Employer of Record Documents ... IRS Form SS-4

- This is a one-page form. You are asked to review, sign and date the form.
- This form tells the IRS that you are going to be an employer. After CDTN submits this form, the IRS will assign you an Employer Identification Number. This is what the IRS uses to identify employers when filing tax returns and depositing withholding taxes.
- We have entered CDTN's address in lines 4a and 4b so that IRS paperwork relating to this program will not be sent to your home it will come to us instead.

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Other	Other (specify) > I				REMIC	☐ Indian tribal governments/enterprises
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Highest r none). If r Ag First date nonreside Check on Cons Real Host Resident Host R	Other (specify) > H	S withholding regulations		Created a	pension plan (specify type)	
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Ag First date Chock on Cons Roal			_,			employment tax liability to be \$1,000 or
none). If r Ag 5 First date nonresid- 6 Chock on Cons Real 17 Indicate ; HCSR 8 Has the a If "Yes,"	host number of empl	oyees expected in the nex	d 12 month	ns (enter -0- if		ar year and want to file Form 944
5 First date nonreside 16 Chock on Cons Real 17 Indicate HCSR 8 Has the e If "Yes," Third		xpected, skip line 14.				Forms 941 quarterly, check here. tax liability generally will be \$1,000
5 First date nonreside 16 Chock on Cons Real 17 Indicate HCSR 8 Has the e If "Yes," Third						t to pay \$5,000 or less in total wages.)
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nonresid Check on Cons Real Indicate HCSR Has the a If "Yes," Third	0	0		0	every quarter.	
6 Check on Cons Real 7 Indicate p HCSR 8 Has the a If "Yes," Third					olicant is a withholding agen	t, enter date income will first be paid
Cons Real Indicate p HCSR Is Has the a If "Yes,"						nce Wholesale-agent/broker
Real Indicate p HCSR IS Has the a If "Yes,"						rice Wholesale-other Retail
7 Indicate HCSR Has the a If "Yes,"		anufacturing Finan			Other (specify) > HCSR	
HCSR 8 Has the a If "Yes," Third Party					e, products produced, or sen	
If "Yes," I						•
If "Yes," t	s the applicant entity	shown on line 1 ever appli	ied for and	received an E	IN? ☐ Yes 🗹 No	
Party	Yes," write previous E	IN horo ▶				
Party			rize the name	ed individual to re	ecoive the entity's EIN and answer	questions about the completion of this form.
	Dosignoo's nan					Designoe's talephone number (Include area cod
	Mikayla Brir	nda				406-532-8502 ext. 8
scongrice			M. Adleson	ulo MT FOO	20	Designee's fax number (include area cod
Indian name Nove of the	e Address and Z	er Direct Way, Suite 30				406-532-8588
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Employer of Record Documents ... IRS Form 2678

- This is a 1-page form. You are asked to sign and date the form in the boxes below boxes 9 and 10.
- This form tells the IRS that you are giving CDTN permission to complete tax processes on your behalf for this program.
- This form only allows us to withhold taxes from your employee's paychecks and deposit those taxes with the IRS. It does not allow CDTN access to any of your personal income tax information.

Form 2678 Empl	loyer/Payer Appoint	ment of Agent			OMB No. 1545-0748
(Rev. August 2014) Departme	ent of the Treasury — Internal Revenue	Service	_		OMB NO. 1545-0746
	of employment or other with	ve an agent file returns and mak nolding taxes or if you want to	Ke I	For IRS use:	
		est approval, complete Parts 1 ave the agent complete Part 3 a	nd		
for filing Form 2678 o	n page 3.	ove your request. See the instruc			
complete all three pa	rts. In this case, only one sign	to revoke an existing appointme ature is required.	nt,		
Part 1: Thy you are f	iling this		_		
	it an agent for tax reporting, de an existing appointment.	positing, and paying.			
Part 2: mployer or F	Payer Information: Complete t	this part if you want to appoint a	an agent	or revoke an a	ppointment.
1 Employer identific	ation number (EIN) -			$\neg \sqcap \sqcap$	
2 Employer's or pay (not your trade nar	er's name me)				
3 Trade name (if any	y)				
4 Address					
		Number Street			Suite or room number
		City State ZIP code			
		City diale Est door			
			ountyForeig	n postal code	
	ou want to appoint an agent o	Foreign country nameForeign province/o	er	For ALL nployees/	For SOME employees/
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Employer of Record Documents...Tennessee Form LB-0927

- This is a 1-page form. You are asked to sign and date at the bottom of the first page.
- This form tells the Tennessee Department of Labor and Workforce Development that you have authorized CDTN to represent you in matters of state unemployment insurance.
- This form establishes CDTN as the mailing address on your employer account.

		Department of Labor a Employee 220 French Lan	of Tennessee and Workforce Devo r Services Unit ding Drive, Floor 3- messee 37243-1002	В		
		DECLARATION O	F REPRESE	NTATIVE		
This is to certi	fy that (Repr	esentative): Consumer Di	irect For Tenne	essee as Fisc	al Agent	
Located at: 1	00 Consum	er Direct Way, Suite 304			- 27	
City: Missou	ıla	March To Co. No. 1507 March 11 Nazari an	State: MT	Zip Code:	59808	
Phone: 406.5	32.8502 ex	t 8 F:	ax: 406.532.85	88	100	
is authorized t	o represent (Employer):				
Employer	's Federal En	uployer Identification Numb	oer:		Applied For	
Employer'	's Tennessee	Employer Account Number			Applied For	
before the Ten	messee Depa	rtment of Labor and Workfo	orce Developme	at (TDLWD)	for the item(s)	checked below:
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Employer of Record Documents - Employer of Record Attestation

- This form has many pages. You are asked to sign and date at the bottom.
- This form confirms that you are agreeing to the roles and responsibilities of being an employer in the program. You must ensure there is no fraud committed.

CARE NETWORK

COMPREHENSIVE AGGREGATE CAP WAIVER & STATEWIDE WAIVER PROGRAM EMPLOYER OF RECORD ATTESTATION

Member Name	Employer of Record Name

This attestation sets forth the responsibilities of the Employer of Record (EOR). They are subject to federal and state laws. The EOR and Member might be the same person.

Consumer Direct Care Network Tennessee (CDTN) Duties

- 1. Provide enrollment packets.
- Pay Workers bi-weekly, on behalf of the EOR. EOR must approve service shifts for the Worker to be paid.
- 3. Deposit employer-related taxes using the EOR's tax ID.
- 4. Follow all IRS and state guidelines.
- 5. Obtain all proper federal and state powers of attorney.
- 6. Process all tax exemptions and withholdings.
- 7. Maintain records of all:
 - Withholdings
 - Filings
 - Payments
- 8. Send the Worker a paystub for each pay period.
- 9. Send the Worker end of year statements for filing income tax returns.
- 10. Track all money spent from the Program budget.
- 11. Submit all claims to the Program, on behalf of the EOR.
- 12. Only pay for tasks approved in the Service Plan.
- 13. Complete all required federal and state filings when this attestation is signed.

EOR Terms and Conditions

- I understand I am the Employer of Record for any Workers I hire. The Worker is not an employee of CDTN or the State.
- The Comprehensive Aggregate Cap Waiver Program/ Statewide does not require me to have workers' compensation insurance.
- I will:
 - Select Workers. Workers will provide Member services outlined in the Individual Support Plan (ISP). Workers cannot provide services if they are not qualified. Workers must:
 - Not live with the Member.
 - Have legal employment status.
 - Meet program criteria.
 - Complete required training based on program rules.
 - Use Electronic Visit Verification to clock-in and clock-out every shift. More details below.
 - Pass a background check before starting work.
 - Follow all state fair hiring and firing standards.
 - · Follow all state and federal laws. This includes tax and labor laws.
 - Decide how I will hire Workers.



SERVICE AGREEMENT – WAGE MEMO

Worker Name	Employer of Red	cord Name	Member Name
Please select at least one service ty rate of pay for the Worker is based	· ·	-	
! IMPORTANT: We need to know to other costs. For example: If a person hour. That is the number you ente To see how much the Worker's hou	on works in a job, th r in the "Hourly Rate	ey can tell you how mude" field.	ch money they make per
Request Type: New Servio	ce 🗆 Change	Hourly Rate Ef	fective Date:
Hourly Services – Service Name,	Service Code, and H	our Pay Rate:	
☐ Personal Assistance☐ Respite (hourly)☐ Respite (daily)☐ Individual Transportation	Service Code Service Code Service Code Service Code	\$ \$	per hour per hour per day per day
Back-up Support (check one): Yes No The Worker will s Transportation	serve as back-up if o	ther Workers are unable	e to provide services.
If you will transport the Member, p Current Driver's License; an Current proof of Auto Insur	d	; :	
Agree and Sign The Worker and Employer of Recor Read all of this form. Agree that the details provi Discussed and agreed to the	ded are accurate an	•	etails.
This form is not intended to create	a contract of emplo	syment or rate of pay fo	r a specific period of time.
Worker Signature		Employer of Record Si	gnature Date



COMPREHENSIVE AGGREGATE CAP WAIVER & STATEWIDE WAIVER PROGRAM **SERVICES AND RATES**

As the employer you have to set your workers' wages using hourly rates approved by TennCare. Below is a chart that shows you the updated rates that can apply, and what your options are for paying your workers. You must pick a rate that is in this chart. It must match with the type of service that worker is providing.

Examples of Employee Rates

Service	Service Code	Hourly Rate
Personal Assistance	T1019-UC	\$7.25 - \$23.44

Service	Service Code	Hourly/Daily Rate
Respite 1: 8-15 Hours/Day	S9125-U1-UC/H0045-U1-UC	\$73.68
Respite 2: 16-24 Hours/Day	S9125-U2-UC/H0045-U2-UC	\$226.26
Respite 3: 24 Hours Awake	S9125-U3-UC/H0045-U3-UC	\$268.03
Respite 4: Less than 8	S5150-UC	\$20.44
Hours/Day-Quarter Hour	33130-00	Ş20.44

Service	Service Code	Unit Rate
Individual Transportation	T2002	\$7.13

^{**}Note - The IRS has criteria to determine if your workers are exempt from certain federal taxes (FICA & FUTA) based on the employer/employee relationship. The IRS requires your worker take the exemption if the worker is your child, your parent, or your spouse. This means their net pay amount will be closer to their gross pay amount. However, no taxes will be paid into Social Security or Medicare for them.

Rev. 10/29/2024

Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Kurdish: کوردی

ئاگادارى: ئەگەر بە زمانى كوردى قەسە دەكەيت، خزمەتگوزاريەكانى يارمەتى زمان، بەخۆرايى، بۆ تۆ بەردەستە.

CDTN Wellpoint: 888-398-0664 (TRS:711) -

CDTN BlueCare Tennessee: 888-450-3240 (TRS:711) -

CDTN UnitedHealthcare: 888-444-3109 (TRS:711) -

CDTN TennCare DDA: 888-450-3242 (TRS:711) -

Arabic: ربيةعلا

وظةحلم: اذا ملكتت ةغللا ربية علا اتمدخ دة عاسماا وية غللا رقفوتم ك انجام

CDTN Wellpoint: 888-398-0664 (TRS:711)

CDTN BlueCare Tennessee: 888-450-3240 (TRS:711) -

CDTN UnitedHealthcare: 888-444-3109 (TRS:711) -

CDTN TennCare DDA: 888-450-3242 (TRS:711) -

Chinese: 繁體中文

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

French: Français

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Amharic: አማርኛ

ማስታወሻ: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርንም *እ*ርዳታ ድርጅቶች፣ በነጻ ሊያማዝዎት ተዘ*ጋ*ጀተዋል፡

- CDTN Wellpoint: 888-398-0664 (ውስማት ለተሳናቸው: TRS: 711)
- CDTN BlueCare Tennessee: 888-450-3240 (ውስማት ለተሳናቸው: TRS: 711)
- CDTN UnitedHealthcare: 888-444-3109 (ውስማት ለተሳናቸው: TRS: 711)
- CDTN TennCare DDA: 888-450-3242 (ውስ ማት ለተሳናቸው: TRS: 711)

Gujarati: ગુજરાતી

. સુયનાઃ જો તમે ગુજરાતી બોલતા હો, તો િનઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼື ອດ້ານພາສາ, ໂດຍບໍ່ ເສັງຄ່າ, ແມ່ນມື ພ້ອມໃຫ້ທ່ານ.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Hindi: िहंदी

♦ान द♦: यिद आप िहंदी बोलते ह♦ तो आपके िलए मु♦ म♦ भाषा सहायता सेवाएं उपल♦ ह♦।

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Serbo-Croatian: Srpsko-hrvatski

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno.

- CDTN Wellpoint: 888-398-0664 (TRS-Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom:
 711)
- CDTN TennCare DDA: 888-450-3242 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
 - CDTN TennCare DDA: 888-450-3242 (TRS:711)

Nepali: नेपाली

्रान िदनुहोस्: तपाइ�ले नेपाली बोल्नु�न्छ भने तपाइ�को िन�� भाषा सहायता सेवाह� िनः शु� �पमा खुछ।

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
 - CDTN TennCare DDA: 888-450-3242 (TRS:711)

فارسى Persian:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711) -
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711) -
 - CDTN TennCare DDA: 888-450-3242 (TRS:711) -
- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs or services?
- Or do you have more questions about your health care?

Call us for free. We can connect you with the free help or service you need. (For TRS call: 711)

CDTN Wellpoint: 888-398-0664

• CDTN BlueCare Tennessee: 888-450-3240

• CDTN UnitedHealthcare: 888-444-3109

CDTN TennCare DDA: 888-450-3242

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

TennCare MCO/Contractor Information U.S. Department of Health & Human Office of Civil Rights Compliance Services 310 Great Circle Road, 3W Wellpoint Office for Civil Rights Nashville, Tennessee 37243 Phone: 800-600-4441 200 Independence Ave SW, Rm 509F, (TRS 711) HHH Bldg Washington, DC 20201 Email: HCFA.Fairtreatment@tn.gov Phone: 855-857-1673 BlueCare Tennessee (TRS 711) Phone: 800-468-9698 Phone: 800-368-1019 (TRS 711: 888-418-0008) (TDD): 800-537-7697 You can get a complaint form UnitedHealthcare online at: You can get a complaint form online at: https://www.tn.gov/tenncare/me Phone: 888-383-9253 www.hhs.gov/ocr/office/file/index.html (TRS 711) Or you can file a complaint online at: mbers-applicants/civil-rightsocrportal.hhs.gov/ocr/portal/lobby.jsf compliance.html