

## 2017 Employment Law Update

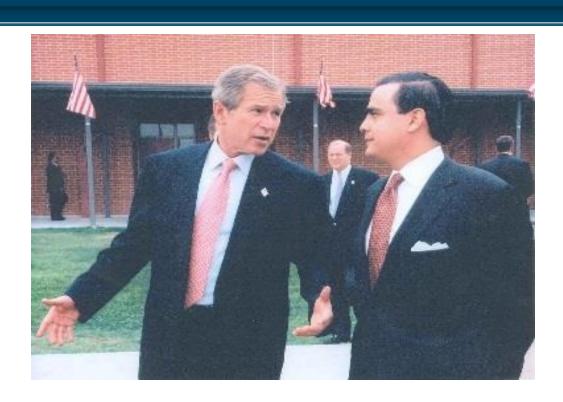
## Agenda

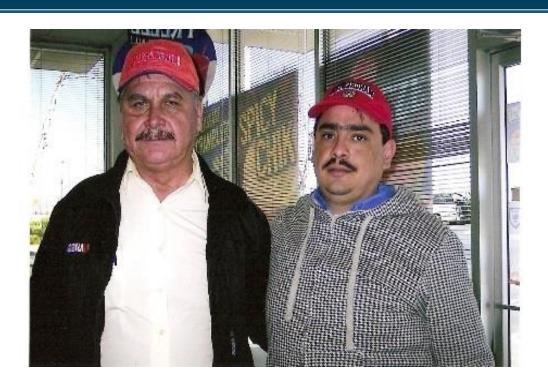


- Form I-9 Compliance Fundamentals
- Immigration
- DOL Wage & Hour Update
- Obamacare
- Unemployment Claims



# Form I-9 Compliance Fundamentals





### Form I-9 Order





### **New Form I-9 Employee**

	Instruction	ons	Start	Over	Print			
	Em	ployment	Eligibi	lity Verifica	ation			USCIS
Department of Homeland Security							Form I-9	
	U.S.	Citizenship	and Im	migration Ser	vices			OMB No. 1615-0047 Expères 08/31/2019
START HERE: Read Instru						avallable	, either in p	aper or electronically.
during completion of this form.								
ANTI-DISCRIMINATION NO document(s) an employee ma an individual because the do	y present to es	stablish empi	oyment a	uthorization ar	d Identity. The	refusal t	to hire or o	ontinue to employ
Section 1. Employee In than the first day of employ	nformation a	and Attest	ation (E	Employees mu				
Last Name (Family Name)		First Name /G/			Middle Initial (1)	Other L	ast Names	Used (If any)
	ľ							
Address (Street Number and Na	me) 🗓	Apt. N	iumber 🗓	City or Town 1		_	State 🕑	ZIP Code 💯
Date of Birth (mm/dd/yyyy) 🔃	J.S. Social Secur	ity Number 🗓	Employ	ee's E-mail Addr	ess 💯	E	mployee's T	elephone Number 🕦
2. A nonctizen national of th     3. A lawful permanent reside				Number): 🕑				
4. An allen authorized to wo								
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Allens authorized to work must An Allen Registration Number							Dok	of Wife in This Space
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Form I-94 Admission Number     OR	ar.®				_			
3. Foreign Passport Number:	9							
Country of Issuance:								
Signature of Employee 💯					Today's Date	(mm/dd	(ציניני	
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and blome (Frank), blomet (B)				Fort No.		71		

Employer Completes Next Page

Form 1-9 11/14/2016 N Page 1 of 4

Click to Finish

City or Town U

Address (Street Number and Name) U

State 🕐 ZIP Code 🖤

Section 2. Employer or Authorized Representative Review and Verification Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "List." First Name (Given Name) Employee Info from Section 1 Employment Authorization Identify and Employment Authorization Document Title []] Document Title 19 Document Title (\*) Issuing Authority Issuing Authority() Issuing Authority Document Number Document Number Document Number Expiration Date (If anyl/mm/dd/yyyyl) Expiration Date (If any)/mm/dd/yyyyl Expiration Date (if any)(mm/dd/yyyy) Document Title 10 QR Code - Sections 2 & 3 Do Not Wite in This Space Additional Information Issuing Authority [3] Document Number Expiration Date (If any) (mm/big/yyyy) Document Title U Issuing Authority Document Number Expiration Date (if any)/mm/dd/yyyyl Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States. The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions) Stonature of Employer or Authorized Representative 33 Today's Date/mm/dd/yyyy) 🕕 Title of Employer or Authorized Representative 🕕 Last Name of Employer or Authorized Representative 📳 First Name of Employer or Authorized Representative 🕒 Employer's Business or Organization Name 🖟 Employer's Business or Organization Address (Street Number and Name) (II) City or Town (II) State [7] ZIP Code [7] Last Name (Family Name) First Name (Given Name) Employee Name from Section 1: Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (l'applicable) B. Date of Rehire (# applicable) Last Name (Family Name) First Name (Given Name) 131 Middle Initial [7] Date (mm/dd/yyyy) [7] C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. Document Number Expiration Date (If any) (mm/dd/yyyy) 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 precented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. Signature of Employer or Authorized Representative 🕦 Today's Date (mm/tid/yyyy) 🕦 Name of Employer or Authorized Representative 🖰 Click to Finish

# Form I-9 Increased Fines and Penalties



### Fines Increased on August 1, 2016

Type of Violation	Previous Max Penalty	New Max Penalty
Knowingly hiring or employing unauthorized aliens – first offense (per individual)	\$3,200	\$4,313
I-9 Paperwork errors (per individual)	\$1,100	\$2,156
Unlawful discrimination against an employment-authorized individual – first offense (per individual)	\$3,200	\$3,563

### **No-Match Letters**



 Issued by SSA to notify employers when employee W-2 information does not match its

records.

We are writing to you about your Wage and Tax Statement (W-2) or Corrected Wage and Tax Statement (W-2c) for the employee shown below. Please complete the information on the back of this letter and return it to us promptly. We cannot put these earnings on the employee's Social Security record until the name and Social Security number you reported agree with our records.

Example:

Employee's Name:	
ocial Security Number:	
Reported Earnings:	
Tax Year:	

The reasons the reported information does not agree with our records may include, but are not limited to:

- Typographical errors
- · Incomplete or blank name reported
- Incomplete or blank Social Security number (SSN) reported
- Name changes

This letter does not imply that you or your employee intentionally provided incorrect information about the employee's name or SSN. It is not a basis, in and of itself, for you to take any adverse action against the employee, such as laying off, suspending, firing, or discriminating against the individual. Any employer that uses the information in this letter to justify taking adverse action against an employee may violate state or Federal law and be subject to legal consequences. Moreover, this letter makes no statement about your employee's immigration status.

# Practical Pointers – New Confessed Identity Scenario



 Employee "Carlos" changed his name to "Juan" and acquired work authorization after originally producing fraudulent Form I-9 documents.

## Practical Pointers – Innocent Bystander & Victim of Identity Theft



- Employee uses John Doe's SSN on work documents. Employer finds out from John Doe that Employee has been using his SSN and has prevented him from receiving his food stamps.
- What employers should do.



# **Immigration**

# New Administration's Potential Effect on Immigration



- Pledged to end President Obama's executive actions on DACA and DAPA
- Pledged to triple number of Immigration and Customs Enforcement (ICE) agents
- Called for mandatory E-Verify
- Called for changes to H-1B visas
- Travel Ban & 9th Circuit decision in Washington v. Trump
- We have already seen a huge increase in detainments and deportations

# MY SOCIAL SECURITY # IS 457-55-5462

#### I'm Todd Davis, CEO of LifeLock,

and this really is my social security number.\* I give it just to prove how safe your identity can be with LifeLock. All of us, no matter how careful, can become victims of identity theft. In fact, every three seconds another identity is stolen.

Do you ever worry about identity theft? If so, it's time you got to know LifeLock. We work to stop identity theft <u>before</u> it happens. We're so confident, we back our clients with a \$1 million dollar guarantee. If for any reason you fall victim to identity theft, we will spend up to \$1 million to hire the finest professionals to repair the damage and restore your good name. Period.

Security, peace of mind, protection – that's what LifeLock provides, along with the added bonus of reduced junk mail and pre-approved credit card offers. Normally it's just \$10 a month, but now you can try us free for 30 days. Protect yourself, your family and all you've worked for. Guarantee your good name today.

LifeLock
Guarantee Your Good Name

#### Here's what LifeLock offers you:

- Proactive Identity Theft Protection
- \$1 Million Protection Guarantee
   Full details available on our website
- Reduction of Unsolicited Mail
- Reduction of Credit Card Offers
- Free Annual Credit Reports
   We order your annual free credit report for you

#### **FREE TRIAL**

Use promo code ADVO1 to take advantage of this offer.

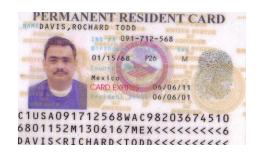
#### LifeLock.com • 877 LIFELOCK (543-3562)

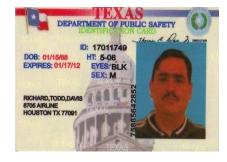
- No payment, no obligation for 30 days.
- · After 30 days your credit card will be automatically billed.
- You can cancel at any time without penalty.

LifeLock.com 877 LIFELOCK (543-3562)













Buy fake and real passports,id cards,driver license online purchase registered and unregistered passport of all countries.visas,biometric passport,degrees,drivers license,l.D cards. Training certificates M GCSE, A-levels, High School Diploma Certificates, GMAT, MCAT, and Certificates, novelty Birth, Marriage, and Death Certificates, Novelty Passports and New Identity Packages, Replicated, False Degrees/Diplomas from most post-secondary institutions from around the world (we have over 3000 templates on file) all designed to look 100% identical to the original.Custom Printing. We use high quality equipment and materials to produce authentic and counterfeit documents. All secret features of real passports are carefully duplicated for our Registered and unregistered documents. Read More



# DOL Wage & Hour Update

# State of Nevada v. U.S. Dept. of Labor – Overtime Rule Blocked



- DOL issued a proposed rule that required exempt employees to be paid \$913/week; highly compensated employee be paid a base salary of \$134,004; and an automatic periodic adjustment to both of these
- DOL estimated 4.2 million employees would be affected by the change
- 21 states filed suit against DOL seeking declaratory relief and an injunction that would block the revisions to FLSA
- On November 22, 2016, the U.S. District Court of Eastern District of Texas enjoined the Department of Labor from implementing and enforcing the proposed rule

## Fight for \$15



• The "Fight for 15" is a nationwide movement to increase the minimum wage to \$15/hour.



# **Class Action Waivers**



- The U.S. Supreme Court to decide whether class action waivers in employment arbitration agreements violate the NLRA
  - NLRB v. Murphy Oil USA, Inc., Epic Systems Corp. v. Lewis, and Ernst & Young LLP v. Morris





## **Obamacare**

## Sample of a Marketplace Notice



Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES 465 INDUSTRIAL ROULEVARD LONDON, KENTUCKY 40750-0001

June 21, 2016

B8373-5L P-0011 T-0646 00138423 1 AB 399

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Dear Benefits Manager:

The person listed below submitted an application for health coverage through the Health Insurance Marketplace in Texas and indicated that he or she is an employee of at the address shown above.

This person reported that he or she:

- didn't have an offer of health care coverage from
- · did have an offer of health care coverage, but it wasn't affordable or didn't provide minimum value; or
- · was in a waiting period and unable to enroll in health care coverage.

The employee has been determined eligible for advance payments of the premium tax credit (APTC) or costsharing reductions (CSRs) for at least one month during 2016 to help pay for Marketplace coverage and has enrolled in coverage through the Marketplace.

Employee Name	Birthday	Last 4 digits of Social Security	Marketplace
Employee Name	виспаву	Number (if available)	Application ID

#### Why am I getting this notice?

This notice informs you that your employee was found eligible for APTC or CSRs and that, if various conditions are met, you may have to pay an employer shared responsibility payment to the Internal Revenue Service (IRS) in the future. It also notifies you of your opportunity to appeal this eligibility determination,

Certain employers (those with at least 50 full-time employees or full-time equivalent employees, called applicable large employers) might have to pay an employer shared responsibility payment for any month that at least one full-time employee enrolled in Marketplace coverage and receives APTC or CSRs.

If IHOP is an applicable large employer, at least one of its employees received APTC or CSRs for at least one month during 2016, and it meets other Internal Revenue Service (IRS) criteria, the IRS may determine that it must pay an employer shared responsibility payment.

may have to pay an employer shared responsibility payment. Important: This is only a notification that Only the IRS, not the Marketplace, can determine whether this employer will owe an employer shared responsibility payment.

#### What can I do next?

To learn more, you can visit IRS.gov/aca or contact the IRS at 800-829-4933 Monday - Friday, 7 a.m. - 7 p.m. your local time (Alaska & Hawaii follow Pacific Time).

You may file an appeal to the Marketplace if you believe there's been a mistake regarding the employee's eligibility for APTC or CSRs. If you believe your employee was incorrectly determined eligible for APTC or CSRs because you offered the employee affordable, minimum value health coverage, filing an appeal could help reduce the employee's potential tax liability. Filing an appeal could also eliminate reports from the Marketplace to the IRS that your employee received APTC or CSRs following an appeal decision in your favor. However, filing an appeal won't necessarily affect whether you have to pay an employer shared responsibility payment to the IRS, because the IRS will determine independently whether you have to pay.

If you appeal, the Marketplace will consider evidence provided by both you and your employee to determine if the employee is eligible for APTC or CSRs.

Remember, it's a violation of the Fair Labor Standards Act to discriminate against any employee because he or she received APTC or CSRs.

#### What are my appeal rights?

You have 90 days from the date of this notice to request an appeal from the Marketplace. For more information about the employer appeal process and to download the employer appeal request form, visit HealthCare.gov/marketplace-appeals/employer-appeals and mail the completed form to:

> Health Insurance Marketplace 465 Industrial Blvd. London, KY 40750-0061

You may also fax the form through this secure fax line: 1-877-369-0129.

You must include a copy of this notice with your appeal request.

#### Where can I find more information?

For more information about the employer shared responsibility provisions, visit www.irs.gov/aca.

# Obamacare Under the New Administration



- Repealing and replacing
   Obamacare has been an identified priority under the new administration
- Appointment of Obamacare critic, Tom Price as head of Department of Health and Human Services also indicates it may be repealed and replaced





# Unemployment Claims

## Avoiding a Claim for Unemployment



- Think before you terminate! Just because an employee is atwill does not mean their termination will not cost you
- Create and follow clear employee discipline procedures and keep records
- When misconduct occurs, take timely statements from other employees who witnessed it
- Take employee complaints seriously