

Attention All Moriello Pool Applicants

**Include with completed application ALL
required & appropriate certifications
INCLUDING CPR**

(See Back for complete list of acceptable CPR courses in NYS)

**Updated no later than
May 1, 2018!**

**Copies of all certificates (front & back) must be
submitted with the rest of completed application.**

**If you are unable to submit certificate(s) with your
application by the due date (April 15) please indicate on
the separate “Moriello Pool Application” & submit
updated certificate(s) at a later date.**

***But no later than*
May 1, 2018**

***Turn over to find a “Cardiopulmonary Resuscitation (CPR) Certification” list
accepted by New York State for use at Bathing Facilities.***

Only Providers & Certification Titles listed next to each provider are valid.

**The certificate or card you receive must indicate the appropriate certification
title as listed on this sheet.**

**Be aware that CPR must be renewed every year in NYS regardless of what the
provider or certificate may read.**

CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION

for NYS Children's Camps and NYS Bathing Facilities

Fact Sheet – March 2017

(Go to www.health.ny.gov to view the most current certification list)

The New York State Sanitary Code (SSC) requires certain staff to possess a valid two-rescuer CPR certification in a course accepted by the Department as providing an adequate level of training as follows:

Children's Camps (Subpart 7-2 of the SSC) - CPR certification is required for the health director and other staff specified in sections 7-2.8 and 7-2.11(a)(5), aquatics director, lifeguards, and certain trip and activity leaders¹.

Swimming Pools and Bathing Beaches (Part 6 of the SSC) - CPR certification is required for all lifeguards (Supervision Levels I, IIa, IIb).

CPR CERTIFICATIONS ARE VALID FOR 1 YEAR FROM THE DATE OF CERTIFICATION, REGARDLESS OF EXPIRATION DATE ON CARD

Accepted Courses	
Provider	Certification Title
American Heart Association	➤ BLS Instructor ➤ BLS Provider (Course title - Basic Life Support) ➤ Healthcare Provider (Course title - BLS for Healthcare Providers)
American Lifeguard Association	➤ CPR/AED for the Professional Rescuer Instructor Led
American Red Cross	➤ CPR/AED for Professional Rescuers and Healthcare Providers - Title may include "Review" or "Challenge" ➤ CPR/AED for Professional Rescuers with First Aid - Title may include "Review" or "Challenge" ➤ Lifeguarding/First Aid/CPR/AED - Title may include "Review" ➤ Basic Life Support for Healthcare Providers - Title may include "Review" or "Challenge"
American Safety & Health Institute	➤ ASHI CPR for Professional Rescuer (CPR PRO) ➤ Basic Life Support BLS for Healthcare Providers and Professional Rescuers
Emergency Care and Safety Institute	➤ Health Care Provider CPR & AED
EMS Safety Services, Inc. (EMS Safety)	➤ BLS for Healthcare Providers - Certification must indicate that Adult CPR, Child CPR, and Infant CPR were taught
Heart & Stroke Foundation of Canada	➤ BLS HCP Heartsaver (C) Provider
National Safety Council	➤ Basic Life Support for Healthcare & Professional Rescuers
New York City Department of Parks & Recreation	➤ Municipal CPR: Basic Life Support
New York State Department of Environmental Conservation	➤ CPR/AED for Lifeguards, Camp Counselors and Camp Directors
Regional Emergency Medical Services Council of New York City	➤ CPR PLUS
St. John Ambulance Canada	➤ CPR Level C & AED

¹ A trip leader of a camp trip that includes an activity where emergency medical care is not readily available or an activity such as wilderness hiking, rock climbing, camping, horseback riding, bicycling, swimming and/or boating shall possess or be accompanied by staff who possess certification in a course listed on this Fact Sheet.

An activity leader of an activity on the camp property where other CPR certified staff is not readily available shall possess or be accompanied by staff who possess certification in a course listed on this Fact Sheet.

MORIELLO POOL APPLICANTS

SUMMER 2018

Read all of the following & fill out all forms in the application packet completely.

Include copies of all required documentation & certificates.

Return completed application packet by April 15

1. **Fill out all information on all forms** → Many forms ask for same information.
→ All information must be provided on each form & returned completed.
2. **I-9 form (Immigration & Naturalization)** → Fill out the top portion, sign & date.
You must attach a copy of a valid passport or other valid ID listed (Column A) to prove U.S citizenship.
(See back of I-9 form). If you do not have a valid passport or other ID listed under “Column A” you must submit 1 form of ID from “Column B” (a picture ID such as a driver’s license) AND 1 from “Column C” (such as a social security card). **Make sure all forms of ID are valid & current (not expired).**
3. **Working Papers** → Include valid working papers if you are **under 18** years of age. There are two different sets of working papers: 14 - 15 Years of Age & 16 - 17 Years of Age.
Make sure working papers are valid for your age!
4. **You must submit copies of ALL required certifications listed below (front & back) for which you are applying.** It is **your responsibility** to make sure **all required information is submitted with** the application packet.

<u>Position</u>	<u>Minimum Requirement/Certification</u>
a) <u>Lifeguard</u>	1. Lifeguard Training - See list: “ <u>Aquatic Certifications for NYS Bathing Facilities</u> ” 2. CPR w/AED - See list: “ <u>Cardiopulmonary Resuscitation (CPR) Certification for NYS Children’s Camps and NYS Bathing Facilities</u> ” <u>It is important that the course / class you take is on this list!</u>
b) <u>Instructor</u>	WSI (Water Safety Instructor)
c) <u>Gate Attendant</u>	→ CPR w/AED (Same as lifeguards) (See List referred to above) → All certificates must be valid thru September 3, 2018. → Include a copy (front & back) of all certificates. → Be aware that CPR/AED must be renewed each year! - NYS does not accept 2 year certifications!

5. **Employment Dates: Weekends: May 19 (1 week prior to Memorial Day Weekend)**

Daily: June 18 thru September 3 (Labor Day)

- It is expected that all prospective employees be available to work any days, hours, times beginning May 19 thru & including September 3, 2018.
 - Applicants **MUST** indicate days, dates, times (if any) they are or may be **unavailable to work between & including these dates.** Such days, dates, times (if any) should be indicated on the (separate) “Moriello Pool Application” **This includes last day of work if you are going away to college, etc.**
 - **If necessary - Use additional paper if necessary & attach to the application.**
6. **Make sure to include up to date contact info - including a telephone number(s) - where you can be contacted.**
7. **Return completed application packet including all completed forms, copies of required info, etc., to:**

**William Russell
New Paltz Town Hall
PO Box 550
52 Clearwater Road
New Paltz, NY 12561**

Employee Application → Moriello Pool

Fill out this page as accurately & specifically as you are able

Name _____
(First) (Middle) (Last)

Mailing Address _____
(Street) (City) (State) (Zip)

Telephone Home _____ Cell _____ Other _____

Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

Are You Currently in High School? _____ If "Yes", what grade level will you have completed by July 1st of this year? _____

Position applying for _____ (See information below)

Part or Full Time _____ If part-time how many hours per week _____

If full-time position is not available would you be willing to work part-time? _____ Indicate any days, dates, hours, etc. you are unavailable to work. _____

*Moriello Pool opens the Saturday of the Memorial Day Weekend & closes the first Monday in September (Labor Day).
Workers are also needed in April & May prior to Memorial Weekend. Please indicate the following:*

Date available to begin work: _____ (Please be specific & accurate for scheduling purposes)
(Month & Day)

Last Day available to work: _____ (Please be specific & accurate for scheduling purposes)
(Month & Day)

*Please note: All applicants MUST indicate employment availability/date unavailable to work on this application; including first and last day availability. Staff (lifeguards, attendants, etc.) are needed at least one week prior to the Saturday of the Memorial Day Weekend thru the first Monday (Labor Day) in September.
Please indicate above if available earlier.*

Certifications

List all certifications currently held (Copies are required)

	<u>Date Issued</u>	<u>Date Expires</u>	<u>Issuing Organization</u>
Lifeguard Training (LGT) (Includes Standard First Aid)	_____	_____	_____
CPR	_____	_____	_____
Water Safety Instr. (WSI)	_____	_____	_____
EMT	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

*Please note: A photocopy of ALL certifications (front & back) is required & must be submitted with this application.
CPR must be renewed annually in NYS regardless of what the expiration date on the card indicates.
Examples of Issuing Organization include: (ARC) American Red Cross, ASHI (American Safety & Health Institute), etc.*

Length of Employment	Company or Firm Name	Address	City & State
From: _____ to: _____			
Hourly wage: _____	Job Duties and Description _____ _____ _____ _____ _____ _____		
Type of Business			
Title			
Name of Supervisor			
Supervisor's Title			
Number of hours worked per week: _____ hours per week.			

Length of Employment	Company or Firm Name	Address	City & State
From: _____ to: _____			
Hourly wage: _____	Job Duties and Description		
Type of Business			
Title			
Name of Supervisor			
Supervisor's Title			
Number of hours worked per week: _____ hours per week.			

It is often helpful if applicants briefly explain why they believe they are qualified for a particular job other than the fact that they simply hold appropriate certification(s). You may do so below in the space provided.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a set of legal pads. The edges of the paper are slightly irregular, suggesting it might be a scan of a physical document. There is no handwriting or other markings on the page.

Attach additional sheets if necessary



County of Ulster

Application for Examination or Employment

Leave this space blank.
Date Received: _____

Title of Exam or Position for which you are applying: _____

Exam # (if applicable): _____

Leave this space blank.

Approved: _____
Disapproved: _____
Conditional: _____

INSTRUCTIONS AND INFORMATION

COMPLETING THIS APPLICATION - This application is part of your examination. Answer all questions fully and carefully. Print in ink. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

ANNOUNCEMENT OF EXAMINATION - Carefully read the examination announcement before filling out your application.

ADMISSION TO EXAMINATION - Contact the Ulster County Personnel Department immediately if you do not receive notice within three days of the examination informing you whether or not you are to be admitted to the examination.

FILING FEE - There is a non-refundable filing fee for the examination for which you are applying. Please refer to the examination announcement. The non-refundable filing fee may be waived as described on the examination announcement.

MAIL OR DELIVER TO: Ulster County Personnel Department, County Office Building: 244 Fair St., Box 1800, Kingston, NY 12402-1800. Telephone: (845) 340-3550.

Name: _____
Last First MI Suffix Social Security Number: _____ - _____ - _____

Please state any other name(s) previously used in education or employment: _____

Mailing Address: _____

Physical Address: _____
Street or P.O. Box (if P.O. Box, fill in Residence Address below) City State ZIP

Street (if P.O. Box or different than Mailing Address) City State ZIP

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

State your current permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date.

Length of Residency (Yrs./Mos.)

School District			
Town			
Village			
County			
State			

Are you currently a United States citizen? Yes ☐ No ☐ If not, please provide alien registration number: _____

Are you 18 years of age? Yes ☐ No ☐ If you are under 18, you will need to provide current working papers.

If the position for which you are applying has minimum/maximum age limits (per announcement,) please enter your birth date: _____

Do you possess certification as an exempt volunteer firefighter? Yes ☐ No ☐ (MM/DD /YYYY)

If you have ever been employed by the County of Ulster or any civil division therein (city, town, village, school district, or special district,) please state location(s) and date(s) of employment: _____

The County of Ulster is an Equal Opportunity Employer

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 2

1. Are you now serving or have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes?
Yes ☐ No ☐

If "No", omit questions 2 through 5.

2. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? Yes ☐ No ☐

NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.

3. Did you serve in the Armed Forces of the United States during any of the following periods?

A. December 7, 1941 to December 31, 1946

B. June 27, 1950 to January 31, 1955

C. December 22, 1961 to May 7, 1975

D. August 2, 1990 to "date to be determined"

E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

Yes ☐ No ☐

Did you receive an expeditionary medal for any of the following conflicts?

F. Lebanon - June 1, 1983 to December 1, 1987

G. Grenada - October 23, 1983 to November 21, 1983

H. Panama - December 20, 1989 to January 31, 1990

Yes ☐ No ☐

I. I am currently on active duty (for other than training purposes).

Yes ☐ No ☐

4. Since January 1, 1951, have you ever used additional credits as a veteran for **appointment** to any position in the public employment of New York State or any of its civil divisions?

Yes ☐ No ☐

5. Are you: A non - disabled war veteran _____
A disabled war veteran _____

Disabled and non-disabled war veterans who are eligible for additional credits must submit an application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed forms must be received in the office before the eligible list for this examination is established.

6. Do you have a valid license to operate a motor vehicle in New York State? _____ Yes - Class _____ No

7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a:

A. _____ Sabbath Observer and cannot be tested on Saturdays for religious reasons.

B. _____ Disabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application.

8. EXAMINATIONS IN OTHER JURISDICTIONS - Candidates wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of consideration may not be approved if received after the announced last file date for the examination.

The following sections on education and work experience must be filled in completely. A resume is not sufficient.

9. Have you graduated from high school? Yes ☐ No ☐ If not, what grade did you complete? _____

Name of school/issuing agency _____

Address: _____

Equivalency diploma #: _____

For College, University, Professional, Technical and other schools or special courses, please provide copies of transcripts.

Name of school and its location	Dates of Attendance From: ___/___/___ To: ___/___/___ (month/year)	Full or Part Time	# of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	_____ To _____							
	_____ To _____							
	_____ To _____							
	_____ To _____							

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 3

10. DESCRIPTION OF EXPERIENCE: In listing your experience, be more specific in describing those which relate to the position for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be resolved in your favor. Include military service experience when appropriate. Relevant volunteer (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the examination announcement). If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8 1/2" x 11" sheets of paper using the same format.)

Length of Employment (Mo/Yr) From ___/___/___ To ___/___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title		Name of your Supervisor	Supervisor's Title	No. of hours worked per week (exclusive of overtime) _____	

DUTIES: Describe the nature of the work personally performed by you, with estimates of percentages of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

Length of Employment (Mo/Yr) From ___/___/___ To ___/___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title		Name of your Supervisor	Supervisor's Title	No. of hours worked per week (exclusive of overtime) _____	

Length of Employment (Mo/Yr) From ___/___/___ To ___/___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title		Name of your Supervisor	Supervisor's Title	No. of hours worked per week (exclusive of overtime) _____	

Length of Employment (Mo/Yr) From ___/___/___ To ___/___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title		Name of your Supervisor	Supervisor's Title	No. of hours worked per week (exclusive of overtime) _____	

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 4

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) or position(s) for which you are applying, complete the following. If not currently licensed check this box <input type="checkbox"/>			
Name of trade or profession	License Number	Granted by (Licensing Agency)	
City or State	Specialty	Date License First Issued	Registered (Mo/Yr) From: ____/____ To: ____/____
12. REMARKS:			

13. AFFIRMATION AND AUTHORIZATION TO RELEASE

I affirm that the statements made on this application and any attached papers or documents are true under the penalties of perjury.

I hereby authorize the Ulster County Personnel Department, or any person acting on their behalf, to investigate and receive information about me related to the verification of my qualifications and eligibility for the examination or the position for which I am applying. Further, I authorize any person who receives a request to disclose information related to this application, to release any or all information about me to which such person may have access. I specifically authorize such disclosures and agree to hold harmless all corporations, agents or persons who request or release such information.

Special Requirement for Appointment to Ulster County Positions:

Following the interview process, a prospective Employee will undergo required Criminal Background Checks and Fingerprinting after signing a Criminal Background Investigation Release Form. In accordance with Ulster County Legislative Local Law 14 of 2007 (codified as Article 1, Section 98 of the Ulster County Code) or by any other applicable State and Federal Statutes, candidates for prospective employment to all Ulster County positions must obtain fitness for appointment by review and consideration by the County based on the New York State Division of Criminal Justice Services or other mandated State and Federal regulatory authority. Nor shall the County be precluded from withdrawing conditional offers of employment for any lawful reason, including the determination that the candidate has a conviction that bears a direct relationship to the duties and responsibilities for the position sought, or their hiring would pose an unreasonable risk to property or to the safety of individuals or the general public.

☐ Check here to indicate that you do not wish your present employer to be contacted at this time.

SIGNATURE _____ DATE _____

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, marital status, or disability. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, or marital status in connection with employment in the municipal service of Ulster County. It is the policy of Ulster County to provide equal opportunity to all employees and applicants for employment without regard to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status or any other protected status.

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none">• You're single and have only one job; or• You're married, have only one job, and your spouse doesn't work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
C	Enter "1" for your spouse. 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.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
<p>For accuracy, complete all worksheets that apply.</p> <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
▶ 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.					
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. Note: 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)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7 _____	
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.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
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.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** 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. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** 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.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
----------------------------------------------------	---------------------------	-----------------------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

New York State and Local Retirement System

Membership in the **New York State and Local Retirement System** (Employees' Retirement System/ERS) is optional for part-time and/or seasonal employees. If an employee decides that he/she wishes to join the New York State and Local Retirement System there is a **mandatory employee contribution of 3% of their salary** that will be deducted from each paycheck.

- You must choose one of the 3 options below and sign & date at the bottom of the page.
- Return this form with the rest of application materials.
- If you choose "B" at this time you must also fill out "Employees' Retirement System Membership Registration (RS 5420)"

A. If you **DO NOT** wish to join the New York State and Local Retirement System (ERS) at this time check the space next to "No". Sign & date at bottom of page.

_____ **NO - I do not wish to join the New York State and Local Retirement System at this time.**

B. If you **Do wish** to join the New York State and Local Retirement System check the space next to "Yes".

- Carefully read & fill out all parts of the "Employees' Retirement System Membership Registration" (RS 5420).
- Make sure to carefully fill out all parts of RS 5420 indicating "To Be Completed By Employee".
- The last page requires an "Acknowledgement "To Be Completed By A Notary Public".
- Return the "Employees' Retirement System Membership Registration (RS 5420)" to employer.
- Sign & date at bottom of page. (A mandatory employee contribution of 3% will be deducted from your pay)

_____ **YES - I do wish to join the New York State and Local Retirement System.**

C. If you are **Already a Member** of the New York State and Local Retirement System check the space below.

- Provide the **member number** assigned to you by the New York State and Local Retirement System - if you know it.
- Sign & date at bottom of page.

_____ **I am already a member (joined previously) of the NYS Employees' Retirement System.**

_____ New York State and Local Retirement System **membership number** (if known).

Signed _____ Date _____

Print your name _____

Medical Insurance Information (PPACA & FSLA)

The Patient Protection & Affordable Care Act (PPACA) requires all employers subject to the Fair Labor Standards Act (FSLA) to provide notices to current employees & **new hires** about the health insurance exchanges & subsidies that may be available through the exchanges for qualified individuals.

Attached is a letter of notification ("**New Health Insurance Marketplace Coverage Options & Your Health Coverage**") that provides the necessary details for navigating the Health Insurance Marketplace. Review carefully!

Additional information is available on the NYS Dept. of Labor & the NYS Dept. of Health websites.

***** If you currently are covered under a medical plan most of you will simply need to follow the instructions below:**

1. Bottom of page 3: Please **print your name** in the space at the bottom, **sign & date**.
2. Fill in information on the back (page 4) including:

- Employee Name
- Employee Address
- Employee phone

You **do not need** to fill in "Dependent Information" unless you have dependents (ex: children)

3. Place an "X" in the appropriate box: **"I CHOOSE TO PARTICIPATE IN THE MEDICAL PLAN"**
OR
"I AM COVERED UNDER ANOTHER MEDICAL PLAN"

4. If you do not plan to participate in the medical plan offered by the Town of New Paltz you must check (X) **"I AM COVERED UNDER ANOTHER MEDICAL PLAN"**

5. **Provide a Copy of Your Current Medical Card.**

Should you have any questions about this or other parts of the application fill out as much as possible & return application completed to the best of your ability. If your application is acted upon & you are a prospective hire you will be contacted & the missing information can be submitted at that time.

Make sure you include a phone number where you can be reached.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Town of New Paltz		4. Employer Identification Number (EIN) 14-6002334	
5. Employer address PO Box 550		6. Employer phone number 845-255-0604	
7. City New Paltz		8. State NY	9. ZIP code 12561
10. Who can we contact about employee health coverage at this job? Jean Gallucci			
11. Phone number (if different from above) 845-255-0604, Town Hall, Finance, Est. #3		12. Email address payroll@townofnewpaltz.org	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

Full Time

☐ Some employees. Eligible employees are:

•With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouses, domestic partners & dependent children under the age of 26

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

I, _____ have received notification of the Health Insurance Marketplace Coverage Option.

Signature

Date

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

EMPLOYEE NAME: _____ Date Submitted _____

EMPLOYEE ADDRESS: _____

EMPLOYEE HOME PHONE _____ CELL PHONE _____

EMPLOYEE PERSONAL EMAIL: _____

____ I CHOOSE TO PARTICIPATE IN THE MEDICAL PLAN ____ I AM COVERED UNDER ANOTHER MEDICAL PLAN

(Please Provide a Copy of Current Medical Card)

DEPENDENT INFORMATION:

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ SEX _____

RELATIONSHIP _____ DATE OF BIRTH _____ SOCIAL SECURITY# _____ STUDENT Y/N _____

LEGAL ADDRESS _____

PHONE# _____ SCHOOL _____ DATE OF GRADUATION _____

Over