

Payroll Service Information and Instructions

General Information

Marvell has engaged ICon Professional Services (ICon) to provide payroll services for **Marvell** projects. As such, you will be paid as a payroll contractor of ICon. ICon will deduct mandated withholding and other taxes as State and Federal laws require and will provide worker's compensation insurance coverage.

- You will be issued a W-2 Form from ICon for your yearly earnings by January 30th.
- In order to be paid, all payroll contractors will need to complete and submit the Payroll Registration Paperwork as well as Weekly Timecards. Attached you will find the Payroll Registration Paperwork.

To begin...

1. Complete the necessary Payroll Registration Paperwork and send to ICon at:

**ICon Professional Services
1065 E. Hillsdale Blvd. #300
Foster City, CA 94404**

or

Scan/Email or Fax to ICon Human Resources at (650) 378-4157. PLEASE ONLY FAX THOSE PAGES THAT REQUIRE YOUR INFORMATION AND/OR SIGNATURE.

Important Note – You MUST mail your completed & originally signed I-9 Form to ICon.

2. Timecards / invoices are to be submitted online for approval no later than noon each Monday for the hours worked the previous week. Expenses are also required to be submitted online for approval and processing by Monday at noon. ICon's pay period is Monday - Sunday.
3. Payroll is processed on a weekly basis.
4. Where applicable, overtime is paid according to State and Federal law.
5. All approved timecards received before Monday 5pm Pacific Time, will be paid on Friday via direct deposit each week.
6. Your Employer-of-Record will be ICon Professional Services as indicated on your paycheck voucher. Any unemployment claim should indicate **ICon Professional Services** as your employer.
7. Paychecks - If you have not received your paycheck or you need to submit a change of address please contact ICon at (888) 426-6937.

ICON REGISTRATION PACKET

PAYROLLED CONTRACTOR'S NAME: _____

The following is a checklist of documents that must be completed and returned to ICon to complete your registration in ICon's Payroll Services. Completing and submitting these forms promptly will enable ICon to provide payment to you without delay.

Please return your completed Registration Packet to ICon by fax at 650-378-4157 or Scan/Email. Also you may mail to ICon Professional Services, 1065 E. Hillsdale Blvd, Suite 300, Foster City, CA 94404.

DOCUMENT:	COMPLETED BY:	SIGNATURE REQUIRED FROM:	Check if Enclosed
Employment Application	Payrolled Contractor	Payrolled Contractor	
Benefits Request/Waiver	Payrolled Contractor	Payrolled Contractor	
Direct Deposit Authorization (Include copy of voided check)	Payrolled Contractor	Payrolled Contractor	
I-9 Employment Eligibility Verification (need original)	Payrolled Contractor	ICon / Client Representative or Notary Public	
I-9 Agent Authorization Form	Client Representative or Notary Public	Client Representative or Notary Public	
Life Insurance Application	Payrolled Contractor	Payrolled Contractor	
W-4 Tax	Payrolled Contractor	Payrolled Contractor	
Background Release	Payrolled Contractor	Payrolled Contractor	
Background Check Consent Form	Payrolled Contractor	Payrolled Contractor	
Contract Worker Agreement	Payrolled Contractor	Payrolled Contractor	
Export Control Questionnaire	Payrolled Contractor	Payrolled Contractor	

Failure to return any of the above forms may result in a delay with both your registration and the processing of your payment.



Icon Professional Services

Tel: (650) 378-4150 • Fax: (650) 378-4157
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APPLICATION FOR EMPLOYMENT

****Icon Payrolled Contractor****

Icon does not discriminate in employment on the grounds of sex, age, race, color, religion, marital status, national origin ancestry, disability, sexual orientation or veteran status.

Note to Rhode Island Applicants: Icon is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

PERSONAL INFORMATION

Last Name First Name MI

Address Apt.# City State Zip

() - () -
Telephone Message Phone Email:

Other Names Under Which You Have Worked:

Are You Over 18 Years of Age? () Yes () No Position:

Type of Employment: () Full-Time Hours () Part-Time Hours () Project Based () Other

What Prompted Your Application to Icon?

Have You Applied Previously for Employment with us? () No () Yes If Yes, When?

Can You, After Employment Begins, Submit Verification of Your Identity and Legal Right to Work in the U.S.? () Yes () No

Emergency Contact Person:

Name Phone Number ()

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.



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Have you ever been convicted of a crime? **Do not include convictions that were sealed or expunged pursuant to a court order. NOTE: Before answering this question regarding criminal convictions please refer to the instructions below if you reside or are applying for a position in California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts or Washington.**

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

Are you currently awaiting trial for any criminal offense?

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

Have you ever initiated an act of violence in the workplace?

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

California Applicants: Do not identify convictions under California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550 related to marijuana offenses that occurred two or more years before the instant application. Also, do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, or any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.

Connecticut Applicants: Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased pursuant to these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.

District of Columbia: Do not identify convictions that are more than ten (10) years old.

Georgia Applicants: Do not identify any guilty plea that was discharged by the court under Georgia's First Offender Act.

Hawaii Applicants: Do not answer this question at this time. You will only have to answer this question if you receive a conditional offer of employment. At that time you will be asked whether you have been convicted of a crime within the past ten (10) years.



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Massachusetts Applicants: An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, an applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Massachusetts applicants should not disclose information regarding first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Finally, Massachusetts applicants should not disclose convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than five years ago unless there have been subsequent convictions within those five years.

Washington: Do not identify any conviction that is more than ten (10) years old at the time of making this application

Please attach a summary of your work history and education or attach a resume.

CERTIFICATION AND AUTHORIZATION

- Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.
- Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by ICon, I will be an at-will employee, meaning that either ICon or I may end the employment relationship at any time with or without cause or notice. I understand that only the President of ICon, and no manager, supervisor, or representative of ICon has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to the President, any such agreements must be in writing.
- Initial: _____ I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by ICon.
- Initial: _____ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.
- Initial: _____ I understand that ICon may share the information contained in this application with other ICon employees for employment and administrative purposes and hereby consent to such transfer and disclosure.
- Initial: _____ I hereby authorize ICon to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
- Initial: _____ I agree to submit to legally permissible drug testing upon an offer of employment from ICon and prior to starting work. I agree that, when testing is required, any offer of employment is contingent upon my receiving a negative test result.
- Initial: _____ I understand and expressly agree that if employed by ICon, storage areas provided for me (locker, desk, etc.) are open to investigation by the company for which I am providing services (“Client Company”) without prior notice to me.
- Initial: _____ I agree to undergo a pre-employment physical examination consistent with federal and state law – if asked to do so.



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- Initial: _____ I authorize a thorough investigation of all the information contained on this application including but not limited to my prior employment, conviction history and educational background. I agree to cooperate in such an investigation. Also, I hereby release from all liability and responsibility, all persons or corporations requesting or supplying such information.
- Initial: _____ I understand that if I am hired and I drive during work hours, I do so at my own risk and liability. I hereby acknowledge that I am responsible for maintaining my own automobile insurance coverage in the course of performing my job. I further verify that I have my own automobile insurance to cover personal injury and property damage in the event of an automobile accident.
- Initial: _____ ICon is concerned about the environment our employees work in and does not tolerate sexual harassment. As an ICon employee, I agree that if I am subject to unsolicited, unwelcome sexual advances, sexually suggestive conduct or offensive conduct, either physical, written or verbal from Client Company's management, employee(s), contractors, agents, clients or co-workers I will submit a detailed written complaint to Client Company's Human Resource Department, ICon's local or corporate representative and management within twenty-four (24) hours of the occurrence.
- Initial: _____ If I am employed by ICon, I will conduct myself in a professional manner at all times, and will abide by the rules of conduct of the Client Company to which I provide service. If I am employed by ICon, I further acknowledge and understand that I will not be entitled to participate in any of the employee benefit programs offered by the Client Company including, but not limited to, any pension or retirement plans, 401K, profit sharing, stock option, stock purchase, bonus or incentive compensation plans, any life or health insurance plans, any vacation, holiday, sick leave or other paid time off; and any separation payment plans. I also acknowledge that I am an employee of ICon and not an employee of the Client Company.
- Initial: _____ I agree to submit each of my timecards/payment requests within thirty (30) days of the relevant week ending date (Sunday).
- Initial: _____ I agree that, if within one year of payment, I discover a discrepancy in payment distribution from ICon, or receive a notification from ICon of such a discrepancy, that I will provide documentation to substantiate accurate payment amounts within three (3) business days of notification. If such discrepancy results in an overpayment from ICon for any reason, I will refund the total amount of the overpayment to ICon in no more than three (3) business days of notification. Should payment discrepancy have resulted in an underpayment to me, ICon will distribute total deficient amount in full in no more than three (3) business days.
- Initial: _____ I agree not to disclose, use, copy, reverse engineer or retain any confidential business information or trade secrets belonging to ICon or ICon's clients, including suppliers, employees, clients, contractors and subcontractors thereof. I agree to treat any and all company property, property belonging to fellow employees, or any other third party with care and respect. I agree upon termination, whether voluntarily or involuntarily, I will return all Client Company property that was issued or assigned to me for use in performing the functions of my duties. I further agree to abide by all provisions of the California Confidentiality Medical Information Act (California Civil Code Section 56.05 et. seq.) and the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as referenced in the Agreement between ICon and the Client Company for which I am providing service.
- Initial: _____ I agree that any claim or controversy arising out of either this application or my employment, should I be hired, shall be resolved through binding arbitration under the rules of the American Arbitration Association, held in San Francisco, California, with each party to bear its own costs and attorneys fees. The arbitration procedure applies to claims brought by me against ICon or by ICon against me. I agree that any claim arising out of or relating to the application process, including, without limitation, a claim alleging unlawful discrimination and/or harassment, and any claim arising out of or relating to my employment or its termination (if I am offered and accept employment), including, without limitation, a claim of unfair business practices, unlawful employment discrimination, harassment, wrongful demotion and/or wrongful termination, will be presented to a neutral arbitrator for final and binding decision in



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accordance with procedures adopted by ICon. These procedures do not prevent me from filing a claim or charge with the Equal Employment Opportunity Commission or National Labor Relations Board. Nor do these procedures prevent me from making a claim for workers' compensation benefits or unemployment insurance. I understand and agree that I may review ICon's arbitration procedures before submitting this application for employment by making a written request for a copy of those procedures from ICon.

THIS AGREEMENT IS A WAIVER OF ALL RIGHTS TO CIVIL COURT ACTIONS FOR A CLAIM SUBJECT TO ARBITRATION. ONLY THE ARBITRATOR, NOT A JUDGE OR JURY, WILL DECIDE

Initial: _____ **Massachusetts' Applicants:** I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Initial: _____ **Maryland Applicants:** I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between ICon and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between ICon and me on such issues.

Signature of Applicant/Payrolled Contractor: _____

Date: _____



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REQUEST FOR BENEFITS ENROLLMENT or WAIVER OF GROUP COVERAGE

Payrolled Contractor/Employee Name: _____

Benefits are available to all full-time payrolled contractors and employees who are regularly scheduled to work no fewer than 128 hours per month. Medical/Dental Enrollment is available within the first thirty (30) days of employment and during annual open enrollment in March. Payrolled contractors and employees are eligible for health benefit enrollment outside of the open enrollment period only in the event of a change in eligibility due to a qualifying event (*i.e.*, new job, birth, death or divorce). 401(k) Retirement Benefits are available to all payroll contractors and employees regardless of regularly scheduled hours, and may enroll at any time during the year. ***This is not an enrollment form, but rather a request for enrollment materials, or notification that you are waiving group coverage for a reason indicated.***

To receive detailed benefits information and enrollment materials, initial next to your selections. Alternatively indicate that your intention to waive benefits under each applicable category, noting the reason for waiver.

Medical Coverage

_____ Blue Cross of California PPO (Available Nationwide) *Initial to request enrollment materials*

_____ Blue Cross of California HMO (Available in CA Only) *Initial to request enrollment materials*

--OR--

_____ I **Waive** Medical Coverage, because (***must indicate reason below***):

_____ Covered by Spouse/Partner/Parent Plan

_____ Covered by Other Group Plan

_____ Covered by MediCare/MedicAid

_____ Covered by Private Plan

_____ No healthcare coverage

Other: _____

Dental Coverage

_____ Blue Cross of California (Available Nationwide) *Initial to request enrollment materials*

--OR--

_____ I **Waive** Dental Coverage, because (***must indicate reason below***):

_____ Covered by Spouse/Partner/Parent Plan

_____ Covered by Other Group Plan

_____ Covered by MediCare/MedicAid

_____ Covered by Private Plan

_____ No healthcare coverage

Other: _____

401 (k) Plan

_____ 401(k) Plan from the ING Group *Initial to request enrollment materials*

_____ I **Waive** 401(k) Plan, because (check reason for waiver):

_____ I have my own Keogh or 401(k) Plan

_____ No Retirement Plan

With this signature, I understand that I am requesting information about, or waiving, the above listed benefits, and I further understand that I have no entitlements or rights to any other benefit plan as an employee of ICon, including any plan of the Client Company to which I provide services.

Signature of Employee/Payrolled Contractor

Date



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DIRECT DEPOSIT AUTHORIZATION

I hereby authorize ICon to initiate credits (and/or corrections to the previous credits) to the institutions below. The institutions are authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until I revoke it in writing in such time (10 days) and such manner as to afford the institution a reasonable opportunity to act on it.

First Name	Last Name
PRIMARY ACCOUNT INFORMATION	
Financial Institution (Bank, Savings & Loan, Credit Union)	Type of Account
	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>
Address	Financial Routing Number
City, State, Zip Code	Account Number
Phone Number	Amount to be Deposited
	\$
SECONDARY ACCOUNT	
Financial Institution (Bank, Savings & Loan, Credit Union)	Type of Account
	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>
Address	Financial Routing Number
City, State, Zip Code	Account Number
Phone Number	Amount to be Deposited
	\$

NOTE: Please attach a voided check. Deposit slips are not accepted by the bank. Your initial direct deposit will take one pay cycle to begin.

I will notify ICon in writing to cancel my authorization. I understand that should I terminate from ICon, my authorization will automatically be revoked.

Signature of Applicant/Payrolled Contractor

Date

ICon also offers ADP iPayStatements, which enable you to view your pay statements online. With this signature, I agree to accept iPayStatements and would like ICon to forward me registration information for ADP's secure online application.

Signature of Applicant/Payrolled Contractor

Date

EMPLOYMENT ELIGIBILITY VERIFICATION (I-9 FORM) AGENT AUTHORIZATION

Please be aware that the US Citizenship and Immigration Services mandate that we keep the original I-9 form on file for all employees. This includes the AGENT AUTHORIZATION page. Please follow these instructions CAREFULLY to ensure you are in compliance.

PLEASE NOTE: The law states we must have the original form on file by the 3rd day of starting your assignment.

Step 1	The I-9 Form is attached to this document. Complete all blanks in Section 1.
Step 2	Present your original identification documents to an Authorized Agent*.
Step 3	<p>The Agent will examine your documents to ensure that you have presented either:</p> <ul style="list-style-type: none">▪ one document from list “A” or▪ one document from list “B” and one document from list “C <p>(see the I-9 instruction form for the lists)</p>
	THE AGENT MUST RECORD THE DOCUMENTS IN SECTION 2 OF THE I-9 FORM
Step 4	Attach to the I-9 Form, clear and legible copies of the document(s) you presented to the Agent.
Step 5	Return all pages of the completed original I-9 Form and copies of the document(s) to ICon.

If the form is incomplete or the supporting documents are not received, we will return the form to you. Simply faxing a copy of an uncertified I-9 Form to ICon is not acceptable.

*The Citizenship and Immigration Services allow companies to appoint professionals as their agents to complete the I-9 form. Contractually, Client Representatives and Notary Publics can certify I-9 Forms on ICon’s behalf.

If you have questions, contact ICon at (650) 378-4150.



ICon Professional Services
1065 E. Hillsdale Blvd., 300
Foster City, CA
T: (650) 378-4150
www.icontract.com

I-9 AGENT AUTHORIZATION

ICon Professional Services (ICon) hereby appoints _____
_____ (“Agent”- Notary Public or Client Representative)
as ICon’s agent solely for the purpose of examining the original documentation required on the
Employment Eligibility Verification I-9 Form, accurately recording such information thereon and
executing such I-9 Form on behalf of ICon for the benefit of:

(ICon Employee-Print Name)

Agent hereby accepts such appoint.

Agent

ICon

By: _____

By: _____

Name: ICon Representative

Date: _____

Position Title: _____

Date: _____

Form I-9, Employment Eligibility Verification

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

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.

When Should Form I-9 Be Used?

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

Filling Out Form I-9

Section 1, Employee

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)).

Preparer/Translator Certification

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.

Section 2, Employer

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**. Employees 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.**

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:
 - 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.

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.

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.

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 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.**

**Form I-9, Employment
Eligibility Verification**

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

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).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

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.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
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

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	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	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
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	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. 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	5. U.S. Military card or draft record	
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• You are single and have only one job; or	}					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G _____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____				
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2012	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Company Name _____ Account Number _____

A. Employee Information

Your name (last, first, middle initial)				Social security number	
Address (street or P.O. Box)		City	State	ZIP code	
Date of birth (mo/day/yr)	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> single <input type="checkbox"/> married	Phone number	County	
Date of Full-Time employment	Job position/location				
Present salary excluding overtime and bonuses \$ _____				Hours per week	
<input type="checkbox"/> yr <input type="checkbox"/> mo <input type="checkbox"/> wk <input type="checkbox"/> hr					

B. Beneficiary Designation: Complete only if your coverages include group term life insurance.

Beneficiary for employee group term life insurance (Print as "Doe, Mary A.", not "Mrs. John Doe")
 last name _____ first name _____ middle initial _____ relationship to you _____

Unless otherwise provided herein, if two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries surviving the insured. If no beneficiary has been designated, any proceeds will be payable as provided by the group policy.

C. Benefit Election: *Ask your employer what coverages the policy has. Check your election option(s) below.

From the coverage options available that apply, I elect the following coverage(s):*

- ☐ supplemental life amount _____ ☐ medical ☐ all coverages
☐ supplemental AD&D amount _____ ☐ dental

I elect medical coverage for:*

- ☐ myself ☐ spouse ☐ child(ren) _____ (indicate number of child(ren) to be covered)

I elect dental coverage for:*

- ☐ myself ☐ spouse ☐ child(ren) _____ (indicate number of child(ren) to be covered)

I elect vision coverage for:*

- ☐ myself ☐ spouse ☐ child(ren) _____ (indicate number of child(ren) to be covered)

*If you do not elect any/all coverage for yourself and any/all eligible Dependents, complete the next page.

D. Dependent Information: Please list your spouse and all eligible children.

Spouse's name		Social security number			Date of birth (mo/day/yr)					
Full name of Dependent child(ren)	Social security number	Date of birth			Full-Time student	Foster child	Step child	Handicapped child	Male	Female
		mo	day	yr						
1.										
2.										
3.										
4.										

Dependents must meet eligibility requirements. Foster child and stepchild eligibility is subject to approval by The Principal. Complete a Foster Child and Stepchild Questionnaire. If you have Developmentally Disabled/Physically Handicapped children over age 19 (over age 20 for Life Insurance), complete an Application to Continue Handicapped Child. Contact your employer for assistance with any questions.

E. Employee Signature

If the group policy requires that contributions be made by me, I authorize my employer to deduct them from my pay. I have read the notice regarding the Preexisting Condition Exclusion and Special Enrollment Rights, located on the back page of this form, and I understand these provisions. I declare that the information given on this enrollment form is complete and true. I understand an agent cannot guarantee coverage, revise rates, benefits, or provisions without written approval by an officer of The Principal.

Your signature (Do not print) _____ Date signed _____

F. The Principal to Complete

Employee effective date _____ Dependent effective date _____

Background Release Form Disclosure and Consent

In connection with my application for employment (including contract for service) with _____ ("the Company"), I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for employment-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if the Company hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681u. If I am applying for employment in the State of California or if I am a resident of California at the time of applying for employment, a summary of the provisions of California Civil Code section 1786.22 is also being provided to me with this form. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information. I hereby consent to your obtaining the above information from Accurate Background, Inc. (and/or any of their licensed agents) located at 6 Orchard, Suite 200, Lake Forest, CA 92630, (800) 784-3911. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Print Name _____

Other Names Known By _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Driver License Number _____ State _____

Current Address _____

City _____ State _____ ZIP _____

Applicant Signature _____ Date _____

Prospective Employer _____

California, Oklahoma or Minnesota Applicants:

I would like to receive a copy of any report obtained on me by "the Company".

☐ Yes

☐ No

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of their employees, clients, and their clients' employees, our client has requested that we, ICon Professional Services ("the Company"), procure a consumer report and/or investigative consumer report ("background check report") on you in connection with your employment application, and if you are hired, may procure additional background check reports on you for employment purposes.

You may request more information about the nature and scope of any background check reports by contacting ICon Human Resources Department at 650.378.4156. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

State Law Notices: If you live, or are seeking work, in California, Maine, N.Y. or Washington State, please note the following information:

CALIFORNIA: Under Section 1786.22 of the California Civil Code, you have the right to request from Acxiom, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which Acxiom has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Acxiom during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

MAINE: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

NEW YORK: Under Article 25 Section 380-c (b) (2) of the New York General Business Law, you have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

WASHINGTON STATE: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

CONSENT FOR DISCLOSURE OF BACKGROUND CHECK INFORMATION

Workplace safety and security is of fundamental importance for ICon Professional Services and its clients. As part of the efforts to promote safety and security, many clients require ICon to verify and/or disclose employee BACKGROUND CHECK INFORMATION, particularly when employees are performing on-site services. Requests for such information have increased considerably due to recent events, including the events of September 11, 2001.

BACKGROUND CHECK INFORMATION includes, but is not limited to: civil and criminal court records; credit history information; educational records; driving records; reference checks; military records; and, pre-employment drug test results.

Icon respects your privacy. However, Icon must balance your privacy interests with the realities of doing business with our clients. For that reason, Icon is asking you to consent to the disclosure of your BACKGROUND CHECK INFORMATION to Marvell by marking the box below and signing and returning the form. Information will only be disclosed when required by the client, and disclosure will be limited to authorized individuals at the client's facilities. Measures will be taken to preserve your privacy.

Questions about this form should be directed to ICon Human Resources Department at (650) 378-4150.

- ☐ I consent to the disclosure of my BACKGROUND CHECK INFORMATION to authorized personnel at Marvell and understand that my consent will be good throughout my employment.

Signature of Applicant/Contractor: _____

Date: _____

CONTRACT WORKER AGREEMENT

This **CONTRACT WORKER AGREEMENT** (the “Agreement”) is made and entered into as of the Effective Date set forth below by and between **MARVELL SEMICONDUCTOR, INC.**, a California corporation (the “Company”), and the contract worker identified in the signature block below (“Contract Worker”). Company and Contract Worker are each a “party” and collectively are the “parties” to this Agreement.

The Company desires to retain Contract Worker to provide services as a contract worker to Company and/or any of its present or future subsidiaries, affiliates or their respective successors, successors-in-interest and/or assigns (the “Services”), Contract Worker is willing to perform such Services on the terms set forth herein. In consideration of the mutual promises, covenants and conditions contained herein, Company and Contract Worker each agree as follows:

1. CONFIDENTIALITY AND EXPORT CONTROL

- a) “Confidential Information” means any Company proprietary information, technical data, trade secrets or know-how, including, but not limited to, research, product plans, products, services, customers, customer lists, markets, software, developments, inventions, processes, algorithms, formulas, technology, designs, drawings, engineering, hardware configuration information, marketing information, financial information, employee lists, Company organizational structures or other business information observable or discoverable by Contract Worker during the course of Contract Worker’s work with Company, either directly or indirectly in writing, by oral communication or by inspection of tangible objects, including without limitation documents, prototypes, samples or the Company’s plant, property or equipment. Confidential Information also includes such information disclosed to Contract Worker by third parties and the third party confidential or proprietary information set forth in Section 1(d) hereof. Tangible materials that disclose or embody Confidential Information do not have to be marked or otherwise expressly identified as “Confidential,” “Proprietary” or the substantial equivalent thereof to be entitled to the protections set forth herein. Confidential Information that is disclosed orally or visually does not have to be expressly identified by Company as “Confidential,” “Proprietary” or the substantial equivalent thereof to be entitled to the protections set forth herein.
- b) Contract Worker will not, during or subsequent to the term of this Agreement, use the Company’s Confidential Information, or disclose the Company’s Confidential Information to any third party, for any purpose whatsoever other than the performance of the Services on behalf of the Company as authorized by the Company, and Contract Worker agrees, accepts and understands that all Confidential Information shall remain the sole and exclusive property of the Company. Contract Worker further agrees to hold Confidential Information in strictest confidence and to take all reasonable precautions to prevent any unauthorized use or disclosure of such Confidential Information. Without the Company’s prior written approval, Contract Worker will not directly or indirectly disclose to anyone the existence of this Agreement or the fact that Contract Worker is performing Services for the Company (except as such disclosure is required for Contract Worker’s performance of Services for Company).
- c) Additionally, Contract Worker agrees not to improperly use or disclose any proprietary information or trade secrets of any former or current employer or other person or entity with which Contract Worker has an agreement or duty to keep in confidence information acquired by Contract Worker in confidence, if any, and further agrees not to bring onto the premises of the Company any unpublished document or proprietary information belonging to such employer, person or entity unless consented to in writing by such employer, person or entity.
- d) Contract Worker recognizes that the Company has received and in the future will receive from third parties their confidential or proprietary information subject to a duty on the Company’s part to maintain the confidentiality of such information and to use it only for certain limited purposes. Contract Worker acknowledges that Contract Worker owes the Company and such third parties, during the term of this Agreement and thereafter, a duty to hold all such confidential or proprietary information in the strictest confidence, and agrees not to disclose such confidential or proprietary information to any person or entity or to use such confidential or proprietary

information except as necessary in carrying out the Services for the Company consistent with the Company's agreement with such third party.

- e) Upon the termination of this Agreement, or upon Company's earlier request, Contract Worker will deliver to the Company all of the Company's property and Confidential Information in tangible form which Contract Worker may have in Contract Worker's possession or control and delete all such Company property and Confidential Information from Contract Worker's computers. Contract Worker shall certify in writing to Company such destruction and/or return of Confidential Information.
- f) With respect to Company's Confidential Information, Contract Worker, in the absence of appropriate U.S. government authorization, agrees: 1) not to re-export or release any such information consisting of technology, software or source code controlled for national security reasons by the U.S. Export Control Regulations ("EAR") to a national of EAR Country Groups D:1 or E:2; 2) not to export the direct product of such technology or such software to EAR Country Groups D:1 or E:2, if such technology or software and direct products thereof are controlled for national security reasons by the EAR; and 3) in the case of technology controlled for national security reasons under the EAR where the direct product of the technology is a complete plant or component of a plant, not to export to EAR Country Groups D:1 or E:2 the direct product of the plant or major component thereof, if such direct product is controlled for national security reasons by the EAR, or is subject to controls under the U.S. Munitions List. At all times hereunder, Contract Worker agrees to comply with all applicable U.S. export control laws with respect to any of Company's Confidential Information.
- g) If Contract Worker violates the terms of this Section 1, Contract Worker explicitly agrees to indemnify and hold Marvell harmless from any and all expenses, costs, fees or losses which may arise from or are related to the Contract Worker's breach of this Section 1 including without limitation direct, special and consequential damages.

2. **OWNERSHIP AND LICENSE**

- a) The term "Inventions" means, without limitation, all copyrightable material, notes, records, drawings, designs, inventions, processes, algorithms, improvements, creations, works, devices, masks, models, deliverables, products, computer programs, procedures, improvements, documents, business process information, developments, discoveries, trade secrets and other work product conceived, made or discovered by Contract Worker, solely or in collaboration with others, during the period of this Agreement which result directly or indirectly from the Services performed under this Agreement. Contract Worker agrees that all Inventions are the sole property of the Company. In addition, any Inventions which constitute copyrightable subject matter shall be considered "works made for hire" as that term is defined in the United States Copyright Act. Contract Worker further agrees to irrevocably assign (or cause to be assigned) and does hereby assign fully to the Company all of Contract Worker's worldwide right, title and interest in and to such Inventions and any copyrights, patents, mask work rights or other intellectual property rights relating thereto. Contract Worker further waives any and all moral rights that Contract Worker may have in any Inventions.
- b) Contract Worker agrees to disclose promptly in writing to Company all Inventions and to treat all Inventions as Company Confidential Information. Contract Worker agrees to assist Company, or its designee, at the Company's expense, in every proper way to secure the Company's rights in the Inventions and any copyrights, patents, mask work rights or other intellectual property rights relating thereto in any and all countries, including the disclosure to the Company of all pertinent information and data with respect thereto, the execution of all applications, specifications, oaths, assignments and other instruments which the Company shall deem necessary to order to apply for and obtain such rights and in order to assign and convey to the Company, its successors, assigns and nominees the sole and exclusive rights, title and interest in and to such Inventions, and any copyrights, patents, mask work rights or other intellectual property rights relating thereto. Contract Worker further agrees that Contract Worker's obligation to execute or cause to be executed, when it is in Contract Worker's power to do so, any such instrument or papers shall

continue after the termination of this Agreement. Contract Worker will appropriately waive any and all claims and assign to Company any and all rights or interests in any Inventions.

- c) Contract Worker agrees that if in the course of performing the Services, Contract Worker incorporates into any Invention developed hereunder any invention, improvement, development, concept, discovery or other proprietary information owned by Contract Worker or in which Contract Worker has an interest, the Company and its subsidiaries and affiliates are hereby granted and shall have a nonexclusive, royalty-free, perpetual, irrevocable, worldwide license to make, have made, modify, use and sell such item as part of or in connection with such Invention or any other product or Confidential Information of the Company.
- d) Contract Worker agrees that if the Company is unable because of Contract Worker's unavailability, dissolution, mental or physical incapacity, or for any other reason, to secure Contract Worker's signature to apply for or to pursue any application for any United States or foreign patents or mask work or copyright registrations covering the Inventions assigned to the Company above, then Contract Worker hereby irrevocably designates and appoints the Company and its duly authorized officers and agents as Contract Worker's agent and attorney in fact, to act for and in Contract Worker's behalf and stead to execute and file any such applications and to do all other lawfully permitted acts to further the prosecution and issuance of patents, copyright and mask work registrations thereon with the same legal force and effect as if executed by Contract Worker.

3. **REPORTS**

Contract Worker agrees that he/she will from time to time during the term of this Agreement or any extension thereof keep the Company advised as to Contract Worker's progress in performing the Services hereunder and that Contract Worker will, as requested by the Company, prepare written reports with respect thereto. It is understood that the time required in the preparation of such written reports shall be considered time devoted to the performance of Contract Worker's Services. Contract Worker further agrees to provide Company with reasonable assistance in the event of a government audit.

4. **CONFLICTING OBLIGATIONS; NONCOMPETITION; NON-SOLICITATION; CODE OF ETHICS**

- a) Contract Worker certifies that Contract Worker has no outstanding agreement or obligation that is in conflict with any of the provisions of this Agreement, or that would preclude Contract Worker from complying with the provisions hereof, and further certifies that Contract Worker will not enter into any such conflicting Agreement during the term of this Agreement.
- b) In view of Contract Worker's access to the Company's trade secrets, proprietary know-how and Confidential Information, Contract Worker further agrees that Contract Worker will not, without Company's prior written consent, engage in services for any other person or entity similar to the Services to be provided to Company hereunder during the term of this Agreement and for a period of twelve (12) months after the termination of this Agreement.
- c) Contract Worker hereby agrees that during the term of this Agreement, Contract Worker will not, without the express written consent of the Company, directly or indirectly, engage in any business (whether as owner, part-owner, shareholder, member, partner, director, officer, trustee, employee, agent, advisor or contract worker, or in any other capacity), other than the Company's, whose business, activities, products or services are competitive with any of the business, activities, products or services conducted by the Company. Notwithstanding anything herein to the contrary, Contract Worker may make passive investments in any enterprise the shares of which are publicly traded if such investment constitutes less than five percent (5%) of the equity of such enterprise.
- d) Contract Worker agrees that Contract Worker will not, during the term of this Agreement and for a period of twenty-four (24) months following the termination of this Agreement, directly or indirectly solicit, recruit, induce, or hire any officer, employee, consultant, contract worker,

supplier, customer, or client of the Company or its direct or indirect subsidiaries or affiliates, either for Contract Worker or for any other person or entity.

- e) Contract Worker agrees that in connection with the performance of the Services, Contract Worker will comply with the Marvell Ethics Letter for Suppliers, as attached hereto as Exhibit A. Contract Worker further agrees that Contract Worker will not solicit, induce or otherwise cause any employee, Contract Worker or contractor of the Company to violate the Company's Code of Ethics, which is available on the internet at <http://www.marvell.com/investors/ethics1.jsp>.

5. **TERM AND TERMINATION**

This Agreement will commence on the Effective Date and will continue until final completion of the Services by Contractor Worker.

6. **ASSIGNMENT**

Contract Worker may not assign or otherwise transfer this Agreement, nor any rights or obligations under this Agreement, in whole or in part. Any attempt by Contract Worker to effect such an assignment or transfer will be void. Company may freely assign this Agreement, without prior consent of Contract Worker, in connection with a transfer of all or substantially all of Company's business or assets to which this Agreement relates, whether by corporate reorganization, acquisition, sale of assets or merger.

7. **CONTRACT WORKER; INDEMNIFICATION**

- a) Nothing in this Agreement shall in any way be construed to constitute Contract Worker as employee of the Company. Company shall not be responsible to pay Contract Worker, or to pay or withhold from payments to Contract Worker any federal, state or local taxes or fees. Contract Worker acknowledges and agrees that Contract Worker shall receive no Company-sponsored benefits from the Company, including, but not limited to, paid vacation, sick leave, medical insurance, 401(k) pension plan participation, other retirement plan participation or any equity-based compensation.
- b) Contract Worker agrees to indemnify and to hold harmless the Company and its directors, officers, employees, agents, insurers and representatives (collectively the "Indemnified Parties") from and against all taxes, losses, damages, liabilities, costs and expenses, including attorney's fees and other legal expenses, arising directly or indirectly from: (i) any claim, whether based on contract or tort, asserted against the Indemnified Parties, arising from or related to the Contract Worker's performance of the Services; (ii) any negligent, reckless or intentionally wrongful act of Contract Worker; (iii) any claimed unlawful disclosure or misuse of a third party's confidential or proprietary information or trade secrets resulting from the Company's use of Contract Worker's Services or work product; and (iv) any breach by Contract Worker of any of the terms, conditions or provisions of this Agreement.

8. **MEDIATION AND EQUITABLE RELIEF**

- a) Except as provided in Section 8(b) below, the Company and Contract Worker agree that any dispute or controversy arising out of or relating to any interpretation, construction, performance or breach of this Agreement, shall be submitted to mediation to be held in Santa Clara County, California, in accordance with the rules then in effect of the Judicial Arbitration and Mediation Services (JAMS). Judgment may be entered on any settlement arising from such mediation. The Company and Contract Worker shall each pay one-half of the costs and expenses of such mediation, and each shall separately pay their respective counsel fees and expenses.
- b) Given that it would be impossible or inadequate to measure and calculate the Company's damages from any breach of the covenants and obligations imposed on Contract Worker as provided for in Sections 1 (Confidentiality), 2 (Ownership and License) and 4 (Conflicting Obligations, Non-Competition, Non-Solicitation and Code of Ethics), Contract Worker agrees that Company will have available, in addition to any other available right or remedy, the right to obtain from any court of competent jurisdiction an injunction against Contract Worker restraining any such breach or threatened breach and an order of specific performance against Contract Worker of any such

provision. Contract Worker further agrees that no bond or other security shall be required as a condition precedent to the Company obtaining such equitable relief and Contract Worker hereby consents to the issuances of such injunction and to the ordering of such specific performance under such circumstances.

9. **WARRANTY**

Contract Worker warrants that the Services will be performed in a professional manner, and will be in compliance with the Company's requirements and specifications.

10. **GOVERNING LAW; JURISDICTION**

The validity, construction, and performance of this Agreement shall be governed by and interpreted in accordance with the laws of California, excluding its conflicts of law provisions. In the event that mediation, as required by Section 8(a) hereof, is not successful, the parties consent, to the exclusive subject matter and personal jurisdiction of, and agree that venue shall lie exclusively in, the Federal and State courts in the Northern District of California, provided, however, that such jurisdiction and venue restrictions shall not apply to requests for injunctive relief as set forth in Section 8(b) hereof. The parties hereby waive any right to a jury trial.

11. **WAIVER**

Failure by any party to enforce any of its rights under this Agreement will not be deemed to be a waiver of any right which that party has under this Agreement.

12. **SEVERABILITY**

If any term or provision of this Agreement shall be found invalid, illegal or unenforceable, the validity, legality or enforceability of the remaining terms and provisions will not in any way be affected or impaired hereby.

13. **NOTICES**

Except as specifically provided herein, all notices required hereunder will be in writing, signed by an authorized representative of the party, and will be given by personal delivery, overnight courier service, facsimile, or mail, to Contract Worker at the address set forth in the signature block hereof, and to Company at Marvell Semiconductor, Inc., 700 First Avenue, MS 509, Sunnyvale, CA 94089, Attn: Vice President of Business Affairs and General Counsel.

14. **SURVIVAL**

Sections 1 (Confidentiality), 2 (Ownership and License), 4 (Conflicting Obligations; Non-Competition; Non-Solicitation and Code of Ethics), 7 (Contract Worker; Indemnification), 8 (Mediation and Equitable Relief), 10 (Governing Law; Jurisdiction), 11 (Waiver), 12 (Severability), 13 (Notices), 14 (Survival) and 15 (Entire Agreement) shall survive any termination of this Agreement.

15. **ENTIRE AGREEMENT**

This Agreement, including the Exhibit, reflects the entire Agreement of the parties regarding the subject matter hereof, and supersedes all prior or contemporaneous understanding or agreements relating thereto between the parties, whether written or oral. This Agreement shall not be amended, altered or changed except by written agreement signed by Contract Worker and Company's Vice President of Human Resources. This Agreement is executed in the English language.

16. **EXECUTION AND COUNTERPARTS**

This Agreement shall be effective upon its execution below by Contract Worker. It shall not be a requirement to the effectiveness and enforceability of this Agreement that Company execute this Agreement. This Agreement may be executed in one or more counterparts, each of which will be deemed an original, but which collectively will constitute one and the same instrument.

IN WITNESS WHEREOF, on this _____ day of _____ 20__ (the “Effective Date”),
Contract Worker executes and enters into this Agreement through his/her signature below.

“CONTRACT WORKER”

Signature: _____

Print Name: _____

Address: _____

Phone Number: _____

Facsimile: _____

Email: _____

EXHIBIT A

MARVELL ETHICS LETTER FOR SUPPLIERS

April 8, 2004

TO ALL CONTRACTORS, CONSULTANTS, AND SUPPLIERS:

Marvell Semiconductor, Inc. (Marvell) would like to take this opportunity to express appreciation for the services you provide us and to thank you for conducting business in accordance with our company's ethics and compliance policy:

Every business decision must demonstrate the highest standards of ethical business conduct and must fully comply with all laws and regulations. This commitment is unwavering and extends to our contractors, consultants, and suppliers.

Any work done for Marvell must be performed in full compliance with all applicable laws and regulations (e.g., environmental, safety, antitrust, or employment), and in accordance with the highest standards of ethical business conduct.

Employees of Marvell and our contractors, consultants, and suppliers are expected to conduct themselves in a professional manner, and to treat others with respect, fairness and dignity. Marvell does not tolerate harassment or discrimination.

Additional information on our compliance and ethics commitment is available in the Marvell Code of Ethics, which is posted on the Marvell website at www.marvell.com.

If you have questions or concerns about compliance or ethics issues while working for our company, please discuss them with your Marvell liaison or business contact. You may also call our toll-free confidential hotline with questions on compliance or ethics issues or to report illegal or unethical activities. The hotline should be used to raise complaints regarding accounting, auditing matters or internal controls, and for reports about questionable accounting and auditing matters. MessagePro, an independent firm specializing in handling anonymous telephone reports, manages the employee hotline. Our MessagePro hotline is free of charge, available 24 hours a day, 7 days a week, on a worldwide basis and is confidential to the employee-caller. Callers in the United States should call 1-866-469-8449. Callers outside the United States should call 1-866-469-8450.

Thank you for being our partner in the commitment to legal compliance and business ethics.

Dr. Sehat Sutardja, Ph.D.
President and Chief Executive Officer



MARVELL CONTINGENCY WORKFORCE EXPORT CONTROL COMPLIANCE QUESTIONNAIRE

Marvell works with technologies subject to U.S. export control regulations. Under these regulations it may be necessary for Marvell to obtain a U.S. government export license prior to releasing its technologies to certain persons. The decision whether or not to file or pursue an export license application is at Marvell's sole election.

The following questions are being asked to assess your country of chargeability for export control screening purposes only. This information will not be used for any improper purpose.

1. ARE YOU ONE OF THE FOLLOWING:

- Citizen or National of the United States.
- U.S. Lawful Permanent Resident.
- Person granted Refugee status.
- Person granted Asylum.
- Temporary Resident (Granted under Amnesty or Special Agricultural Worker provisions. The term "Temporary Resident" does not include persons in nonimmigrant status such as H-1B, L-1, F-1, etc.)

Yes ☐ **STOP.** Proceed directly to Signature Section below.

No ☐ Continue to Question 2.

2. HAVE YOU EVER ACQUIRED CITIZENSHIP, NATIONALITY, OR PERMANENT RESIDENT STATUS IN A COUNTRY OTHER THAN YOUR PLACE OF BIRTH?

Yes ☐ If "Yes," please provide details (country(s), type of status, date of acquisition):

No ☐ If "No," please state your country of birth:

3. HAVE YOU EVER RELINQUISHED, ABANDONED, OR LOST CITIZENSHIP, NATIONALITY OR PERMANENT RESIDENCE IN ANY COUNTRY, INCLUDING YOUR COUNTRY OF BIRTH?

Yes ☐ If "Yes," please provide details (country(s), status relinquished/abandoned/lost, date of relinquishment/abandonment/loss):

No ☐

SIGNATURE SECTION

I understand that Marvell reserves the right to inquire further on any matter related to matters bearing on Marvell's export compliance obligations. I certify that the foregoing answers are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Print Name: _____

Benefit Options

Geared toward the professional, ICon has designed a comprehensive benefits package that is available to our network of professionals. With less than a month's waiting period before the benefits take effect, ICon's package of benefits is affordable and quickly attainable.

Medical Coverage

Health Insurance is available through a PPO and an HMO (HMO available for California residents only) with an extensive network of physicians. Monthly premiums qualify for pre-tax deductions from wages under Section 125, resulting in substantial savings. In addition, ICon contributes 50% of the premium for individuals who work an average 30 hours or greater per week.

Dental Coverage

Two dental plans are also available for ICon Payrolled Professionals. ICon contributes 50% of the premium for individuals who work an average 30 hours or greater per week

Life Insurance

ICon provides \$25,000 life insurance coverage for all IPCs at ICon's expense, without cost to the contractor for the duration of their employment with ICon.

Cafeteria 125 Plan

Under this plan, employees may have their health insurance premiums and dependent care expenses deducted from their gross pay before taxes are withheld. This benefit allows individuals to realize substantial savings each year.

401(k) Plan

ICon offers retirement planning through our 401(k) plan. There is no waiting period for participation and employees may contribute up to 100% of their earnings, via a payroll deduction plan.

Direct Deposit

All ICon Professionals are encouraged to take advantage of our direct deposit option. Direct deposit eliminates the possibility of US Mail delays and guarantees that payments will be posted on payday (Friday). Employees also have the option of splitting the amount to several accounts.

Business Travel Accident Insurance

Marvell Semiconductor offers all its Contract Workers Accident Insurance as it pertains to Business Travel. Additional information can be found via the below link:

<http://www.iccompliance.com/documents/marvell/MarvellTechnologyGroupADD.pdf>