Quick Reference Guide – Change Approver on Form I-9 in Global Self Service

- 1) Log into Global Self Service.
 - To access from inside the UHG network (Intranet): • Complete Section 1 of Form I-9
 - To access from outside the UHG network (Internet): Complete Section 1 of Form I-9
- 2) From the Validation Page, click Change Approver.

Favorites Main Menu > Self Service >	Personal Information	> Complete Section 1 of Form I-9
Validation Page		
Complete Section 1 of Fo	orm I-9	
You must review and confirm that your pe	ersonal information belo	w is accurate before completing your Form I-9. Once you click,
'Confirm' you will be taken to the Form I-9). 	
to open the complete instructions in a se	parate browser window	, CICK I-9 Instructions
NOTE Please ensure that the First and	Last Name listed below	reflect the legal name as shown on your Social Security Card.
MELISSA MESIAS		
Address Line 1	Date of Birth	Social Security Nbr
123 STREET		
VENICE FL 34293		
Approver		
JOANNA LABITAD		
Change Approver 1		
NOTE Employees that require a prepar	er and/or translator to c	omplete Section 1 of the Form I-9 should contact HRdirect at
1-800-561-0861, 7 a.m 7 p.m. CT, Mon	day - Friday and reques	st a paper Form I-9 and Instructions.
If your address is incorrect or needs to be	e updated, please go to	Self Service and update your personal information.
If your Name, Date of Birth, or Social Sec Call HRdirect at 800-561-0861, 7 a.m 7	curity Number are incorr p.m. CT, Monday - Frie	ect, you must make this change through HRdirect. day.
Do not proceed with confirming your o	lata and completing y	our I-9 until all information has been corrected.
Cancel Confirm	nave reviewed the inform	nation above and confirm that it is accurate.

3) To search for an alternate approver, enter the Approver ID (employee ID of approver) or Last Name and First Name and click 'Look Up'.

UNITED	HEALTH	GROUP
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UNITEDITEALINU	Look Up					
Favorites Main Menu > Self Se	Approver ID:	begins	with 🗸 🛛			
Validation Page	Last Namo:	boging	with M			
		Degins	wiui 🗸			
Complete Section 1	First Name:	begins	with 🗸			
Complete Occitori i	Display Name:	begins	with 🗸			
You must review and confirm the	Business Segment Int	ernal Desc: begins	with 🗸			
'Confirm' you will be taken to the	Department:	begins	with 🗸			
To open the complete instruction	Oon Code:	heains	with V			
	Son couc.	begins	that •			
NOTE Please ensure that the						
	Look Up Clear	Cancel Ba	sic Lookup			
MELISSA MESIAS						
	Search Results	($\left(1\right)$			
	Only the first 300 results	can be displayed.	-			
Address Line 1	View 100					
123 STREET	Last Name	First Name	Display Name	Business Segme		
	GARCIA	KIMBERLY	KIMBERLY GARCIA	Corporate		
VENICE FL 34293	NEGI	JOEL	JOEL NEGI	Corporate		
	HENRY	TONI	TONI HENRY	National Accounts		
	ARUKALA	DANA	DANA ARUKALA	UHC Benefit Ops		
Approver	VAUGHN-UDING	DEVARAJ	DEVARAJ VAUGHN-UDING	UHC Benefit Ops		
	1.0001.1.0					
	KELLS	ROD	ROD KELLS	Employer & Individ		
JOANNA LABITAD	MOUA	ROD DING	ROD KELLS DING MOUA	Employer & Individ		
JOANNA LABITAD	KELLS MOUA HENRY	ROD DING CATHAL	ROD KELLS DING MOUA CATHAL HENRY	Employer & Individ UHC Benefit Ops Employer & Individ		
JOANNA LABITAD Change Approver	KELLS MOUA HENRY CYR	ROD DING CATHAL BRETT	ROD KELLS DING MOUA CATHAL HENRY BRETT CYR	Employer & Indivit UHC Benefit Ops Employer & Indivit UHC Benefit Ops		
JOANNA LABITAD Change Approver *NOTE* Employees that require	KELLS MOUA HENRY CYR OLIVER	ROD DING CATHAL BRETT KATHERINE	ROD KELLS DING MOUA CATHAL HENRY BRETT CYR KATHERINE OLIVER	Employer & Indivit UHC Benefit Ops Employer & Indivit UHC Benefit Ops UHC Benefit Ops		
JOANNA LABITAD Change Approver *NOTE* Employees that require 1-800-561-0861.7 a.m 7 p.m.	KELLS MOUA HENRY CYR OLIVER GARCIA	ROD DING CATHAL BRETT KATHERINE BARBARA	ROD KELLS DING MOUA CATHAL HENRY BRETT CYR KATHERINE OLIVER BARBARA GARCIA	Employer & Individ UHC Benefit Ops Employer & Individ UHC Benefit Ops UHC Benefit Ops UHC Benefit Ops		

The approver will appear in the search results. Click on the hyperlink/approver name.

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4) From the Validation Page, confirm the correct approver is populated on screen, and click 'Confirm'.

Approver		
JOANNA LABITAD		
NOTE Employees that require a preparer and/or translator to complete Section 1 of the Form I-9 should contact HRdirect at 1-800-561-0861, 7 a.m 7 p.m. CT, Monday - Friday and request a paper Form I-9 and Instructions.		
If your address is incorrect or needs to be updated, please go to <u>Self Service</u> and update your personal information. If your Name, Date of Birth, or Social Security Number are incorrect, you must make this change through HRdirect. Call HRdirect at 800-561-0861, 7 a.m 7 p.m. CT, Monday - Friday.		
Do not proceed with confirming your data and completing your I-9 until all information has been corrected.		
Cancel Confirm 5 eviewed the information above and confirm that it is accurate.		

5) The system will automatically redirect to Section 1 of the Form I-9 for completion.