

Caregiver Setup Package

EPIC Payment Services

Here are your Caregiver forms

Enclosed please find:

- ☐ Forms for each caregiver to complete and sign; and
- ☐ An overview to with your caregiver for how EPIC works; and
- ☐ Instructions for your caregiver to record the hours they work using AssuriCare's mobile app

To complete your enrollment, follow the steps below:

Step 1. Provide each caregiver with the necessary forms and instructions

Each caregiver needs to complete two documents to become registered and to be paid by you through AssuriCare (W-9 and Direct Deposit Authorization). A description of each document is provided.

Have your caregivers review the process overview and instructions. If they have any questions on the process or need help setting up the AssuriCare mobile app, direct them to call us at 844-277-8742.

Step 2. Ensure caregivers complete and sign all forms and return to AssuriCare

Caregivers should complete, sign and return all forms to AssuriCare.

Please return all completed and signed forms to AssuriCare via fax, email or postal mail. Once you return all signed documents, AssuriCare can include the caregivers for future payments processed.

**Return signed forms for AssuriCare via email to
paymentsupport@assuricare.com**



Caregiver Forms Overview

In order to be registered and receive direct deposit payments, each caregiver will be required to complete two forms (included here). Please provide copies of these forms to your caregiver(s) and return the completed forms to AssuriCare for processing.

You may make photocopies of these forms for additional caregivers if needed.

Form Name or Number	Form Purpose / Instructions
Direct Deposit Authorization Form	<p>This form is required for AssuriCare to deposit your payment directly into your bank account.</p> <p>Fill in your name, then check “authorize AssuriCare” and fill in your client’s name on the line where indicated. Sign and date the form where indicated.</p> <p>Enter your bank Name/Address/Phone and other information where you want us to deposit your payment.</p> <p>Please ALSO attach a copy of a voided check so we can be sure to send your payment to the correct bank account.</p>
Form W-9 (Request for Taxpayer Identification Number and Certification)	<p>This form is required in order for AssuriCare to prepare payments during the year and complete a 1099 form at year end.</p>

Important Notes:

1. Please do not alter any documents in this package. If there are any errors or changes needed, please call AssuriCare and we will send you corrected forms.
2. AssuriCare will not be able to process your payment until all documents are received. Please return all required documents via fax, email or postal mail.

Return signed forms for AssuriCare via email to paymentsupport@assuricare.com

AssuriCare Process Overview for Caregivers

Our streamlined electronic payment service allows for the tracking of hours and processing payments to in-home caregivers easily and quickly.

You...

- use a mobile app on your smartphone to check in and out at the start and end of each shift
- record the actual services provided to your client when checking out

Your client...

- receives a weekly email when it's time to review and approve hours
- submits any changes or corrections through web portal

AssuriCare...

- verifies hours and service entries or missing information with your client, as needed
- processes weekly payment with direct deposit to you

Our Mobile App makes recording time and services easy for caregivers:



Caregivers use our mobile application (available for iPhone and Android devices) to check in and check out each day, as well as to record the services they provided while working.

Contact AssuriCare with any questions:



- Toll-free customer service: 844-277-8742
- AssuriCare FAX number: 781.373.3649
- AssuriCare email address: paymentsupport@assuricare.com

The Caregiver App



The Benefits of the App

- Manage your profile information
- Record check in and out for all visits
- View historical visits across all clients



To Get Started

- 1 Call us toll-free 1-844-277-8742
- 2 Ensure AssuriCare has your correct email and phone number
- 3 You will receive a download link and a temporary password
- 4 Log in and change your password

AssuriCare

2093 Philadelphia Pike #3310
Claymont, DE 19703



Direct Deposit Authorization Form

I, _____, hereby:
(Write your name above – required)

- ☐ **authorize** AssuriCare LLC and its agents, including financial institutions, acting on behalf of AssuriCare's clients, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account listed below. This authorization will remain in effect until I have informed AssuriCare LLC in writing that I wish to cancel it and AssuriCare LLC has had reasonable time to affect such cancellation. I understand I should contact my bank to verify receipt of funds.
- ☐ **revise** direct deposit bank account(s) as indicated below.
- ☐ **cancel** direct deposit of funds owed. This cancellation is to take effect immediately and remain in full force and effect unless AssuriCare LLC receives my written authorization to deposit any funds owed automatically. I acknowledge that I will now receive live checks for which I am responsible for depositing and/or cashing.

I further acknowledge that nothing herein shall be deemed to create or support an employment relationship between me and AssuriCare LLC.

Signature: _____ **Date:** ____/____/_____
(Sign your name above – required) (Enter date above – required)

Authorized Bank Account Information:

Bank Name: _____
Account type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings**
Routing Number: _____
Account Number: _____

←
**ALL LINES MUST BE
COMPLETED**
←

**** If a savings account is provided**, please note that some banks do not allow direct deposit via ACH into a savings account. Please check with your bank to see if they will allow ACH into your savings account. If your bank does not allow, a checking account must be provided for direct deposit to be effective.

Please attach a voided check for each bank account to which funds will be deposited. Do not use a deposit slip.

NAME	_____ 20 ____	0324
Pay to the order of _____	\$ _____	
_____ Dollars		
Bank _____		
Memo _____		
⠈123456789⠈ 022999999999 0324		

Example Routing Number: 123456789 Example Account Number: 022999999999

Notice: Due to government regulations, AssuriCare LLC cannot offer direct deposit of funds to either:

- a foreign bank, or
- a U.S. financial institution where the entire amount will be forwarded to a bank account in another country. AssuriCare LLC | 2093 Philadelphia Pike #3310 | Claymont, DE 19703 | www.AssuriCare.com | Phone: 844-277-8742 | Fax: 781-373-3649

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.