebanon, Panama, Somalia, Southwest Asian and Bosnia.
- □ RECENTLY SEPARATED VET: Person who served on active duty during the three-year period beginning on the date of discharge or release.

DATE OF DISCHARGE: ___/____/____

- □ ARMED FORCES SERVICE MEDAL VET: Person who while serving on active duty, participated in a military operation for which an Armed Forces service medal was awarded.

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. □ Primary
- □ 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. □ Primary
- □ 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. □ Primary
- □ Black or African American - A person having origins in any of the black racial groups of Africa. □ Primary
- □ Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. □ Primary
- □ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. □ Primary
APPENDIX A
TO EMPLOYMENT AGREEMENT
LIST OF NON-LICENSED PREEXISTING EMPLOYEE INTELLECTUAL PROPERTY

List all Intellectual Property that you own or control, prior to your employment at Intel which you intend to remain unlicensed to Intel. List all Intellectual Property that you do not own or control but have an economic interest in (such as a royalty paid to you when the Intellectual Property is licensed). Do not list patents which your former employer or other party owns but which merely names you as an inventor.

Employee Name (please print) ___________________________________________________________    WWID: ___________________

Intellectual Property that I own or control that I intend to remain unlicensed to Intel:

1. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

2. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

3. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

4. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

5. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

6. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

7. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

Intellectual Property that I do not own or control but that I have an economic interest in:

1. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

2. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

3. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

4. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

5. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

6. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

7. _____________________________________________________________________________________________
   _____________________________________________________________________________________________

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

Employee Signature: ___________________________________________________       Date: ___________________________

Distribution: White Copy – US Records CH3-171 Yellow Copy – Employee Pink Copy – CH3-171
rev date 5/2011
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 and Corporate Information Security & Security policies.

2. Prior Third Party Information.
I will not bring to Intel, nor 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.
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, schematic drawings, product specifications), business information (e.g. product information, marketing strategies, market research, sales, customers, customer lists or phone books), personnel information (e.g. organizational charts, employee lists, skill sets, names or phone numbers, personnel files, employee compensation) 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) 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 the 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.

I have listed in Appendix A any intellectual property that I own or control, in whole or in part, that I had created prior to my employment with Intel and that I intend to exclude from licensing to Intel (“Preexisting Employee Intellectual Property”). I have listed in Appendix A any Preexisting Employee Intellectual Property for which I have an economic interest in, but for which I do not have the right to grant a license to Intel. I grant Intel a non-exclusive, non-transferable (except within Intel), perpetual, irrevocable, royalty-free, world-wide license to all of my Preexisting Employee Intellectual Property, except for that which I have specifically listed in Appendix A, 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, trademarks, inventions, discoveries, designs, formulae, processes, methods, manufacturing techniques, improvements, and ideas. This license only excludes the Preexisting Employee Intellectual Property I have specifically listed in Appendix A if I have provided sufficient detail to allow Intel to identify its subject matter, and Appendix A is submitted prior to the start of my employment. 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.

I agree that for 12 (twelve) months after my employment ends, I will not solicit, directly or indirectly, any employee to leave his/her employment with Intel. This includes identifying Intel employees or providing employee compensation or skill information to any third party. 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 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.

8. Miscellaneous.
I understand that if Intel Corporation is not my Employer, Intel is signing this Agreement as agent for the Intel Group company that is my Employer. I understand and agree that my employment with Intel is “at will.” This 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 (provided, however, that if I become employed by Intel in a non-U.S. location, local termination law will apply if inconsistent with this Agreement). 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. This Agreement may not be modified or amended except in writing, signed by the parties. Only the President of Human Resources, Intel Corporation, or the General Counsel of Intel Corporation, or their delegate, has the authority to modify 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. 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

_______________________________
A. Douglas Melamed
General Counsel

Employee

_______________________________
Signature

Printed Name & WWID # (please print clearly)

Distribution: White Copy – US Records CH3-171 Yellow Copy – Employee Pink Copy – CH3-171

EmploymentAgreement.DOC (rev. 5/2011)
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 an officer, board member, or board advisor or own over 5% of an entity, other than Intel? If the answer is “No”, please go to question 3.
   □ No □ Yes If you answered “Yes”, please provide the name of the company or other entity for which you serve as an officer, board member, or board advisor or of which you own over 5%: ________________________________

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

5. Are you a current or former employee of the United States government?
   □ No □ Yes If you answered “Yes”, please provide the name of the employer and your grade/rank (as appropriate):
   ____________________________________________________________________

PRINTED NAME EMPLOYEE SIGNATURE DATE WORLDWIDE ID
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 anytime 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 both the Vice-President and Director of Human Resources and me, can change the at-will nature of my employment.

I certify that I have read and understand the above.

_____________________________  _______________________________  ___________________
PRINTED NAME  EMPLOYEE SIGNATURE  WORLDWIDE ID  DATE

Rev 9-2011
The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

All employees, citizens, and noncitizens hired after November 6, 1986, and working in the United States must complete Form I-9.

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

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.

Employers should note the work authorization expiration date (if any) shown in Section 1. For employees who indicate an employment authorization expiration date in Section 1, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his or her own. However, the employee must still sign Section 1 personally.

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, Section 2 must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document OR a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed 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. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in Section 2. Employers must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. Employers are still responsible for completing and retaining Form I-9.
EMPLOYERS MUST RETAIN COMPLETED FORM I-9
DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS

For more detailed information, you may refer to the USCIS Handbook for Employers (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). Employers CANNOT specify which document(s) they will accept from an employee.

A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.

B. If an employee is rehired within three 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 (updating), complete Block B and the signature block.

C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and the signature block.

1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
2. Record the document title, document number, and expiration date (if any) in Block C; and
3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

What Is the Filing Fee?

There is no associated filing 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 Privacy Act Notice below.

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 our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

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

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals 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.

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 form will be kept by the employer and made 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.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.
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 12 minutes per response, including the time for reviewing instructions and completing and submitting 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 Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.
**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Maiden Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Name and Number)</td>
<td>Apt. #</td>
<td>Date of Birth (month/day/year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Social Security #</td>
<td></td>
</tr>
</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 #)
- [ ] An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)

Employee's Signature | Date (month/day/year)
--- | ---

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.

Preparer's/Translator's Signature | Print Name | Date (month/day/year)
--- | --- | ---
| Address (Street Name and Number, City, State, Zip Code) | |

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

<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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing authority:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document #:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document #:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative | Print Name | Title
--- | --- | ---
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable)
--- | ---

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

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 (month/day/year)
--- | ---
## Lists of Acceptable Documents

**All documents must be unexpired**

<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. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the 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>5. U.S. Military card or draft record</td>
<td>5. Native American tribal document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>6. Military dependent's ID card</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Driver's license issued by a Canadian government authority</td>
<td><strong>For persons under age 18 who are unable to present a document listed above:</strong></td>
<td>9. School record or report card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. School record or report card</td>
<td>10. Clinic, doctor, or hospital record</td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Clinic, doctor, or hospital record</td>
<td>12. Day-care or nursery school record</td>
<td>12. Day-care or nursery school record</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)
The Intel Retirement Plans
Prior Service Credit Questionnaire

New employees who have previously worked at Intel in a temporary job assignment as an employee of a temporary employment or service agency may be eligible for Prior Service Credit under the Intel Retirement Plans.

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 ☐ No  I have performed service for Intel while working as an employee of another company ("Green Badge"); e.g. employment or temporary agency (ie: Kelly Services, etc).

NOTE: - Independent contractors should answer “No”
- Employees working for a company acquired by Intel should answer “No”

☐ Yes ☐ No While working as an employee of another company ("Green Badge"), I reported to and was directly managed in my daily activities by an Intel employee during the entire 365 day period.

☐ Yes ☐ No I worked for Intel for a minimum of 12 consecutive (unbroken) months within the five years prior to my most current 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 working for Intel while an employee of this agency: ____________

Name of Intel employee who managed you:_____________________________________________

Describe how you were managed by the Intel 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 __________________________

Intel Confidential rev. 5/10/2010
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 working for Intel while an employee of this agency: ____________

Name of Intel employee who managed you:_______________________________________________
Describe how you were managed by the Intel 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 working for Intel while an employee of this agency: ____________

Name of Intel employee who managed you:_______________________________________________
Describe how you were managed by the Intel employee: ____________________________________
__________________________________________________________________________________
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 which is the employee only coverage for medical (Anthem Blue Cross Consumer-Driven Health Plan) at a cost of $23.00 per month and dental (Delta Dental) at a cost of $0 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, MA, NH, 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 $955.85. 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 HI 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 $759.20. 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 0.8% of wages to an annual maximum of $900. 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 2012 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 30 days after your 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.
**Critical Payroll Activities – Your Action is Required**

**Direct Deposit**

In order to set up direct deposit of your paycheck, you will need your financial institution’s ABA routing number and your checking or savings account number. To learn more about where to find this information visit:


Set up direct deposit of your paycheck online using **My Direct Deposits** at the following URL:


Or go to Circuit ([http://circuit.intel.com](http://circuit.intel.com)) and search on “direct deposits.”

**Note:** Direct Deposit may take 1-2 pay periods to take effect.

**Federal Tax Withholdings**

Enter your federal tax withholdings online using **My W-4** at the following URL:


Or go to Circuit ([http://circuit.intel.com](http://circuit.intel.com)) and search for “My W-4.”

**Note:** If no action is taken, federal tax withholdings are defaulted to Single and Zero.

For state tax information, access **Tax Forms, Federal and State** online at:

[https://employeecontent.intel.com/contentdelivery/getcontent.aspx?webpath=cn_Active/support/hrcontent/w-4_forms_federal_and_state.htm](https://employeecontent.intel.com/contentdelivery/getcontent.aspx?webpath=cn_Active/support/hrcontent/w-4_forms_federal_and_state.htm)

**Personal Information**

Access and Update your Personal Information, including your address on record, using **Personal Profile** at the following URL:


Or go to Circuit ([http://circuit.intel.com](http://circuit.intel.com)) and search for “Personal Profile.”

**Note:** This information is critical to ensuring your paycheck and other key Intel mailings are mailed to the correct location.

**Additional Information**

If you have questions about your employee services or benefits, **Ask ES**, found at [http://circuit.intel.com/docs/global/help/](http://circuit.intel.com/docs/global/help/).

Rev 12/2012