

Caregiver Setup Package EPIC Payment Services

Here are your Caregiver forms.

Enclosed please find:

- Forms for each caregiver to complete and sign; and
- Instructions for your caregivers to record the hours they work, using LTCpayroll's timecard system.

Step 1. Provide each caregiver with the necessary forms.

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

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

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

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

If your caregivers are utilizing the telephony system to record hours, please call LTCpayroll to receive a unique 6-digit ID number for each caregiver, to be used each time the caregivers call into the timecard system and provide services.

If you have any questions, please call LTCpayroll at 1-844-LTCPAYROLL (1-844-582-7297).

Return signed forms for LTCpayroll via FAX at **1-781-373-3649**

Please call LTCpayroll with any questions at 1-844-LTCPAYROLL (1-844-582-7297)

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Caregiver Forms

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 LTCpayroll for processing.

YOU MAY MAKE PHOTOCOPIES OF THESE FORMS FOR ADDITIONAL CAREGIVERS IF NEEDED.

Form Name or Number	Form Purpose / Instructions
Direct Deposit Authorization	<p>This form is required for LTCpayroll to deposit your payment directly into your bank account.</p> <p>Fill in your name, then check “authorize LTCfastpay” 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><u>Please ALSO attach a copy of a voided check</u> 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)	This form is required in order for LTCpayroll to prepare payments during the year and complete a 1099 form at year end.

IMPORTANT NOTES:

1. **Please do not alter any documents in this package.** If there are any errors or changes needed, please call LTCpayroll and we will send you corrected forms.
2. **LTCpayroll will not be able to process your payment until all documents are received.** Please return all required documents via fax to (781) 373-3649, or via postal mail to LTCfastpay, 410 Totten Pond Road Suite 350, Waltham MA 02451.

Return signed forms for LTCpayroll via FAX at **1-781-373-3649**.

Please call LTCpayroll with any questions at 1-844-LTCPAYROLL (1-844-582-7297)

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DIRECT DEPOSIT AUTHORIZATION FORM

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

- authorize** LTCfastpay LLC and its agents, including financial institutions, acting on behalf of its 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 LTCfastpay LLC in writing that I wish to cancel it and LTCfastpay LLC has had reasonable time to effect 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 completely. This cancellation is to take effect immediately and remain in full force and effect until LTCfastpay LLC has received written notification from me of 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.

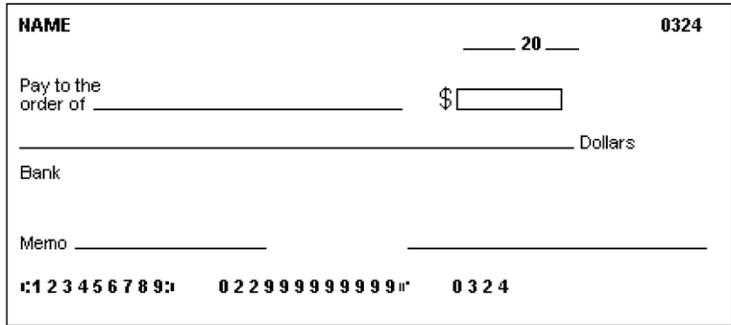
Signature: _____ **Date:** ____/____/_____
 (Sign your name above – required) (Enter date above – required)

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**
 ←

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



Example Routing Number: 123456789 Example Account Number: 02299999999

Notice: Government regulations have changed regarding the use of direct deposit. As a result, LTCfastpay 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.

Employees or contractors associated with such foreign organizations will not be eligible for direct deposit.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Telephony Instructions for Hourly Caregivers

Why you need to call into LTCpayroll:

We utilize a telephonic timecard system to record your work hours, so that you can be paid correctly by your client/employer.

- You must call **from your client's home phone** when you arrive and leave work each day.
- We document hours worked, and your client will pay you based solely on this information.
- Time that is not recorded in the system may affect your paycheck and/or your client's insurance claim.

If you have any questions about using the timecard system, or if you have any problems with the phone system, call LTCpayroll at 1-844-582-7297.

If you are unable to complete a check-in or check-out using the timecard system:

Call LTCpayroll's Hours Hotline at 1-781-795-8177 and leave a detailed voicemail for customer service stating:

- Your name and your client/employer's name
- Your 6-digit Caregiver Identification #
- The time you are checking in or out
- The services you provided
- The reason you were unable to get through to the timecard system, or the error you experienced.

How the timecard system works:

The timecard system will record the caller ID from **your client's home telephone, your voice and your Caregiver ID #**, along with a date and time stamp for all of your calls. This ensures that your client accurately pays you for the time you've worked.

IMPORTANT:

- **You must use the client's home phone. You may not use your cell phone.**
- If you are working more than 24 hours in a row, you need to call the timecard system **at least every 24 hours** to check out (2) and then check back in (1), or the timecard system will not record the hours for your shift. YOU MUST check out and check back in to be sure that the timecard system records your hours worked.

Step 1: Dial the timecard system from your client's home phone – **1-844-582-3278**

Step 2: When the system answers, it will prompt you to enter your 6-digit Caregiver Identification Number. This number was assigned by LTCpayroll and is available from your client.

Step 3: The system will prompt you to say your name and today's date. Please speak clearly and say your **FULL FIRST AND LAST NAME AND TODAY'S DATE** clearly into the receiver.

Step 4: The system will ask you whether you are checking in at the beginning of your shift or checking out at the end of your shift.

- **Press 1** if you are checking in **at the beginning** of your shift.
- **Press 2** if you are checking out **at the end** of your shift.

The system will repeat your choice back to you. Please follow the instructions to confirm your choice. If you pressed the incorrect key the first time, please press the correct choice and then confirm it. Please **DO NOT** hang up and call in again.

Please call LTCpayroll with any questions at 1-844-LTCPAYROLL (1-844-582-7297)

Telephony Instructions for Hourly Caregivers (continued)

If you are checking in at the beginning of your shift:

- Please stay on the line until the system disconnects.
- The timecard system will confirm your check in

If you are checking out at the end of your shift:

- The system will ask you about the personal care services you provided during your shift.

Press 0 if you did not provide any personal care services and want to proceed to other services.

Press 1 if you provided one of the following personal care services:

- Bathing
- Dressing
- Transferring
- Contenance
- Toileting
- Feeding
- For all personal care service please answer each question choosing:
1 for Hands-on assistance, 2 for Standby assistance, or
0 if you did not provide assistance with this personal care service
- For Supervision due to Cognitive Impairment, please choose:
1 if you provided Supervision, and 0 if you did not provide Supervision

The system will then ask you if you provided any other services during your shift.

Press 0 if you did not provide any other services.

Press 1 if you provided any other additional services.

If you provided additional services, please enter the two-digit service code for each service you provided.

Enter only one two-digit code at a time. Service codes may change; current accepted codes include:

- Mobility/Ambulation Code 20
- Homemaking/Laundry Code 30
- Companionship Code 40
- Meal Preparation Code 50
- Medication Management Code 60
- Shopping/Errands Code 70
- Transportation Code 80
- Phone Assistance Code 85
- Money Management Code 90

After entering each code, press 1 to enter an additional service code or press 0 to continue to mileage.

Next the system will ask you if mileage should be entered. **Mileage should only be entered if there is already an agreement between you and your client to reimburse for mileage.**

Press 0 if you do not need to enter mileage.

Press 1 if you need to enter mileage for this shift.

If entering mileage, Press 1 again to confirm you are to be reimbursed for mileage.

Enter the # of miles (only enter whole #s) for this shift. The system will confirm the # of miles you have entered.

- The system will confirm that you checked out.
- Please stay on the line until the system disconnects.

Please call LTCpayroll with any questions at 1-844-LTCPAYROLL (1-844-582-7297)

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Telephony Instructions for Daily / Live-in Caregivers

Why you need to call into LTCpayroll:

We utilize a telephonic timecard system to record your work days, so that you can be paid correctly by your client/employer.

- You must call **from your client's home phone** when you arrive and leave work each day.
- We document hours worked, and your client will pay you based solely on this information.
- Time that is not recorded in the system may affect your paycheck and/or your client's insurance claim.

If you have any questions about using the timecard system, or if you have any problems with the phone system, call LTCpayroll customer service at 1-844-582-7297.

If you are unable to complete a check-in using the timecard system:

Call LTCpayroll's Hours Hotline at 1-781-795-8177 and leave a detailed voicemail for customer service stating:

- Your name and your client/employer's name
- Your 6-digit Caregiver Identification #
- The time you are checking in or out
- The services you provided
- The reason you were unable to get through to the timecard system, or the error you experienced.

How the timecard system works:

The timecard system will record the caller ID from **your client's home telephone, your voice and your Caregiver ID #**, along with a date and time stamp for all of your calls. This ensures that your client accurately pays you for the time you've worked.

IMPORTANT:

- **You must use the client's home phone. You may not use your cell phone.**
- You should only call into the timecard system ONCE PER CALENDAR DAY. Services provided during that calendar day will be recorded in the timecard system.
- If you are working more than one day in a row, you need to call the timecard system once every 24 hours to be sure that the timecard system records your days worked.
- If you should not be paid for a particular calendar day, DO NOT CALL into the timecard system on that day.

- Step 1:** Dial the timecard system from your client's home phone – **1-844-582-3278**
- Step 2:** When the system answers, it will prompt you to enter your 6-digit Caregiver Identification Number. This number was assigned by LTCpayroll and is available from your client.
- Step 3:** The system will prompt you to say your name and today's date. Please speak clearly and say your **FULL FIRST AND LAST NAME AND TODAY'S DATE** clearly into the receiver.
- Step 4:** The system will ask you about the services you will be providing during your shift you are about to complete. Please see the next page for detailed instructions on entering care provided.

Please call LTCpayroll with any questions at 1-844-LTCPAYROLL (1-844-582-7297)

Telephony Instructions for Daily / Live-in Caregivers (continued)

Detailed instructions on entering care provided:

The system will ask you about the personal care services you provided during your shift.

Press 0 if you did not provide any personal care services and want to proceed to other services.

Press 1 if you provided one of the following personal care services:

- Bathing
- Dressing
- Transferring
- Contenance
- Toileting
- Feeding
- For all personal care service please answer each question choosing:
1 for Hands-on assistance, 2 for Standby assistance, or
0 if you did not provide assistance with this personal care service
- For Supervision due to Cognitive Impairment, please choose:
1 if you provided Supervision, and 0 if you did not provide Supervision

The system will then ask you if you provided any other services during your shift.

Press 0 if you did not provide any other services.

Press 1 if you provided any other additional services.

If you provided additional services, please enter the two-digit service code for each service you provided. Enter only one two-digit code at a time. Service codes may change; current accepted codes include:

- Mobility/Ambulation Code 20
- Homemaking/Laundry Code 30
- Companionship Code 40
- Meal Preparation Code 50
- Medication Management Code 60
- Shopping/Errands Code 70
- Transportation Code 80
- Phone Assistance Code 85
- Money Management Code 90

After entering each code, press 1 to enter an additional service code or press 0 to continue to mileage.

Next the system will ask you if mileage should be entered. **Mileage should only be entered if there is already an agreement between you and your client to reimburse for mileage.**

Press 0 if you do not need to enter mileage.

Press 1 if you need to enter mileage for this shift.

If entering mileage, Press 1 again to confirm you are to be reimbursed for mileage.

Enter the # of miles (only enter whole #s) for this shift. The system will confirm the # of miles you have entered.

- The system will confirm that you checked out.
- Please stay on the line until the system disconnects.

Please call LTCpayroll with any questions at 1-844-LTCPAYROLL (1-844-582-7297)

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