

## Participant/Employer Appointment of Agent Agreement

I, \_\_\_\_\_ (hereafter referred to as “**Participant**”), have chosen to hire and employ the Personal Support Worker(s) who will provide Participant’s Personal Support Services through the Illinois Medicaid Waiver for Children & Adults with Developmental Disabilities. As a participant/employer, Participant elects to appoint **ACES\$** (hereafter referred to as “Agency”) to assist in fulfilling Participant’s duties and responsibilities as an employer of Personal Support Worker(s). This appointment and authorization given to ACES\$ is limited to those employees that the Participant employs as Personal Support Worker(s) through the Personal Support Services Program of the Illinois Medicaid Waiver for Children & Adults with Developmental Disabilities. Agency may provide Fiscal/Employer Agent services to the Participant by itself or it may contract with another entity to provide some or all of these services to the participant.

In signing Internal Revenue Service (IRS) Form 2678, “Employer Appointment of Agent,” Participant appoints ACES\$ as Participant’s Fiscal/Employer Agent, to assist Participant in preparing payroll for Participant’s employee(s) and fulfilling Participant’s federal tax obligations as an employer, pursuant to Section 3504 of the IRS code. In signing the form, participant elects and appoints Agency as Participant’s Fiscal/Employer Agent, to assist in payment of wages on the Employer’s behalf AND all that is required of the payer for backup withholding.

In signing these forms, Participant authorizes and directs ACES\$ to do all that is required and necessary on Participant’s behalf to comply with the provisions and requirements of federal, state, and local laws regarding Participant’s registration as an employer.

In making this appointment, Participant authorizes Agency to sign, on Participant’s behalf, all payroll tax forms and other forms for which Participant is responsible as an employer. Participant agrees to provide Agency with all necessary information and documentation required for Agency to meet Participant’s obligations in a timely manner in complying with all provisions of law and regulations, which apply to employers. ACES\$ agrees to maintain all personnel records required by federal, state, and local laws in a permanent file for each Personal Support Worker that the Participant employs. ACES\$ agrees to make available for inspection all personnel records pertaining to the employment of Personal Support Worker(s) and required for participation in the Illinois Medicaid Waiver for Children & Adults with Developmental Disabilities.

This appointment is effective as of the date it is signed and accepted by both parties. Either party may terminate the agreement within ten (10) days written notice to the other.

Our signatures indicate that the undersigned agree to the above.

Participant/Employer

Signature \_\_\_\_\_ Date \_\_\_\_\_

ACES\$

Signature \_\_\_\_\_ Date \_\_\_\_\_