

## LISTS OF ACCEPTABLE DOCUMENTS

| <b>LIST A</b><br><b>Documents that Establish Both<br/>Identity and Employment<br/>Eligibility</b>                                                                                                                                                            | <b>LIST B</b><br><b>Documents that Establish<br/>Identity</b>                                                                                                                                                    | <b>LIST C</b><br><b>Documents that Establish<br/>Employment Eligibility</b>                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                              | <b>OR</b>                                                                                                                                                                                                        | <b>AND</b>                                                                                                                                                               |
| 1. U.S. Passport (unexpired or expired)                                                                                                                                                                                                                      | 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. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>                              |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)                                                                                                                                                                                   | 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 <i>(Form FS-545 or Form DS-1350)</i>                                                                  |
| 3. An unexpired foreign passport with a temporary I-551 stamp                                                                                                                                                                                                | 3. School ID card with a photograph                                                                                                                                                                              | 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal |
| 4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>                                                                                                                                      | 4. Voter's registration card                                                                                                                                                                                     | 4. Native American tribal document                                                                                                                                       |
| 5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer | 5. U.S. Military card or draft record                                                                                                                                                                            | 5. U.S. Citizen ID Card <i>(Form I-197)</i>                                                                                                                              |
|                                                                                                                                                                                                                                                              | 6. Military dependent's ID card                                                                                                                                                                                  | 6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>                                                                                          |
|                                                                                                                                                                                                                                                              | 7. U.S. Coast Guard Merchant Mariner Card                                                                                                                                                                        | 7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>                                                               |
|                                                                                                                                                                                                                                                              | 8. Native American tribal document                                                                                                                                                                               |                                                                                                                                                                          |
| 9. Driver's license issued by a Canadian government authority                                                                                                                                                                                                | <b>For persons under age 18 who are unable to present a document listed above:</b>                                                                                                                               |                                                                                                                                                                          |
|                                                                                                                                                                                                                                                              | 10. School record or report card                                                                                                                                                                                 |                                                                                                                                                                          |
|                                                                                                                                                                                                                                                              | 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)**

|                                                                                                                                         |                                                  |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------|
|  <b>HYUNDAI</b><br>Hyundai Motor Manufacturing Alabama | <b>TEAM MEMBER<br/>CONFIDENTIALITY AGREEMENT</b> | HR-AL-LG-F-00045   |
| Revision Date: 21-May-12                                                                                                                | Owner: Legal                                     | Revision Level: 03 |

In consideration of my employment or continued employment with Hyundai Motor Manufacturing Alabama, LLC (“HMMA”), I, the undersigned, agree to the terms set forth in this Confidentiality Agreement (the “Agreement”).

1. I understand and acknowledge that the automotive business is extremely competitive and that there are many aspects of HMMA’s business that are confidential and proprietary, and that I must take all necessary steps to protect HMMA’s interests in, and maintain the confidentiality of, any such Confidential Information, as defined below. I understand that my obligation to keep confidential the Confidential Information exists during my employment and after I am no longer employed by HMMA.
  
2. For purposes of this Agreement, Confidential Information is any HMMA information that is not generally known by the public. I agree that HMMA’s Confidential Information specifically includes, without limitation, written, verbal or electronic information concerning HMMA’s products, services, customers, pricing, marketing, costs, business affairs, selling techniques, business agreements, customer agreements, operations, manufacturing techniques and processes, accounting procedures, financial information, inventions or engineering analyses, photographs, tests requests, test data and/or test reports that relate to Hyundai vehicles, parts and/or accessories, personnel records; and any other similar information of any kind, nature or description, including trade secrets, in any form (the “Confidential Information”). Confidential Information relevant to Hyundai vehicles, parts and/or accessories includes, but is not limited to, product design changes or improvement information (including changes performed by vendors), service history information, product quality analyses, quality information, warranty data, goodwill data, customer complaints, customer inquiries, repurchases or trades, evaluations, development, quality audits, stop sales, recalls, service campaigns, future model plans and competitive comparisons. I agree that all such Confidential Information is and shall remain the sole and exclusive property of HMMA.
  
3. I agree not to discuss, disclose and/or communicate, either directly or indirectly, any Confidential Information to any other person or business entity except as necessary to perform my job for HMMA or as required by law.
  
4. I will not at any time during my employment, or at any time thereafter, modify, reverse engineer, or disassemble the Confidential Information in any manner, or remove from HMMA’s premises any Confidential Information in whatever form, without the prior express written authorization of HMMA’s General Counsel or Head of Department/Senior Manager of Human Resources. Any Confidential Information removed from HMMA property will be promptly returned.
  
5. I will take all reasonable precautions to safeguard any Confidential Information that I receive.

|                                                                                                                                         |                                                   |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------|
|  <b>HYUNDAI</b><br>Hyundai Motor Manufacturing Alabama | <b>TEAM MEMBER<br/> CONFIDENTIALITY AGREEMENT</b> | HR-AL-LG-F-00045   |
| Revision Date: 21-May-12                                                                                                                | Owner: Legal                                      | Revision Level: 03 |

6. If, by virtue of my position, I have access to any Confidential Information relating to any Team Member of HMMA, including sensitive personal information or medical information, I will keep such information strictly confidential and will not disclose such Confidential Information to any unauthorized persons.
  
7. I agree that I will not intentionally access any Confidential Information which I have not been authorized to access and that if I inadvertently access such information I will keep it confidential.
  
8. I agree that upon termination of my employment with HMMA for any reason, I will immediately return to HMMA any and all Confidential Information (including all copies) which is in my possession or control, or which I compile while at HMMA. I will not retain any copies, including but not limited to any electronic copies, of any Confidential Information.
  
9. I understand that any violation of this Agreement may subject me to corrective action, up to and including termination. Any of my obligations under this Agreement will be specifically enforceable in addition to and not in limitation of any other remedies, including money damages, at law or in equity.
  
10. I understand and agree that the obligations set forth in this Agreement survive the termination of this Agreement and/or my services at HMMA. I agree that this Agreement shall be governed by the laws of the State of Alabama and that the venue and jurisdiction for all disputes arising under this Agreement are proper only in the Federal or State Courts located in Montgomery County, Alabama, and I hereby consent to and agree not to challenge the jurisdiction of such courts.
  
11. I understand that this Agreement will not be interpreted by HMMA to restrict or interfere with any federal or state labor law rights such as under the National Labor Relations Act, any applicable rights under the First Amendment to the United States Constitution or equivalent state law rights, or any whistleblower protections under federal or state law.


TEAM MEMBER:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Team Member Number

|                                                                                   |                                               |                    |
|-----------------------------------------------------------------------------------|-----------------------------------------------|--------------------|
|  | <b>Grant of License and Release Of Claims</b> | HR-AL-LG-F-00079   |
| Revision Date: 21-May-12                                                          | Owner: Legal Department HOD                   | Revision Level: 00 |

I acknowledge that while employed with HMMA, I may, either individually or in a group setting, be photographed, filmed, recorded or videotaped from time to time, and I voluntarily agree to be photographed, filmed, recorded and/or videotaped. I fully understand and agree that such photographs, films, recordings or videotapes may be freely used for public display in any form of media for the purpose of furthering the business interests of Hyundai Motor Manufacturing Alabama, LLC, Hyundai Motor America, Inc., and/or Hyundai Motor Company through advertising, publicity, trade, or any lawful purpose whatsoever. I further acknowledge and agree that I shall not be entitled to, nor shall I demand, compensation for such use or the right to approve or examine the use of such photographs, films, recordings, or videotapes.

By signing below, I hereby grant to Hyundai Motor Manufacturing Alabama, LLC, Hyundai Motor America, Inc., and Hyundai Motor Company, and their respective subsidiaries and affiliated companies, associate agencies, successors, and assigns, and to such other persons as they may designate from time to time (collectively the “Company”), an unconditional, perpetual, royalty free license giving them the absolute right and permission to use my name, image, voice and/or likeness in such photographs, film, recordings, videotape, or other medium for the purposes set forth above, and to modify or edit such photographs, films, recordings, video tapes or other materials, including my name, image, voice or likeness without any entitlement to compensation for such use, modification or editing and without the right to approve or examine the use of such photographs, films, recordings or videotapes. This right shall include the right to incorporate such photographs, films, recordings, video tapes and other materials into other documents or materials. This license shall be of unlimited duration and shall survive the cessation of my employment with HMMA.

I acknowledge and agree that, unless otherwise instructed, I should not intentionally place any products or services into such photographs, films, recordings or video tapes.

In consideration for allowing me to participate in any photo, film, recording or video shoot, I, for myself, my heirs, executors, administrators, and assigns, and all those who might claim through me, hereby release and discharge the Company and its/their officers, employees, agents, and representatives, from any and all claims, demands, damages, loss, expenses, and liability (specifically including but not limited to claims for compensation, royalties, or fees for use of my name, image, voice or likeness), whether known or unknown or presently existing, formerly existing, and which may hereafter arise, as a direct or indirect result of the use of my name, image, voice or likeness.

TEAM MEMBER:

\_\_\_\_\_

Signature

\_\_\_\_\_


Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Team Member Number

|                                                                                  |                                           |                    |
|----------------------------------------------------------------------------------|-------------------------------------------|--------------------|
|  | <b>Team Member Work Product Agreement</b> | HR-AL-LG-F-00078   |
| Revision Date: 21-May-12                                                         | Owner: Legal Department HOD               | Revision Level: 00 |

In consideration of my employment or continued employment with Hyundai Motor Manufacturing Alabama, LLC (“HMMA”), I, the undersigned, agree to the terms set forth in this Work Product Agreement (the “Agreement”).

**1. Team Member Works.**

1.1 I agree that all works of authorship, inventions, discoveries and work product, whether or not patentable, and in whatever form, which I create, make, or develop in the course of my employment with HMMA and which relate in any way to the current or future business of HMMA ("My Works"), including the work itself, all media in which My Works are rendered or embodied, and all proprietary rights therein, including, but not limited to, all copyrights, patent rights, trade secrets, or other intellectual property rights created by or arising in me shall belong exclusively to HMMA. I agree that, to the extent possible, My Works are "works made for hire" for HMMA, as such term is defined in 17 U.S.C. § 101 *et. seq.*, and that all copyrights in My Works shall be, and are, owned solely, completely, and exclusively by HMMA. If for any reason My Works do not constitute a "work made for hire" or all rights in and to My Works are not assigned to HMMA as a result of them being a "work made for hire," I hereby assign, without further consideration, to HMMA, its successors, and assigns, all of my right, title, and interest in and to My Works. I agree to take all actions that may be required to assist HMMA in perfecting or recording this assignment, including, but not limited to executing all documents required to file and assign a patent application to HMMA.

1.2 I agree that I will not submit to HMMA or use in the performance of my duties for HMMA any ideas, information, documentation, or other material that will violate any copyright or trademark or infringe any proprietary rights of any third party.

1.3 I agree (a) that all My Works will be my original work; (b) that I, or I in conjunction with other HMMA Team Members, am/are the sole author(s) of My Works, and that I, or I along with other HMMA Team Members, have full power to grant the rights hereby conveyed to HMMA in this Agreement; (c) that My Works do not and will not contain any matter which is libelous or otherwise unlawful, or which infringe any right of privacy, proprietary right, copyright (whether statutory or common law) or other intellectual property right of any third party; and (d) that I have not and will not hereafter enter into any agreement or understanding with any person, firm or corporation other than HMMA for the rights in My Works.

**2. Return of My Works.** I agree that upon HMMA’s request or upon the termination of my employment with HMMA for whatever reason and irrespective of whether my termination is voluntary on my part, I will deliver to HMMA all of My Works (including all tangible embodiments thereof), as well as all property belonging to HMMA, which are in my custody, possession, or control.

**3. Corrective Action.** I understand that any violation of this Agreement may subject me to corrective action, up to and including termination. Any of my obligations under this Agreement will be specifically enforceable in addition to and not in limitation of any other remedies, including money damages, at law or in equity.

**4. No Contract for Duration of Employment.** I understand and agree that nothing in this Agreement creates any certain term regarding duration of employment.

**5. Governing Law.** I understand and agree that the obligations set forth in this Agreement survive the termination of this Agreement and/or my employment at HMMA. I agree that this Agreement shall be governed by the laws of the State of Alabama and that the venue and jurisdiction for all disputes arising under this Agreement are proper only in the Federal or State Courts located in Montgomery County, Alabama, and I hereby consent to and agree not to challenge the jurisdiction of such courts.


TEAM MEMBER:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Team Member Number

|                                                                                                                                         |                                                                        |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------|
|  <b>HYUNDAI</b><br>Hyundai Motor Manufacturing Alabama | <b>AFFIRMATIVE ACTION/EQUAL EMPLOYMENT<br/> OPPORTUNITY DATA SHEET</b> | HR-AL-HR-EMP-F-00067 |
| Revision Date: 09-Jun-09                                                                                                                | Owner: HR, HOD                                                         | Revision Level: 06   |

*In compliance with Federal Equal Employment Opportunity laws, Hyundai Motor Manufacturing Alabama, LLC is required to collect and report data on all applicants/employees. The responses given will be held confidential and separate from the submitted employment application. You are not required to complete this form: however, we would appreciate your answers to the following:*

**Please Type or Print Clearly in Ink**

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title of Position Applied For/Date \_\_\_\_\_

Age 40 or older? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Female \_\_\_\_ Male

**ETHNIC CATEGORY: Place a check beside the one racial or ethnic group with which you identify:**

- \_\_\_\_ **American Indian or Alaskan Native** A person having origins in any of the original peoples of North/South America (including Central America) and who maintain tribal affiliation or community attachment.
- \_\_\_\_ **Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- \_\_\_\_ **Native Hawaiian or other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- \_\_\_\_ **Black or African American** A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African American or Negro," or provide written entries such as African American, Afro American, Kenyan, Nigerian, or Haitian
- \_\_\_\_ **Hispanic or Latino** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture, regardless of race.
- \_\_\_\_ **White** (not of Hispanic origin) All persons having origins in any of the people of Europe, North Africa, and the Middle East.
- \_\_\_\_ **2 or more races** People who chose to provide two or more races either by checking two or more race response check boxes, by providing multiple write-in responses, or by some combination of check boxes and write-in responses. Specify \_\_\_\_\_

**If you wish to identify yourself as a person with disabilities, a veteran with disabilities or a Vietnam era veteran, please check the appropriate spaces below.**

- \_\_\_\_ **A Qualified Disabled Individual** who (1) has a physical or mental impairment which substantially limits one or more of the person's major life activities, or (2) has a record of such impairment or (3) is regarded as having such impairment and (4) is qualified to perform a particular job with reasonable accommodation to his/her disability.
- \_\_\_\_ **A Qualified Disabled Veteran** (1) a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more or (2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and (3) is qualified to perform a particular job with reasonable accommodations to his/her disability.
- \_\_\_\_ **A Vietnam Era Veteran** a person who actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge?

How did you learn of the position(s) applied for? \_\_\_\_\_

Date of Hire: \_\_\_\_\_

|                                                                                                  |                                                     |                         |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------|
|  <b>HYUNDAI</b> | <b>Network &amp; Computer System Access Request</b> | <b>HR-AL-IT-IN-F-01</b> |
| Hyundai Motor Manufacturing Alabama<br>Revision Date: 20120521                                   | Owner: Network Operations Manager                   | Revision Level: 07      |

Incomplete forms will not be processed. Please print legibly using black ink. The HMMA Network and Computer System User Agreement must be signed and attached to this Request. Forms must be completed in the order indicated by the numbers.

**1. Requester Data** *(The user's department must create a Helpdesk incident at <http://helpdesk> if a computer is needed.)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Work Phone: (334) \_\_\_\_\_ Company Name: \_\_\_\_\_

- If you are a non-Team Member, what HMMA Department are you supporting? \_\_\_\_\_
- If you are a non-Team Member, your computer must be inspected by the IT Helpdesk prior to use at HMMA.

**2. HoD Approval** *(HoD Approval is required for positions below Group Leader, or for non-Team Members.)*

HoD Name: \_\_\_\_\_

HoD Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_

This person is approved for the following:  None  Internet Access  Email Account

R: Drive (specify folder and Permissions) \_\_\_\_\_

**3. HR Approval** *(Team Member accounts cannot be created without a regular Team Member ID.)*

Team Member ID: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Account Expires on: \_\_\_\_\_

Job Title: \_\_\_\_\_


.....  
HR Payroll/HRIS/Comp Manager Name: \_\_\_\_\_

HR Payroll/HRIS/Comp Manager Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_

**4. IT Department**

User ID: \_\_\_\_\_ E-Mail ID: \_\_\_\_\_@hmmausa.com

Completed by: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

|                                                                                                  |                                                     |                         |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------|
|  <b>HYUNDAI</b> | <b>Network &amp; Computer System Access Request</b> | <b>HR-AL-IT-IN-F-01</b> |
| Hyundai Motor Manufacturing Alabama<br>Revision Date: 20120521                                   | Owner: Network Operations Manager                   | Revision Level: 07      |

Name: \_\_\_\_\_ (please print) Team Member ID: \_\_\_\_\_

**Note:** All Hyundai Motor Manufacturing Alabama, LLC (“HMMA”) Team Members, vendors, visitors and contractors must read and sign this Agreement prior to accessing the HMMA network and computer system (“HMMA network”). Initials after each statement indicate the user named above has read and agreed to abide by the obligations stated herein.

| Obligations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Initials |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. I understand that User ID’s and passwords are for official HMMA business use only and will be protected as such. <b>I will NOT compromise or share my User ID or password with any other individual or entity.</b> I accept full responsibility for all actions taken under my assigned User ID.                                                                                                                                                                                                                                                                                                                                            |          |
| 2. I understand that a password protected screen saver is mandatory for all HMMA computer systems. I understand removal or modification of the screensaver is prohibited. Desktop backgrounds may only be the standard background provided by HMMA or a family picture.                                                                                                                                                                                                                                                                                                                                                                        |          |
| 3. To help prevent unauthorized attempts to circumvent the security mechanisms of the HMMA network, I agree that all passwords that I create will be a minimum of 8 characters in length and will be comprised of upper and lower case letters, numbers and special characters. In addition, words found in any dictionary, in any language, will not be used as my password, nor will proper names.                                                                                                                                                                                                                                           |          |
| 4. The HMMA network belongs to HMMA and may be used only for official HMMA business purposes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |
| 5. I agree not to operate any game software on the HMMA network, including those preinstalled with the operating system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |
| 6. I understand that the initiation, transmission, or forwarding of such things as chain letters or other non-business related materials via e-mail is prohibited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| 7. I understand that I am prohibited from maintaining pornographic material or visiting sites that maintain and/or distribute pornographic material.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
| 8. I understand that sending, viewing, storing, processing, or displaying obscene material (e.g., pornography) or offensive material (e.g., hate literature) is prohibited. I understand HMMA will immediately report to law enforcement officials any child pornography found on the HMMA network or other illegal material.                                                                                                                                                                                                                                                                                                                  |          |
| 9. I understand that engaging in any illegal, fraudulent, or malicious activities on the HMMA network is prohibited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
| 10. I understand that the prohibition on non-business related use of the HMMA network includes a prohibition on all communications intended to promote my personal financial gain, including chain letters, advertisement of a personal business or the sale of personal items.                                                                                                                                                                                                                                                                                                                                                                |          |
| 11. I understand that I am prohibited from using the HMMA network to annoy, harass, or defame another person. Examples include using lewd, offensive or defamatory language.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| 12. I will not allow or permit any unauthorized individuals to access the HMMA network. This includes, but, is not limited to; allowing unauthorized individuals to add software/hardware or do any maintenance on any system.                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| 13. I understand that access to the HMMA network is subject to having all activities monitored and recorded without further notice. Any individual who uses the HMMA network expressly consents to such monitoring and is advised that if this monitoring reveals possible evidence of criminal activity, this evidence may be provided to local, state or federal law enforcement officials for possible punishment/prosecution.                                                                                                                                                                                                              |          |
| 14. I understand that “Freeware” or “Shareware” software, including trial versions offered by vendors, will not be installed on any HMMA owned computer without written authorization from the IT department. It is understood that automated software update features will not be used.                                                                                                                                                                                                                                                                                                                                                       |          |
| <b>15. I understand that I DO NOT have any expectation of privacy in anything that I create, save, store, delete, send, receive, or view on the HMMA network. I specifically understand and acknowledge that HMMA is authorized to retrieve, copy, review, and disseminate any document or file that I draft, compose, create, save, store, delete, send, receive, or view.</b>                                                                                                                                                                                                                                                                |          |
| 16. I agree that personally-owned computers and personally-owned software will not be used on or connected to any component of the HMMA network without the prior written approval of the IT department.                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |
| 17. I understand that any and all information/data stored or accessed on the HMMA network is the sole property of HMMA and shall not be copied, or communicated to unauthorized persons. In addition, communication of HMMA trade secrets to unauthorized individuals is expressly forbidden and may result in termination of employment and/or severe penalties under the Economic Espionage Act of 1996 and the Alabama Trade Secrets Act or other laws. All copies of HMMA materials, whether made with permission or made in violation of this policy, must be immediately returned to HMMA upon termination of employment for any reason. |          |
| 18. I understand that I am prohibited from using the HMMA Network in any manner that violates or infringes upon the intellectual property rights of any person or entity (including specifically, but not limited to, U.S. Copyright law) (e.g., music files, photographs and clip art).                                                                                                                                                                                                                                                                                                                                                       |          |
| 19. I understand that the unauthorized deletion, modification, or destruction of HMMA information or any component of the HMMA computer network can result in civil and criminal prosecution under federal and state laws, including the Computer Fraud and Abuse Act of 1986.                                                                                                                                                                                                                                                                                                                                                                 |          |
| 20. I understand that HMMA reserves the right to change the terms of this Agreement when it becomes necessary, either in whole or in part, with or without notice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |

**I HAVE READ AND UNDERSTAND AND AGREE TO ABIDE BY THE OBLIGATIONS LISTED ABOVE. FAILURE TO ABIDE BY ANY OF THESE OBLIGATIONS MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.**

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Uncontrolled document when printed – Reference only.**

The controlled version of this document is electronically maintained. Printed: 2012-06-14



# 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 [www.irs.gov](http://www.irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://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.)

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |               |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|
| <b>A</b> | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>A</b> | <u>      </u> |
| <b>B</b> | Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>B</b> | <u>      </u> |
| <b>C</b> | Enter "1" for your <b>spouse</b> . 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.) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>C</b> | <u>      </u> |
| <b>D</b> | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b> | <u>      </u> |
| <b>E</b> | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>E</b> | <u>      </u> |
| <b>F</b> | Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .<br>( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>F</b> | <u>      </u> |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children.<br>• 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 . . . . .                                                                                                                                                                                                                                                                                     | <b>G</b> | <u>      </u> |
| <b>H</b> | Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>H</b> | <u>      </u> |
|          | For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> |          |               |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                         | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p> | OMB No. 1545-0074<br><br><div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>                                                                                                                                               |
| 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.<br><b>Note.</b> 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)                                                                                                                                                                                                                                                                                                                                                      | 6 Additional amount, if any, you want withheld from each paycheck                                                                                                                                                                                                                                                 | 5 <u>      </u><br>6 \$ <u>      </u>                                                                                                                                                                                                                 |
| 7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet both conditions, write "Exempt" here . . . . . ▶ |                                                                                                                                                                                                                                                                                                                   | 7 <u>      </u>                                                                                                                                                                                                                                       |
| 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.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                       |
| <b>Employee's signature</b><br>(This form is not valid unless you sign it.) ▶                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                   | <b>Date</b> ▶                                                                                                                                                                                                                                         |
| 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.

|           |                                                                                                                                                                                                                                                 |           |          |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | 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 . . . . . | <b>1</b>  | \$ _____ |
| <b>2</b>  | Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .           | <b>2</b>  | \$ _____ |
| <b>3</b>  | <b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .                                                                                                                                                                      | <b>3</b>  | \$ _____ |
| <b>4</b>  | Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)                                                                                                                                       | <b>4</b>  | \$ _____ |
| <b>5</b>  | <b>Add</b> 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.) . . . . .                                                  | <b>5</b>  | \$ _____ |
| <b>6</b>  | Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .                                                                                                                                                         | <b>6</b>  | \$ _____ |
| <b>7</b>  | <b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .                                                                                                                                                                      | <b>7</b>  | \$ _____ |
| <b>8</b>  | <b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .                                                                                                                                            | <b>8</b>  | _____    |
| <b>9</b>  | Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .                                                                                                                                                       | <b>9</b>  | _____    |
| <b>10</b> | <b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1      | <b>10</b> | _____    |

### 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.

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |          |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b>                                                                                                                                                                                                         | Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )                                                                                                                                                                             | <b>1</b> | _____    |
| <b>2</b>                                                                                                                                                                                                         | Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .                                           | <b>2</b> | _____    |
| <b>3</b>                                                                                                                                                                                                         | If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .                                                                                   | <b>3</b> | _____    |
| <b>Note.</b> If line 1 is <b>less than</b> 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. |                                                                                                                                                                                                                                                                                                       |          |          |
| <b>4</b>                                                                                                                                                                                                         | Enter the number from line 2 of this worksheet . . . . .                                                                                                                                                                                                                                              | <b>4</b> | _____    |
| <b>5</b>                                                                                                                                                                                                         | Enter the number from line 1 of this worksheet . . . . .                                                                                                                                                                                                                                              | <b>5</b> | _____    |
| <b>6</b>                                                                                                                                                                                                         | <b>Subtract</b> line 5 from line 4 . . . . .                                                                                                                                                                                                                                                          | <b>6</b> | _____    |
| <b>7</b>                                                                                                                                                                                                         | Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .                                                                                                                                                                                     | <b>7</b> | \$ _____ |
| <b>8</b>                                                                                                                                                                                                         | <b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .                                                                                                                                                                                | <b>8</b> | \$ _____ |
| <b>9</b>                                                                                                                                                                                                         | 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 . . . . . | <b>9</b> | \$ _____ |

**Table 1**

**Table 2**

| Married Filing Jointly                      |                       | All Others                                  |                       | Married Filing Jointly                       |                       | All Others                                   |                       |
|---------------------------------------------|-----------------------|---------------------------------------------|-----------------------|----------------------------------------------|-----------------------|----------------------------------------------|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$5,000                               | 0                     | \$0 - \$8,000                               | 0                     | \$0 - \$70,000                               | \$570                 | \$0 - \$35,000                               | \$570                 |
| 5,001 - 12,000                              | 1                     | 8,001 - 15,000                              | 1                     | 70,001 - 125,000                             | 950                   | 35,001 - 90,000                              | 950                   |
| 12,001 - 22,000                             | 2                     | 15,001 - 25,000                             | 2                     | 125,001 - 190,000                            | 1,060                 | 90,001 - 170,000                             | 1,060                 |
| 22,001 - 25,000                             | 3                     | 25,001 - 30,000                             | 3                     | 190,001 - 340,000                            | 1,250                 | 170,001 - 375,000                            | 1,250                 |
| 25,001 - 30,000                             | 4                     | 30,001 - 40,000                             | 4                     | 340,001 and over                             | 1,330                 | 375,001 and over                             | 1,330                 |
| 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                    |                                             |                       |                                              |                       |                                              |                       |

**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.

ALABAMA DEPARTMENT OF REVENUE  
**Employee's Withholding Exemption Certificate**

|              |                     |
|--------------|---------------------|
| FULL NAME    | SOCIAL SECURITY NO. |
| HOME ADDRESS | CITY STATE ZIP CODE |

If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim "exempt" from Alabama withholding tax. To claim exempt status, check the block below, sign and date this form and file it with your employer. Employees claiming exempt status are not required to complete Lines 1-6.

See instructions on the back of Form A-4 before checking this box.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. If you claim no personal exemption for yourself, write the figure "0", sign and date the bottom of Form A-4  
(Note: If you claim no personal exemption you cannot claim dependent exemptions on Line 4) .....
  2. IF YOU ARE SINGLE or MARRIED FILING SEPARATELY a \$1,500 personal exemption is allowed.
    - (a) if you are SINGLE and claim personal exemption for yourself (\$1,500) write the letter "S"
    - (b) if you are MARRIED FILING SEPARATELY and claim personal exemption for "yourself only" (\$1,500), write the letters "MS" .....
  3. IF YOU ARE MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
    - (a) if you are MARRIED and claim exemption for both yourself and your spouse (\$3,000), write the letter "M"
    - (b) if you are single with dependents and claim HEAD OF FAMILY exemption (\$3,000), write the letter "H"
    - (c) if you are married and wish to withhold at the higher single rate (\$1,500), write the letter "S" .....
  4. If during the year you will provide more than one-half of the support of persons closely related to you (other than spouse) write the number of such dependents .....
  5. Additional amount, if any, you want deducted each pay period. .... \$
- THIS LINE TO BE COMPLETED BY EMPLOYER:
6. TOTAL EXEMPTIONS (Example: Employee claims "M" on Line 3 and "1" on Line 4. Employer should use column headed M-1 in the Withholding Tables.) .....

|      |        |
|------|--------|
| DATE | SIGNED |
|------|--------|

### **CHANGES IN EXEMPTIONS**

You may file a new certificate at any time if the number of your exemptions INCREASES.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

(a) Your spouse for whom you have been claiming exemption is divorced, legally separated, or claims her or his own exemption on a separate certificate.

(b) The support of a dependent for whom you claimed exemption is taken over by someone else and you no longer expect to furnish more than half of this dependents support for the year.

OTHER DECREASES in exemption, such as the death of a spouse or dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which this occurs.

Any correspondence concerning this form should be sent to the Alabama Department of Revenue, Individual and Corporate Tax Division, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480 or telephone (334) 242-1300 (fax (334) 242-0112).

### **EXCLUSION FROM WITHHOLDING TAX (EXEMPT STATUS)**

This exemption applies only to those individuals who filed an Alabama income tax return for the previous year and who had no tax liability on that return.

"No tax liability last year" means that your previous year's Alabama tax return indi-

cated no tax liability for that taxable year. Therefore, if you had Alabama income tax withheld or paid estimated tax, all of this tax must have been refunded to you. If any portion of the tax paid last year was not refunded, you will not qualify for this exemption from Alabama withholding tax. For example, if your employer withheld \$450 from your Alabama wages during the year and after filing your tax return for that year you received a \$425 refund, you would not be eligible for exempt status.

### **DEPENDENTS**

To qualify as your dependent (Line 4 on other side), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;

Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;

Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;

Your uncle, aunt, nephew, or niece (but only if related by blood).

### **PENALTIES**

Penalties are imposed for willfully supplying false information. If an employee is believed to have claimed too many exemptions, this information should be reported to the Alabama Department of Revenue, Withholding Tax Section.

|                                                                                                                                         |                            |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------|
|  <b>HYUNDAI</b><br>Hyundai Motor Manufacturing Alabama | <b>DIRECT DEPOSIT FORM</b> | HR-AL-HR-PAY-F-00001 |
| Rev Date: 15-Jun-10                                                                                                                     | Owner: Manager, Payroll    | Revision Level: 05   |

**AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL**

I hereby authorize HMMA , LLC to deposit my earnings each payday into the account(s) listed below. This agreement will remain in effect until I give written notice to terminate it or until my employer notifies me that this service has been terminated. In the event my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the erroneous credit.

**IMPORTANT: Please verify Transit Routing # and Account # directly with your bank  
In addition, please attach a voided check to your request.**

**Team Member Information**

Team Member No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Team Member Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 HMMA Work Department: \_\_\_\_\_ Ext or Dept Ext.: \_\_\_\_\_

**Primary Bank -**    **New Hire Acct.**     **Change Acct Info.**     **Effective Date:** \_\_\_\_\_

Bank Name: \_\_\_\_\_  
 Bank Routing No.: \_\_\_\_\_ Account Type:     **Checking**                       **Savings**  
 Account No.: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Additional Bank -**    **Add New Acct.**     **Change Acct Info.**     **Stop Acct.**     **Effective Date:** \_\_\_\_\_

Bank Name: \_\_\_\_\_  
 Bank Routing No.: \_\_\_\_\_ Account Type:     **Checking**                       **Savings**  
 Account No.: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**\*\* For Additional Acct only please indicate      Percentage % \_\_\_\_\_      OR      Dollar Amt \$ \_\_\_\_\_**

**DO NOT** close, cancel, or change your existing bank account without first completing a new Direct Deposit Authorization Agreement or consulting with the HMMA Payroll Department

I have read and understand this form:

\_\_\_\_\_  
*Team Member Signature*
\_\_\_\_\_  
*Date*

**Pay Schedule 2012**

| <b>Pay Period</b> | <b>Working Period</b> |        | <b>Pay Date</b> | <b>Holidays</b>                                     |
|-------------------|-----------------------|--------|-----------------|-----------------------------------------------------|
| <b>1</b>          | 12-Dec                | 25-Dec | <b>3-Jan</b>    |                                                     |
| <b>2</b>          | 26-Dec                | 8-Jan  | <b>17-Jan</b>   | <i>New Year's Day<br/>Jan 2nd</i>                   |
| <b>3</b>          | 9-Jan                 | 22-Jan | <b>31-Jan</b>   | <i>MLK Day- 16th (BH)<br/>Vac/Pers Payout</i>       |
| <b>4</b>          | 23-Jan                | 5-Feb  | <b>14-Feb</b>   | <i>Attendance Inc Payout</i>                        |
| <b>5</b>          | 6-Feb                 | 19-Feb | <b>28-Feb</b>   |                                                     |
| <b>6</b>          | 20-Feb                | 4-Mar  | <b>13-Mar</b>   |                                                     |
| <b>7</b>          | 5-Mar                 | 18-Mar | <b>27-Mar</b>   |                                                     |
| <b>8</b>          | 19-Mar                | 1-Apr  | <b>10-Apr</b>   | <i>Good Friday<br/>April 6th</i>                    |
| <b>9</b>          | 2-Apr                 | 15-Apr | <b>24-Apr</b>   |                                                     |
| <b>10</b>         | 16-Apr                | 29-Apr | <b>8-May</b>    |                                                     |
| <b>11</b>         | 30-Apr                | 13-May | <b>22-May</b>   |                                                     |
| <b>12</b>         | 14-May                | 27-May | <b>5-Jun</b>    |                                                     |
| <b>13</b>         | 28-May                | 10-Jun | <b>19-Jun</b>   | <i>Memorial Day<br/>May 28th</i>                    |
| <b>14</b>         | 11-Jun                | 24-Jun | <b>3-Jul</b>    |                                                     |
| <b>15</b>         | 25-Jun                | 8-Jul  | <b>17-Jul</b>   | <i>July 4th Summer<br/>Shutdown (July 2, 3,5,6)</i> |
| <b>16</b>         | 9-Jul                 | 22-Jul | <b>31-Jul</b>   |                                                     |
| <b>17</b>         | 23-Jul                | 5-Aug  | <b>14-Aug</b>   |                                                     |
| <b>18</b>         | 6-Aug                 | 19-Aug | <b>28-Aug</b>   |                                                     |
| <b>19</b>         | 20-Aug                | 2-Sep  | <b>11-Sep</b>   |                                                     |
| <b>20</b>         | 3-Sep                 | 16-Sep | <b>25-Sep</b>   | <i>Labor Day<br/>Sept 3rd</i>                       |
| <b>21</b>         | 17-Sep                | 30-Sep | <b>9-Oct</b>    |                                                     |
| <b>22</b>         | 1-Oct                 | 14-Oct | <b>23-Oct</b>   |                                                     |
| <b>23</b>         | 15-Oct                | 28-Oct | <b>6-Nov</b>    |                                                     |
| <b>24</b>         | 29-Oct                | 11-Nov | <b>20-Nov</b>   |                                                     |
| <b>25</b>         | 12-Nov                | 25-Nov | <b>4-Dec</b>    | <i>11/22-23-<br/>Thanksgiving Days</i>              |
| <b>26</b>         | 26-Nov                | 9-Dec  | <b>18-Dec</b>   | <i>12/21-29,31st and<br/>2nd Winter Shutdown</i>    |

# 2012 Working Calendar

Regular Working Days: 243

Weekend Days: 105

Working Saturdays: 6

| Month                                                            | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Remarks                                                                               | Month                                                              | Sun   | Mon | Tue | Wed | Thu | Fri | Sat | Remarks                                                                                       |
|------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------|-----|-----|-----|-----|-----|-----|-----------------------------------------------------------------------------------------------|
| <b>Jan.</b><br><b>1</b><br>Req. WD: 20<br>Sat OT: 0<br>WK end: 9 | 1   | 2   | 3   | 4   | 5   | 6   | 7   | New Years Day (2)<br>Shift Rotation (3)<br>1/21 - Saturday production<br>MLK Day (16) | <b>July</b><br><b>7</b><br>Req. WD: 17<br>Sat OT:<br>WK end: 9     | 1     | 2   | 3   | 4   | 5   | 6   | 7   | Independence Day (4)<br>* Shutdown (2,3,5,6)<br>* Vacation Required<br><br>Shift Rotation (9) |
|                                                                  | 8   | 9   | 10  | 11  | 12  | 13  | 14  |                                                                                       |                                                                    | 8     | 9   | 10  | 11  | 12  | 13  | 14  |                                                                                               |
|                                                                  | 15  | 16  | 17  | 18  | 19  | 20  | 21  |                                                                                       |                                                                    | 15    | 16  | 17  | 18  | 19  | 20  | 21  |                                                                                               |
|                                                                  | 22  | 23  | 24  | 25  | 26  | 27  | 28  |                                                                                       |                                                                    | 22    | 23  | 24  | 25  | 26  | 27  | 28  |                                                                                               |
|                                                                  | 29  | 30  | 31  |     |     |     |     |                                                                                       |                                                                    | 29    | 30  | 31  |     |     |     |     |                                                                                               |
| <b>Feb.</b><br><b>2</b><br>Req. WD: 21<br>Sat OT: 0<br>WK end: 8 |     |     |     | 1   | 2   | 3   | 4   | Shift Rotation (6)<br><br>2/18 - Saturday production                                  | <b>Aug.</b><br><b>8</b><br>Req. WD: 23<br>Sat OT:<br>WK end: 8     |       |     |     | 1   | 2   | 3   | 4   | Tax Free WKD (3,4,5)<br>8/11 - Saturday production                                            |
|                                                                  | 5   | 6   | 7   | 8   | 9   | 10  | 11  |                                                                                       |                                                                    | 5     | 6   | 7   | 8   | 9   | 10  | 11  |                                                                                               |
|                                                                  | 12  | 13  | 14  | 15  | 16  | 17  | 18  |                                                                                       |                                                                    | 12    | 13  | 14  | 15  | 16  | 17  | 18  |                                                                                               |
|                                                                  | 19  | 20  | 21  | 22  | 23  | 24  | 25  |                                                                                       |                                                                    | 19    | 20  | 21  | 22  | 23  | 24  | 25  |                                                                                               |
|                                                                  | 26  | 27  | 28  | 29  |     |     |     |                                                                                       |                                                                    | 26    | 27  | 28  | 29  | 30  | 31  |     |                                                                                               |
| <b>Mar.</b><br><b>3</b><br>Req. WD: 22<br>Sat OT: 0<br>WK end: 9 |     |     |     |     | 1   | 2   | 3   | Shift Rotation (5)<br><br>Spring Break (26-30)                                        | <b>Sept.</b><br><b>9</b><br>Req. WD: 19<br>Sat OT:<br>WK end: 10   |       |     |     |     |     |     | 1   | Shift Rotation (4)<br>Labor Day (3)                                                           |
|                                                                  | 4   | 5   | 6   | 7   | 8   | 9   | 10  |                                                                                       |                                                                    | 2     | 3   | 4   | 5   | 6   | 7   | 8   |                                                                                               |
|                                                                  | 11  | 12  | 13  | 14  | 15  | 16  | 17  |                                                                                       |                                                                    | 9     | 10  | 11  | 12  | 13  | 14  | 15  |                                                                                               |
|                                                                  | 18  | 19  | 20  | 21  | 22  | 23  | 24  |                                                                                       |                                                                    | 16    | 17  | 18  | 19  | 20  | 21  | 22  |                                                                                               |
|                                                                  | 25  | 26  | 27  | 28  | 29  | 30  | 31  |                                                                                       |                                                                    | 23/30 | 24  | 25  | 26  | 27  | 28  | 29  |                                                                                               |
| <b>Apr.</b><br><b>4</b><br>Req. WD: 20<br>Sat OT: 0<br>WK end: 9 | 1   | 2   | 3   | 4   | 5   | 6   | 7   | Good Friday (6)<br>4/14 - Saturday production                                         | <b>Oct.</b><br><b>10</b><br>Req. WD: 23<br>Sat OT:<br>WK end: 8    |       | 1   | 2   | 3   | 4   | 5   | 6   | 10/13 - Saturday production                                                                   |
|                                                                  | 8   | 9   | 10  | 11  | 12  | 13  | 14  |                                                                                       |                                                                    | 7     | 8   | 9   | 10  | 11  | 12  | 13  |                                                                                               |
|                                                                  | 15  | 16  | 17  | 18  | 19  | 20  | 21  |                                                                                       |                                                                    | 14    | 15  | 16  | 17  | 18  | 19  | 20  |                                                                                               |
|                                                                  | 22  | 23  | 24  | 25  | 26  | 27  | 28  |                                                                                       |                                                                    | 21    | 22  | 23  | 24  | 25  | 26  | 27  |                                                                                               |
|                                                                  | 29  | 30  |     |     |     |     |     |                                                                                       |                                                                    | 28    | 29  | 30  | 31  |     |     |     |                                                                                               |
| <b>May</b><br><b>5</b><br>Req. WD: 22<br>Sat OT: 0<br>WK end: 8  |     |     | 1   | 2   | 3   | 4   | 5   | Mother's Day (6)<br>Shift Rotation (7)<br><br>Memorial Day (28)                       | <b>Nov.</b><br><b>11</b><br>Req. WD: 20<br>Sat OT:<br>WK end: 8    |       |     |     |     | 1   | 2   | 3   | Shift Rotation (5)<br><br>Thanksgiving Day<br>(22,23)                                         |
|                                                                  | 6   | 7   | 8   | 9   | 10  | 11  | 12  |                                                                                       |                                                                    | 4     | 5   | 6   | 7   | 8   | 9   | 10  |                                                                                               |
|                                                                  | 13  | 14  | 15  | 16  | 17  | 18  | 19  |                                                                                       |                                                                    | 11    | 12  | 13  | 14  | 15  | 16  | 17  |                                                                                               |
|                                                                  | 20  | 21  | 22  | 23  | 24  | 25  | 26  |                                                                                       |                                                                    | 18    | 19  | 20  | 21  | 22  | 23  | 24  |                                                                                               |
|                                                                  | 27  | 28  | 29  | 30  | 31  |     |     |                                                                                       |                                                                    | 25    | 26  | 27  | 28  | 29  | 30  |     |                                                                                               |
| <b>June</b><br><b>6</b><br>Req. WD: 21<br>Sat OT:<br>WK end: 9   |     |     |     |     |     | 1   | 2   | Father's Day (17)<br>6/9 - Saturday production                                        | <b>Dec.</b><br><b>12</b><br>Req. WD: 15<br>Sat OT: 0<br>WK end: 10 |       |     |     |     |     |     | 1   | Christmas (25)<br>Holiday Shutdown<br>(24,26,27,28)                                           |
|                                                                  | 3   | 4   | 5   | 6   | 7   | 8   | 9   |                                                                                       |                                                                    | 2     | 3   | 4   | 5   | 6   | 7   | 8   |                                                                                               |
|                                                                  | 10  | 11  | 12  | 13  | 14  | 15  | 16  |                                                                                       |                                                                    | 9     | 10  | 11  | 12  | 13  | 14  | 15  |                                                                                               |
|                                                                  | 17  | 18  | 19  | 20  | 21  | 22  | 23  |                                                                                       |                                                                    | 16    | 17  | 18  | 19  | 20  | 21  | 22  |                                                                                               |
|                                                                  | 24  | 25  | 26  | 27  | 28  | 29  | 30  |                                                                                       |                                                                    | 23    | 24  | 25  | 26  | 27  | 28  | 29  |                                                                                               |

: Holiday

: Shift Rotation

: Non work days

**Saturday  
Production: 6**

**1/21** 6/9  
**2/18** 8/11  
**4/14** 10/13

\* According to the plant condition, this calendar may be changed.

This checklist is designed to guide New Hires through the benefit enrollment process. Please complete all forms prior to orientation. There will be a representative from the Benefits Section available during your orientation to discuss any questions you may have.

The enclosed packet includes the forms listed below. Please review each section before completing your forms. Please complete all forms using **BLUE** or **BLACK** ink. Please print all forms using **UPPERCASE** letters.

### PERSONAL INFORMATION FORM

- Complete the Personal Information Form.**
  - If your permanent address is **DIFFERENT** from your mailing address, list them both.
  - If your permanent address is the **SAME** as your mailing address, list the permanent address and ✓ the box to indicate they are the same.

### MEDICAL AND DENTAL COVERAGE ENROLLMENT APPLICATION

- Complete the Verification of Dependent Relationship Form.**
  - List all eligible dependents, provide social security number and date of birth.
  - Place a ✓ in the box next to each dependents name to indicate their relationship to you.
  - Sign and date form.
- Complete the Blue Cross Blue Shield Enrollment Application.**
  - Complete employee information.
  - List all eligible dependents; provide social security number, date of birth, gender and relationship for each.
  - Indicate nature of application.
    - New Contract Application
    - Date Event Occurred = Your Start Date
  - Read Contract Disclosure to be completed by employee.
    - If you **do not** wish to enroll, darken the circle next to I **waive** my right to benefits.
    - If you wish to enroll, darken the circle next to **I apply for the Group Health Benefits.**
    - Print your name, social security number, sign and date the form.
    - Full-time Employment Date = Your Start Date.

### VISION COVERAGE ENROLLMENT APPLICATION

- Complete the EyeMed Enrollment Application.**
  - Complete employee information.
    - Effective Date = Your Start Date
  - List all eligible dependents; provide social security number, date of birth, gender and relationship for each.
  - Sign and date the form.

**Note:** If you **do not wish to enroll**, place a ✓ next to I **Decline** Optional Vision Coverage.

### 401(k) AUTO ENROLLMENT AGREEMENT

- Complete 401(k) Auto Enrollment Agreement.**
  - **All new hires are automatically enrolled in 401(k) at a 3% contribution rate.**
  - You may opt out or make changes to this arrangement online at anytime.
  - Your login instructions will be mailed to you within 30 days of hire.

### LIFE INSURANCE COVERAGE ELECTIONS and BENEFICIARY DESIGNATIONS

All life insurance elections and beneficiary designations are done online at [www.ielect.com](http://www.ielect.com). You will receive login instructions within 30 days of hire. Please make all elections within 30 days of receiving the letter.

**ALL FORMS ARE TO BE COMPLETED BEFORE NEW HIRE ORIENTATION.**



**INSTRUCTIONS: CHECK THE APPROPRIATE BLOCKS AND COMPLETE THE REQUIRED SECTIONS**  
**PLEASE SIGN THE DOCUMENT AFTER COMPLETION**

### Section 1 - TEAM MEMBER

**\* CHANGES TO THESE FIELDS MUST BE ACCOMPANIED BY COPY OF NEW SOCIAL SECURITY CARD**

|                       |                          |                |
|-----------------------|--------------------------|----------------|
| LAST NAME *           | FIRST NAME *             | MIDDLE INITIAL |
|                       |                          |                |
| TEAM MEMBER NUMBER    | SOCIAL SECURITY NUMBER * | DATE OF HIRE   |
|                       |                          |                |
| HOME TELEPHONE NUMBER | MOBILE NUMBER            | DATE OF BIRTH  |
|                       |                          |                |

PLEASE CHECK IF PERMANENT ADDRESS IS THE SAME AS MAILING ADDRESS

| PERMANENT ADDRESS |  | MAILING ADDRESS |  |
|-------------------|--|-----------------|--|
| STREET            |  | STREET          |  |
| CITY              |  | CITY            |  |
| STATE             |  | STATE           |  |
| ZIP CODE          |  | ZIP CODE        |  |

### Section 2 - SPOUSE SPOUSE DIVORCED/SEPERATED SPOUSE

|               |                  |               |
|---------------|------------------|---------------|
| SPOUSE'S NAME | FORMER LAST NAME | DATE OF BIRTH |
|               |                  |               |

**SPOUSE'S ADDRESS, IF DIFFERENT FROM ABOVE (INCLUDE NUMBER, STREET, CITY, STATE, ZIP CODE)**

|          |  |
|----------|--|
| STREET   |  |
| CITY     |  |
| STATE    |  |
| ZIP CODE |  |

|               |              |                 |
|---------------|--------------|-----------------|
| MARRIAGE DATE | DIVORCE DATE | SEPARATION DATE |
|               |              |                 |

### Section 3 - EMERGENCY CONTACT

|                          |              |                        |
|--------------------------|--------------|------------------------|
| EMERGENCY CONTACT (Name) | RELATIONSHIP | EMERGENCY PHONE NUMBER |
|                          |              |                        |

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

|                        |
|------------------------|
| <b>Office Use Only</b> |
| Inputted by:           |
| Date:                  |

## **NEW HIRE VERIFICATION OF DEPENDENT RELATIONSHIP**

Consistent with Blue Cross and Blue Shield of Alabama's ("BCBS") Health and Dental Benefits Plan Summary of Material Modifications Effective June 1, 2010, only Eligible Dependents are eligible for health insurance coverage through your employment with Hyundai Motor Manufacturing Alabama, LLC ("HMMA"). In order for an individual to be an Eligible Dependent, he/she must be one of the following:

1. Your spouse;
  2. A married or unmarried child up to age 26;
- and,
3. An incapacitated Child who: (a) is not able to support himself/herself; and (b) depends on you for support, if the incapacity occurred before age 26

In order for a Child to be an Eligible Dependent, he/she must be:

1. Your natural child
2. Your stepchild
3. A child legally adopted by you;
4. A child that you have placed for adoption; or
5. A child for whom you have permanent legal custody. To qualify for an Eligible Dependent under this category, the child must be in a parent-child relationship.

A grandchild is only eligible if he or she meets all of the following guidelines: (1) under 26 years of age; (2) unmarried; (3) depends on you for over one-half support; (4) resides in the same household full time with you in a parent-child relationship; and (5) is not employed on a regular full-time basis. If the grandchild is covered under the plan, the grandchild's parent may not be covered by the employee's contract unless the grandchild has been adopted by the grandparents and the parent meets all of the other conditions to be covered as a dependent. A grandchild may continue coverage under the plan up to age 26 if unmarried and depends upon you for over one-half support.

In order to determine whether your spouse or Child is an Eligible Dependent, please complete the following chart and provide supporting documentation:

| LIST ELIGIBLE DEPENDENT'S INFORMATION | RELATIONSHIP OF ELIGIBLE DEPENDENT TO TEAM MEMBER<br>(CHECK ONE OF THE FOLLOWING) |               |            |             |               |                            |                                    |                     |
|---------------------------------------|-----------------------------------------------------------------------------------|---------------|------------|-------------|---------------|----------------------------|------------------------------------|---------------------|
|                                       | Spouse                                                                            | Natural Child | Step-Child | Grand-child | Adopted Child | Placement Pending Adoption | Under Your Permanent Legal Custody | Incapacitated Child |
| Name                                  |                                                                                   |               |            |             |               |                            |                                    |                     |
| SSN                                   |                                                                                   |               |            |             |               |                            |                                    |                     |
| DOB                                   |                                                                                   |               |            |             |               |                            |                                    |                     |
| Name                                  |                                                                                   |               |            |             |               |                            |                                    |                     |
| SSN                                   |                                                                                   |               |            |             |               |                            |                                    |                     |
| DOB                                   |                                                                                   |               |            |             |               |                            |                                    |                     |
| Name                                  |                                                                                   |               |            |             |               |                            |                                    |                     |
| SSN                                   |                                                                                   |               |            |             |               |                            |                                    |                     |
| DOB                                   |                                                                                   |               |            |             |               |                            |                                    |                     |
| Name                                  |                                                                                   |               |            |             |               |                            |                                    |                     |
| SSN                                   |                                                                                   |               |            |             |               |                            |                                    |                     |
| DOB                                   |                                                                                   |               |            |             |               |                            |                                    |                     |
| Name                                  |                                                                                   |               |            |             |               |                            |                                    |                     |
| SSN                                   |                                                                                   |               |            |             |               |                            |                                    |                     |
| DOB                                   |                                                                                   |               |            |             |               |                            |                                    |                     |
| Name                                  |                                                                                   |               |            |             |               |                            |                                    |                     |
| SSN                                   |                                                                                   |               |            |             |               |                            |                                    |                     |
| DOB                                   |                                                                                   |               |            |             |               |                            |                                    |                     |

|                                 |                                     |                                    |
|---------------------------------|-------------------------------------|------------------------------------|
| <b>Is spouse a Team Member?</b> | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
|---------------------------------|-------------------------------------|------------------------------------|

I understand that HMMA may require me to produce documentation to ensure that all Eligible Dependents that I have listed above meet all of the requirements set forth on the previous page. Specifically, I understand that HMMA may require me to produce (if applicable) a marriage certificate, a sworn statement of marital relationship, an adoption certificate/court order, a court order awarding me permanent custody of an Eligible Dependent, a statement from my incapacitated child's physician, and/or verification of enrollment that an Eligible Dependent is a full-time student.

**I REPRESENT THAT THE STATEMENTS ON THIS FORM ARE TRUE AND COMPLETE. I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS ON THIS FORM MAY RESULT IN HMMA TAKING CORRECTIVE ACTION (INCLUDING THE TERMINATION OF MY EMPLOYMENT), DENIAL OF BENEFITS AND/OR TERMINATION OF COVERAGE. I ALSO AGREE TO REPAY HMMA FOR ANY PREMIUM PAYMENTS OR PAYMENTS TO OR BY HEALTHCARE PROVIDERS MADE IN RELIANCE ON ANY FALSE INFORMATION PROVIDED ON THIS FORM (HEREINAFTER COLLECTIVELY REFERRED TO AS "ERRONEOUS PAYMENTS"). I HEREBY GIVE HMMA A LIEN ON MY WAGES FOR ANY ERRONEOUS PAYMENTS AND AUTHORIZE HMMA TO DEDUCT SAID PAYMENTS FROM MY WAGES. IF MY WAGES ARE INSUFFICIENT TO COVER ALL ERRONEOUS PAYMENTS, I SHALL MAKE PAYMENT TO HMMA FOR THE BALANCE OF THE ERRONEOUS PAYMENTS WITHIN THIRTY (30) DAYS OF HMMA NOTIFYING ME TO MAKE PAYMENT. I HEREBY AGREE TO PAY ALL COLLECTION COSTS, CHARGES AND EXPENSES INCURRED BY HMMA FOR COLLECTING ERRONEOUS PAYMENTS, INCLUDING, BUT NOT LIMITED TO, ALL COLLECTION AGENCY FEES, INTEREST AND ATTORNEYS' FEES.**

Team Member's Name (Please Print): \_\_\_\_\_

Team Member's Signature: \_\_\_\_\_

Team Member Number: \_\_\_\_\_

Date: \_\_\_\_\_



**BlueCross BlueShield  
of Alabama**

# APPLICATION FOR ENROLLMENT

The person completing this application should keep the copy labeled “Employee Copy” and carefully read the information on the reverse side regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Women’s Health and Cancer Rights Act Notice.

450 Riverchase Parkway East • P. O. Box 995  
Birmingham, Alabama 35298-0001

An Independent Licensee of the Blue Cross and Blue Shield Association



**LIST ALL DEPENDENTS ELIGIBLE UNDER THIS CONTRACT AND PROVIDE SOCIAL SECURITY NUMBER.**

NOTE: The Social Security Number for the employee and all dependents must be provided in order for this application to be processed.

LAST NAME  
  
 MIDDLE NAME  
  
 SUFFIX (JUNIOR, SENIOR)  
  
 RELATIONSHIP  
 CHILD     OTHER \_\_\_\_\_  
 GENDER  
 MALE     FEMALE

FIRST NAME  
  
 SOCIAL SECURITY NUMBER  
 -  -   
 DATE OF BIRTH (MM/DD/YYYY)  
 /  /

LAST NAME  
  
 MIDDLE NAME  
  
 SUFFIX (JUNIOR, SENIOR)  
  
 RELATIONSHIP  
 CHILD     OTHER \_\_\_\_\_  
 GENDER  
 MALE     FEMALE

FIRST NAME  
  
 SOCIAL SECURITY NUMBER  
 -  -   
 DATE OF BIRTH (MM/DD/YYYY)  
 /  /

If any dependent child above is over the applicable maximum age under your Group Plan and is incapacitated, please contact your Group Administrator to determine if coverage is available and/or obtain additional documents for completion.

STUDENT EXTENSION CERTIFICATION: – If the Group Plan under which you are applying requires student certification, please list any dependent child applying for student extension

NAME OF CHILD \_\_\_\_\_ NAME OF SCHOOL \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_ NAME OF SCHOOL \_\_\_\_\_

**NATURE OF APPLICATION**

- NEW CONTRACT APPLICATION
- CANCEL CONTRACT
  - Medical Coverage
  - Dental Coverage
  - Medical and Dental Coverage
- CHANGE CONTRACT
  - Name Change
  - Address Change
  - Type of Coverage Change
- ADD/REMOVE DEPENDENT
  - Add Spouse
  - Add Dependent Child
  - Remove Spouse
  - Remove Dependent Child
- REMOVE DEPENDENT DUE
  - TO Entered Military Service
  - Divorce
  - Death
  - Request

QUALIFYING EVENT TYPE:  Marriage     Birth/Adoption  
 Loss of Coverage (Attach Certificate of Creditable Coverage)

Other \_\_\_\_\_ DATE EVENT OCCURRED  /  /

**COORDINATION OF BENEFITS INFORMATION**

If you, your spouse, or your dependents are covered by any other group health insurance, please give the following information.

|                                                                                |                                                                                                                     |                           |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------|
| NAME OF CONTRACT HOLDER/DEPENDENT                                              | POLICY, ID, CONTRACT OR CERTIFICATE NUMBER                                                                          | NAME OF INSURANCE COMPANY |
| <input type="text"/>                                                           | <input type="text"/>                                                                                                | <input type="text"/>      |
| TYPE COVERAGE<br><input type="radio"/> INDIVIDUAL <input type="radio"/> FAMILY | EFFECTIVE DATE OF OTHER COVERAGE (MM/DD/YYYY)<br><input type="text"/> / <input type="text"/> / <input type="text"/> |                           |
| EMPLOYER'S NAME                                                                | GROUP NUMBER                                                                                                        |                           |
| <input type="text"/>                                                           | <input type="text"/>                                                                                                |                           |

**TRANSFER COVERAGE**

A transfer of coverage occurs when you want to cancel one Blue Cross and Blue Shield of Alabama contract and enroll in another without a break in coverage. Please note that the transfer cannot occur prior to the date of employment. If you or your spouse are currently covered by a Blue Cross and Blue Shield of Alabama contract and wish to transfer to this group, please complete below.

CURRENT BLUE CROSS AND BLUE SHIELD OF ALABAMA CONTRACT NUMBER



# IMPORTANT DISCLOSURE NOTICE

## Notice of Group Health Plan Special Enrollment Rights

If you are declining enrollment for health plan benefits for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose coverage under Medicaid or a State Children's Health Insurance Plan (SCHIP) because of loss of eligibility for coverage, you may be able to enroll yourself and your dependent in this plan. You may also be able to enroll in this plan if you or your dependent become eligible for premium assistance under Medicaid or SCHIP for coverage under this plan. However, you must request enrollment within 60 days of any such event.

To request special enrollment or obtain more information, contact your employer at the telephone number or address listed for your employer in this enrollment application.

## Notice of Group Health Plan Pre-existing Conditions Exclusion

This group health plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before enrolling in this plan, you might have to wait a certain period of time before this plan will provide coverage for that condition. This exclusion applies only

to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period.

Generally, this six-month period ends the day before the day coverage becomes effective. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption. Effective for plan years beginning on and after October 1, 2010, the pre-existing condition exclusion will not apply to members under age 19.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this pre-existing condition exclusion period by the number of days of your prior "creditable coverage" so long as you have not had a break in coverage of at least 63 days. Most prior health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, U.S. Military, TRICARE, State Children's Health Insurance Program (SCHIP), Federal Employee Program, Peace Corps Service, a state high risk pool, or a public health plan established or maintained by a State, U.S. Government, foreign country or any political subdivision of a State, U.S. Government or foreign country. You may request a certificate of creditable coverage from a prior plan or issuer. There are also other ways that you can show you have creditable coverage.

To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should attach a copy of any certificates of creditable coverage or other documentation you have to this enrollment application. If you do not have a certificate of creditable coverage, but you do have prior health coverage, Blue Cross and Blue Shield of Alabama will help you obtain one from your prior plan or issuer, if necessary.

All questions about pre-existing condition exclusions and creditable coverage should be directed to your employer at the telephone number and address listed for your employer in this enrollment application.

Even if you have no pre-existing conditions, benefits may not be available under other provisions of the plan. For example, the services may be excluded or may require preapproval. Be sure to read your Benefit Booklet for details.

## Women's Health and Cancer Rights Act Notice

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide coverage for mastectomies to also provide coverage for reconstructive surgery and prostheses following mastectomies. A participant or dependent who is receiving benefits in connection with a mastectomy will also receive coverage for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Benefits for this will be subject to the same calendar year deductible and coinsurance provisions that apply to other medical and surgical benefits.





# Enrollment/Change Form

Please complete all sections.  
See instructions below.

Underwritten by Combined Insurance Company of America  
The Certificate of Insurance is on file with your employer. Contact your employer to review a copy of the Certificate.

## EMPLOYER INFORMATION: To be Completed by Employer

|                                |                                         |                       |
|--------------------------------|-----------------------------------------|-----------------------|
| <b>Group Number</b><br>9733478 | <b>Employer Name</b><br>HYUNDAI ALABAMA | <b>Effective Date</b> |
|--------------------------------|-----------------------------------------|-----------------------|

## TEAM MEMBER INFORMATION

A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

|                                                                                               |                                                                        |                        |                                                 |                   |                          |                      |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------|-------------------------------------------------|-------------------|--------------------------|----------------------|
| <input type="checkbox"/> ADD<br><input type="checkbox"/> TERM<br><input type="checkbox"/> CHG | <b>Sex</b><br><input type="checkbox"/> M<br><input type="checkbox"/> F | <b>TEAM MEMBER ID:</b> | <b>Last Name</b><br>(Team Member or subscriber) | <b>First Name</b> | <b>M.I.</b>              | <b>Date of Birth</b> |
| <b>Social Security Number</b>                                                                 | <b>Home Street Address</b>                                             |                        | <b>City/State/Zip</b>                           |                   | <b>Home Phone</b><br>( ) |                      |

## FAMILY INFORMATION (Only those eligible may be enrolled.)

A: Add (enroll) T: Terminate C: Change (change of name)

|                                                                                        |                                                                        |                              |                   |             |                      |                               |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------|-------------------|-------------|----------------------|-------------------------------|
| <input type="checkbox"/> A<br><input type="checkbox"/> T<br><input type="checkbox"/> C | <b>Sex</b><br><input type="checkbox"/> M<br><input type="checkbox"/> F | <b>Last Name (spouse)</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Date of Birth</b> | <b>Social Security Number</b> |
| <input type="checkbox"/> A<br><input type="checkbox"/> T<br><input type="checkbox"/> C | <b>Sex</b><br><input type="checkbox"/> M<br><input type="checkbox"/> F | <b>Last Name (dependent)</b> | <b>First Name</b> | <b>M.I.</b> | <b>Date of Birth</b> | <b>Social Security Number</b> |
| <input type="checkbox"/> A<br><input type="checkbox"/> T<br><input type="checkbox"/> C | <b>Sex</b><br><input type="checkbox"/> M<br><input type="checkbox"/> F | <b>Last Name (dependent)</b> | <b>First Name</b> | <b>M.I.</b> | <b>Date of Birth</b> | <b>Social Security Number</b> |
| <input type="checkbox"/> A<br><input type="checkbox"/> T<br><input type="checkbox"/> C | <b>Sex</b><br><input type="checkbox"/> M<br><input type="checkbox"/> F | <b>Last Name (dependent)</b> | <b>First Name</b> | <b>M.I.</b> | <b>Date of Birth</b> | <b>Social Security Number</b> |
| <input type="checkbox"/> A<br><input type="checkbox"/> T<br><input type="checkbox"/> C | <b>Sex</b><br><input type="checkbox"/> M<br><input type="checkbox"/> F | <b>Last Name (dependent)</b> | <b>First Name</b> | <b>M.I.</b> | <b>Date of Birth</b> | <b>Social Security Number</b> |

I Decline Optional Vision Coverage

**Team Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Instructions:

**Employer name:** Legal name of the employer.

**Group Number:** Provided by EyeMed or EyeMed representative.

**Location code:** Optional field for employers to track multiple locations.


**Effective date:** Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

**Family Information:** List only eligible family members who are enrolling.

Dependent eligibility is the same as employer's health plan.  
**(A) Add:** Open (group) enrollment or new (individual) enrollment during the contract period.

**(T) Terminate:** To terminate enrollment.

**(C) Change:** A change of name, Team Member address or Team Member phone.

|                                                                                                                                         |                                         |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------|
|  <b>HYUNDAI</b><br>Hyundai Motor Manufacturing Alabama | <b>SECTION 125 PLAN ENROLLMENT FORM</b> | HR-AL-HR-BEN-F-00016 |
| Revision Date: 24-Jul-09                                                                                                                | Owner: Assistant Manager, Benefits      | Revision Level: 03   |

**Name:** \_\_\_\_\_ **Team Member No.:** \_\_\_\_\_

### Section 1

Election:

I authorize Hyundai Motor Manufacturing Alabama, LLC to reduce my compensation (make a pre-tax deduction from my paycheck) by the amount which equals the premium coverage I have selected for my healthcare premiums.

Authorization and Agreement:

I understand that I ***cannot change*** or revoke this benefit election or compensation reduction agreement at any time prior to the next open enrollment period, unless I experience a change in status event.

During open enrollment each year, I will be offered the opportunity to change my election for the upcoming Plan Year. If I do not complete and return a new election form at that time, my election will renew each January 1<sup>st</sup> unless I choose otherwise.

The reduction in my cash compensation under this agreement will be in addition to any reductions under other agreements or benefit plans.

\_\_\_\_\_  
Team Member's Signature

\_\_\_\_\_  
Date

*Accepted and agreed to by Hyundai Motor Manufacturing Alabama, LLC.*

\_\_\_\_\_  
Benefits Section Signature

\_\_\_\_\_  
Date

### Section 2

Waiver of Participation

I acknowledge that I have been given the opportunity to become a participant in Hyundai Motor Manufacturing Alabama, LLC healthcare portions of the Section 125 Plan. However, I have chosen **NOT** to participate at this time. By waiving participation, I understand that I will not be eligible to participate in the Plan until the next Plan open enrollment or upon the occurrence of a change in status event, whichever occurs first.

\_\_\_\_\_  
Team Member's Signature

\_\_\_\_\_  
Date

|                                                                                                                                         |                                                |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------|
|  <b>HYUNDAI</b><br>Hyundai Motor Manufacturing Alabama | 401(K) AUTO ENROLLMENT<br>ACKNOWLEDGEMENT FORM | <b>HR-AL-HR-BEN-F-00004</b> |
| Revision Date: 03-May-11                                                                                                                | Owner: Assistant Manager, Benefits             | Revision Level: 02          |

**HYUNDAI MOTOR MANUFACTURING ALABAMA, LLC 401(K) PLAN**  
**TEAM MEMBER ACKNOWLEDGEMENT OF AUTOMATIC ENROLLMENT IN THE 401(K) PLAN**

I have been informed by HMMA Human Resources that if I have not enrolled in the Hyundai Motor Manufacturing Alabama, LLC 401(k) Plan within 30 days from my date of hire **I will be automatically enrolled** at a contribution rate of 3% of my pretax eligible earnings. My contribution rate will automatically be increased by 1% each year on July 1 until the pretax contribution amount equals 6%. I should receive an enrollment package at my current mailing address from Fidelity Investments within 30 days from my date of hire.

**To opt out of the automatic enrollment program**, I must contact Fidelity within 30 days from my date of hire.

If I do not receive an enrollment package within the first 30 days, or if my mailing address should change, I will notify HR Services.

This is to acknowledge that I have been informed about automatic enrollment in the Hyundai Motor Manufacturing Alabama, LLC 401(k) Plan and have received a copy of the plan highlights.

|                        |                                           |
|------------------------|-------------------------------------------|
| Team Member Legal Name | Social Security Number/Team Member Number |
| Team Member Signature  | Date                                      |

Have you worked for our company before?     YES                                     NO

(If "Yes", state date left): \_\_\_\_\_