A. Each new employee is required to attend a new employee orientation. The purpose of this meeting is to acquaint the employee with the benefits offered by the District and complete all Payroll forms. A notification of meeting dates and times will be provided to new employees by the Human Resources office.

B. New employees are required to complete the following forms for employment. Paychecks cannot be issued to an employee until all forms are completed and turned in:

1. Form W-4: The Form W-4, Employee Withholding Allowance Certificate, is an important document because it communicates to the employer the tax status of the employee. The information provided on the W-4 directly affects the amount of tax that is withheld from the employee’s wages. Forms must be completed for federal and state tax withholding.

2. Insurance Form: All staff members who work 35 hours or more, other than employees employed on a temporary basis, will receive Board paid medical, dental, and life insurance.

   Staff members working 25 to 34 hours may elect to purchase health and/or dental insurance at the current group rates. The District will pay a prorated share of the premium in accordance with Board of Education policies.

   Dependent coverage is also available at the expense of the employee.

3. Retirement:

   All full-time certified employees in a teaching position are required by state law to participate in the Public School Retirement System of Missouri. The District deducts 14.5% of the employee’s salary plus insurance cost and matches the deduction. FICA Medicare is deducted at a rate of 1.45%.

   Part-time certified staff working 17 hours per week have the option of Teacher Retirement or Non-Teacher Retirement.

   All non-certified staff working 20 hours a week or more, and eligible part-time staff not participating in Teacher Retirement, are required by state law to participate in the Non-Teacher Retirement. The District deducts 6.86% of the employee’s salary plus insurance cost and matches the deductions. Social Security and FICA Medicare are deducted at a rate of 7.65%.

   Section 218 Information: Certified employees who are not in a teaching position fall into the section 218 category for retirement benefits.

   • Employee (and the District) will pay 9.33% to PSRS
- Employee (and the District) will pay 7.65% for Social Security and Medicare taxes
  It is the employee’s responsibility to notify Human Resources of any certification changes.
4. Social Security Notice
5. Direct Deposit
Form W-4 (2015)

Purpose: Complete W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing more Form W-4 with each Award when your personal or financial situation changes.

Exemptions from withholding: If you are exempt, complete only line 1, 2, 3, 4, and 7 and sign the form. You may claim an exemption for up to three years.

Note: If you are paying your employer for anything other than the amount labor, complete an additional Form W-4 and sign the form.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. Enter "0" if you are claimed as a dependent by another individual.

B Enter "1" if:
   - You are married, have only one job, and your spouse does not work.
   - Your wages from a second job or your spouse's wages (if the total of both is $10,000 or less."

C Enter "1" if you have a dependent, but you do not have a dependent for whom you plan to claim a credit.

D Enter "1" if you have a dependent for whom you plan to claim a credit.

E Enter "1" if you plan to use the filing status on which you plan to claim a credit.

F Enter "1" if you receive a dependent care benefit.

G Child Tax Credit (including additional child tax credit).

H Add line A through G and enter total here.

Calculations for completing Form W-4:

1. If your total income is between $65,000 and $66,000, enter "1" for each eligible child. If your total income is between $62,000 and $65,000, enter "0.5" for each eligible child.

2. If your total income is between $60,000 and $62,000, enter "1" for each eligible child. If your total income is between $55,000 and $60,000, enter "0.5" for each eligible child.

W-4

Employer's Withholding Allowance Certificate

W-4

Employer's Withholding Allowance Certificate

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
New Employee Information
# New Employee Information

## Medical & Dental Benefits Enrollment Form

**Employee Information:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Social Security Number</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Hours Per Week</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Business Office Use Only:**

<table>
<thead>
<tr>
<th>Exempt</th>
<th>Non Exempt</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hire Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL PLAN ENROLLMENT:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Basic Plan OR Plus Plan w/ DAA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Basic Plan or HDHP Plus Plan</td>
</tr>
</tbody>
</table>

Check Coverage Desired. Include Social Security Numbers:

- **Self**
  - Name & Social Security Number: [ ]
  - Gender: [ ]
  - Relationship: [ ]

- **Spouse**
  - Name & Social Security Number: [ ]
  - Gender: [ ]
  - Relationship: [ ]

- **One Child**
  - Name & Social Security Number: [ ]
  - Gender: [ ]
  - Relationship: [ ]

- **Two or More Children**
  - Name & Social Security Number: [ ]
  - Gender: [ ]
  - Relationship: [ ]

Do you have medical coverage under another plan? [ ] Yes [ ] No

Other Plan Name: [ ]
Insured (Policyholder) Name & Date of Birth: [ ]
Policy #: [ ]

**Waiver of Coverage**

For Part Time Employees Only

(Effective Date: [ ])

have been given the opportunity to apply for medical and dental benefits offered by Columbia Public Schools and have decided to decline [ ] Medical [ ] Dental. If I decide to apply for the medical and/or dental benefits at a later time, I should contact [ ] Medical [ ] Dental. I understand that enrollment opportunities and benefits may be limited as described in the Summary Plan Description(s).

Employer Signature: [ ]
Date: [ ]

**DENTAL PLAN ENROLLMENT**

Check Coverage Desired:

- **Self**
  - Name & Social Security Number: [ ]
  - Gender: [ ]
  - Relationship: [ ]

- **Spouse**
  - Name & Social Security Number: [ ]
  - Gender: [ ]
  - Relationship: [ ]

- **One Child**
  - Name & Social Security Number: [ ]
  - Gender: [ ]
  - Relationship: [ ]

- **Two or More Children**
  - Name & Social Security Number: [ ]
  - Gender: [ ]
  - Relationship: [ ]

Do you have dental coverage under another plan? [ ] Yes [ ] No

Other Plan Name: [ ]
Insured (Policyholder) Name & Date of Birth: [ ]
Policy #: [ ]

**Election Authorization:**

I elect to have my shares of the payment for medical/dental coverage:

[ ] I authorize my employer to deduct from my earnings my share of the payment for selected medical/dental coverage.

Employee Signature: [ ]
Date: [ ]

If I elect to have my share of the payment for medical/dental coverage, I understand that [ ] [ ] [ ] [ ]

I authorize my employer to deduct from my earnings my share of the payment for selected medical/dental coverage.

Employee Signature: [ ]
Date: [ ]
**Social Security Administration**

**Statement Concerning Your Employment in a Job Not Covered by Social Security**

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employer Name</th>
<th>Employee ID#</th>
<th>Employer ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Columbia Public Schools</td>
<td></td>
<td>057</td>
</tr>
</tbody>
</table>

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you do not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum benefit reduction in your Social Security benefit as a result of this provision is $395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, your Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $600 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400 = $100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

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**Signature of Employee** ____________________________  **Date** __________________

Form SSA-1945 (01-2013)
Destroy Prior Editions