Contracted Services--Checklist

Name of applicant _____

_____ Employee Information Form

_____ Fingerprint Form

_____ Background Check Form

_____ I-9 Employment Eligibility Form

_____ W-4 Form

_____ Direct Deposit Form

_____ SSA 1945 Form

_____ FICA Alternative Plan

_____ Copy of Driver's License

_____ Copy of Social Security Card

Type of service to provide

AVID Tutor _____

CN--Concession Stand _____

Athletic Game Worker _____

DHS Student Tutor _____

Homebound Tutor _____

Gen Ed Tutor _____

SpEd Tutor _____

SMS-Security _____

BAND _____

Theater _____

For Business Office Use ONLY:

Finger Printing Complete _____ Date: _____

Background Check Complete _____ Date: _____

Active in Time and Attendance _____ Date: _____

Revised 8/1/2018

Employee ID #_____ Campus_____

DENISON INDEPENDENT SCHOOL DISTRICT
Employee Information Questionnaire

Name_____
Last First Middle

Mailing Address_____

_____

Phone Numbers Home:_____ Cell:_____

Social Security Number_____ Date of Birth_____

Sex _____Male _____Female Marital Status _____Married _____Single

Race/Ethnicity (instructions on back)

Part 1. _____Hispanic/Latino _____Not Hispanic/Latino

Part 2.

_____a. American Indian or Alaska Native
_____b. Asian
_____c. Black or African American
_____d. Native Hawaiian/Other Pacific Islander
_____e. White

IMPORTANT! PLEASE READ CAREFULLY AND RESPOND!

School district records, including personnel records, are **PUBLIC INFORMATION** and must be released upon request **unless** you sign that you do not choose to allow public access to your home address, personal phone number, personal email address, social security number, and any information that reveals whether you have family members.

You **MUST** sign below to request that the above information **NOT** be released to the public.

_____ _____

Signature Date

DENISON INDEPENDENT SCHOOL DISTRICT
Personal Information
(Required for Fingerprint Registration)

First Name | Last Name | Middle Name | Suffix

Maiden Name | Social Security Number

Street Address | Apt. # | City | State | ZIP Code

Home Phone | Work Phone | Cell Phone | Email Address

Date of Birth | Gender | Height | Weight

Race:
_____ American Indian
_____ Asian
_____ Black
_____ White
_____ Other

Hair Color:
_____Bald
_____Black
_____Blonde
_____Brown
_____Gray
_____Red
_____Sandy
_____White
_____Unknown

Eye Color:
_____Black
_____Blue
_____Brown
_____Green
_____Gray
_____Hazel
_____Maroon
_____Multi-Colored
_____Pink
_____Unknown

Place of Birth (State or Country) | Citizenship Country

Immigration Status: Immigration Date:_____ Alien Registration #:_____
_____U.S. Citizen
_____Lawful Permanent Resident
_____Naturalized Citizen
_____Non-Immigrant Visa

Dr. License or State ID #:_____ Issuing State:_____

Drivers License Type:

_____CDL "A"	_____"A"	_____Instruction Permit	_____Provisional
_____CDL "B"	_____"B"	_____"AM"	_____Minor Restricted
_____CDL "C"	_____"C"	_____"BM"	_____Occupational
_____CDL "M"	_____"M"	_____"CM"	_____Other

Denison Independent School District
CONSENT TO PERFORM BACKGROUND CHECK

Last Name	First Name	Middle Name

Maiden or other name(s) used in any and all other records of birth or records of residence.

Street Address (No P.O. Box)	Apartment or #	Phone #

City	County	State	Zip

** Date of Birth	Social Security Number	**Gender	**Race

Drivers License #	State Issued

***AS SHOWN ON THE ORIGINAL APPLICATION**
****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. ____YES ____NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).
If yes, please provide details below.

State: County: Date of Offense: / /

Details of conviction:

2. ____YES ____NO Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense?
If yes, please provide details below.

State: County: Date of Offense:

Details of offense:

3. ____YES ____NO Have you ever-received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: County: Date of Offense:

Details of supervision:

4. ____YES ____NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: City: Date of Offense:

Details of conviction:

5. ____YES ____NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: County: Date of Arrest

Details of pending charges:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ **day of** _____, _____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

►START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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	E-mail Address	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):

☐ A citizen of the United States

☐ A noncitizen national of the United States *(See instructions)*

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number ***OR*** *Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode
Do Not Write In This Space

Signature of Employee:	Date *(mm/dd/yyyy)*:

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator:		Date *(mm/dd/yyyy)*:	
Last Name *(Family Name)*	First Name *(Given Name)*		
Address *(Street Number and Name)*	City or Town	State	Zip Code

STOP *Employer Completes Next Page* STOP

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				

3-D Barcode
Do Not Write in This Space

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	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
Last Name *(Family Name)* First Name *(Given Name)*		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)* Last Name *(Family Name)* First Name *(Given Name)* Middle Initial	B. Date of Rehire *(if applicable) (mm/dd/yyyy)*:

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date *(mm/dd/yyyy)*:	Print 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
1. U.S. Passport or U.S. Passport Card		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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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 (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		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		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at ***www.irs.gov/W4App*** to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at *www.irs.gov/W4App* to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at *www.irs.gov/W4App* to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. *Head of household please note:* Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

---------- **Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **Whether you're 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.**

OMB No. 1545-0074

2018

1 Your first name and middle initial	Last name	2 **Your social security number**
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** If married filing separately, check "Married, but withhold at higher Single rate."	
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 800-772-1213 for a replacement card.** ► ☐	

5	Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . .	5	
6	Additional amount, if any, you want withheld from each paycheck	6	$
7	I claim exemption from withholding for 2018, and I certify that I meet **both** of the following conditions for exemption. • 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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)	9 First date of employment	10 Employer identification number (EIN)

DENISON INDEPENDENT SCHOOL DISTRICT
PAYROLL DIRECT DEPOSIT

In accordance with Board Policy CFE (LOCAL) which states:
"Employees shall receive their pay by direct deposit."

(Please Print)

EMPLOYEE NAME: _____

PAYROLL NUMBER: _____

SCHOOL NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

☐ NEW DIRECT DEPOSIT ☐ CANCEL DIRECT DEPOSIT

I (we) hereby authorize _Denison ISD__ to initiate entries to my checking/savings account at the financial institution below and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until __**Payroll**__ is notified by me (us) in writing to cancel it in such time as to afford _Denison ISD__ and the Financial Institution a reasonable opportunity to act on it.

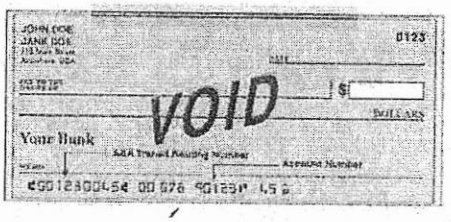
Name of Financial Intuition: _____

Address of Financial Institution: _____

Checking/Savings Account #: _____

Financial Institution Routing #: _____

For a checking account, attach a VOIDED check; savings, attach a withdraw slip



Employee's Signature: _____ Date: _____

Social Security Administration

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

Employee Name _____ **Employee ID#** _____

Employer Name _____ **Employer ID#** _____

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 did 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 monthly 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, any 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 $500 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. 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.

Signature of Employee _____ **Date** _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security,** is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

MidAmerica
Administrative & Retirement Solutions

3121 FICA Alternative (Premier) Plan

Background
In 1990, the Omnibus Budget Reconciliation Act was passed. Government entities who exercised their Social Security Section 218 exclusion allowance were provided the option of giving their part-time, temporary and seasonal employees a meaningful, defined contribution retirement plan as an alternative to Social Security.

Benefits To The Employer
Social Security contributions for part-time, temporary and seasonal employees are eliminated. The employer immediately begins saving the matching 6.2% of payroll for eligible employees. Medicare contributions of 1.45% continue.

Benefits To The Employee
After-tax 6.2% Social Security contributions are replaced with 7.5% pre-tax employee contributions (7.5% pre-tax is approximately equivalent to 6.2% after-tax). Earnings in a pre-tax account accumulate more rapidly since payment of taxes on the contributions and earnings are deferred. Employees earn market rate of return on their accounts and are 100% vested in the full account value with no penalty for withdrawal upon termination from employment.

MidAmerica
MidAmerica, headquartered in Lakeland, Florida was formed in 1995 to provide Social Security Alternative programs. MidAmerica has had great success and now administers approximately 2,200 programs nationwide, representing over 600,000 employees.

Administration
The Social Security Alternative Plan is typically structured as an Internal Revenue Code Section 457 plan. Therefore, there is no 10% penalty assessed if employees take a distribution of their account balance before age 59½. Administration is provided by MidAmerica.

Investments
The Social Security Regulations require that participants in a Social Security Alternative program always received 100% of their principal contributions plus interest. Therefore, all contributions are invested in a guaranteed fixed annuity with American United Life Insurance Company, a OneAmerica Financial Partner. There are no surrender charges or fees to employees if they take a distribution from their account.

Employer/Employee Communications
Effective material is provided to communicate the Social Security Alternative Plan to your employees and will assist in group meetings. All employee needs are serviced by our national service center through a toll-free number and through our web site. In addition, local representatives can be available for employee meetings.

MidAmerica
Administrative & Retirement Solutions

Employee Account Information
Periodic statements are provided to all employees. Employees may contact our service center at any time for up-to-date account balances, distribution information, or to ask questions.

THE Premier PLAN ADVANTAGE

PREMIER PLAN OFFERS A POSITIVE ALTERNATIVE TO SOCIAL SECURITY

RETIREMENT PLAN FOR FULL-TIME EMPLOYEES DURING THE 90 DAY WAITING PERIOD FOR TRS MEMBERSHIP

OFFERED EXCLUSIVELY TO PUBLIC SCHOOLS

Why pay Social Security taxes when you can use the money to build your own, personal retirement savings account instead?

Through the Premier Retirement Savings Plan, you contribute 7.5% of your pay to your plan account on a *pre-tax* basis. That takes roughly the same amount out of your pocket as the 6.2% you would pay to Social Security on an *after-tax* basis. (The example to the right shows you how this works.)

The money in your Premier Plan account earns interest that's guaranteed. The statements you receive once a year show you how your money grows.

Best of all, when you stop working, the money in your plan account is yours to take with you.

How 6.2% in after-tax dollars equals 7.5% in pre-tax dollars – and lets you come out ahead.

Normally, the taxes you pay are based on your total income. But through the Premier Plan and its pre-tax feature, your taxable income is based on your total income *minus* your 7.5% contributions. Some of the tax dollars you would ordinarily pay Uncle Sam go, instead, to your own, personal Premier Plan account.

How 6.2% equals 7.5%

	F.I.C.A.	Premier
Gross salary*	$1000.00	$1000.00
Less 7.5% contribution	0.00	75.00
Taxable income	1000.00	925.00
Less 15% income tax**	150.00	138.75
Less 6.2% Soc. Sec.	62.00	0.00
Less 1.45% Medicare	14.50	14.50
Net paycheck	$ 773.50	$ 771.75

* Assumes $1,000 compensation
** Assumes 15% income tax bracket

Plan Advantages:

- You contribute with pre-tax dollars, which reduces the amount of federal income tax you pay.
- Your contributions earn interest at the current declared market rate with a guaranteed minimum rate of return.
- Your account earnings are compounded to build up your account until the money is paid out to you.
- Your contributions earn an investment return daily, with the earnings credited to your account monthly.
- You save more with the Premier Plan than you do with Social Security, yet your take-home pay remains virtually the same.
- Unlike Social Security, the money in your account – your contributions and earned interest – is yours to withdraw when you terminate employment. If you continue fulltime status, you're eligible to withdraw your funds 2 years from the date of your last contribution.
- Upon completion of the TRS 90-day waiting period, you may continue voluntary contributions -- if interested, call (800) 430-7999.

Important Plan Information

- Enrollment in the Premier Retirement Savings Plan is automatic with your employment.
- Annually, you will receive a report documenting your contributions and their earnings.
- The distribution voucher will be mailed to your home address.
- The benefit check from ING ReliaStar less 20% federal tax withholding is mailed to your home address approximately 120 days after you sign and return the distribution voucher.
- You have to pay federal and state income tax on your contributions and earnings the tax year you receive your benefit. You will receive a 1099R from ING ReliaStar January 31, of the following year for tax reporting purposes.
- If you should die, your beneficiary will receive the full amount in your account less applicable taxes.

Investment Company

Your money is managed by ING ReliaStar, a highly respected, successful, well managed company located in Minneapolis, Minnesota.

Mail all inquiries and address changes to:

MidAmerica Administrative & Retirement Solutions, Inc.
211 East Main Street,
Suite 100
Lakeland, Florida 33801

For account updates call toll free:
1-800-430-7999

MidAmerica
Administrative & Retirement Solutions, Inc.
402 S. Kentucky Ave., Suite 500, Lakeland, FL 33801
866.873.4240 / (FAX) 863.688.4466
www.midamerica.biz

The Premier Plan

Eligible Full-Time, Part-Time, Seasonal, and Temporary Employees
Social Security Alternative Retirement Plan

Acknowledgement and Designation of Beneficiary Form

Employer:_____ ☐ New Enrollment ☐ Address Change ☐ Beneficiary Change

☐ Name Change – Please insert former name here _____ and fill in new name below. You must provide documentation of proof of name change (ie. Copy of Marriage Certificate, Social Security Card, etc.).

Participant Information (please print legibly)

Name:_____ Social Security #:_____ Date of Birth:_____ Male/Female_____
(Last, First)

Address:_____
(Street / PO Box) (Apt. #) (City, State Zip)

Daytime Phone:_____ Evening Phone:_____ Email:_____

Beginning (Hire Date) _____, I will participate in the (Employer) _____ Deferred Compensation Plan, IRC Section 457, and hereby forego my rights to receive compensation equal to _____ % of my eligible gross annual compensation in return for the benefits provided thereunder. I wish this contribution to be invested in an annuity contract with American United Life. I understand that my total amount of deferred compensation shall not exceed the lesser of the Section 415 dollar limit or 100% of the participant's includable compensation or such other sum as is permissible pursuant to the provisions of Section 457 of the Code in any calendar year. I understand that my participating in this Plan is a condition of employment required by IRC Section 3121(b)(7) OBRA 1990. I further understand that payment(s) will be based on the value of the individual account(s). I acknowledge that a copy of the Deferred Compensation Plan Document is available to me for my review and understanding. The terms, conditions, and provisions of the Plan Document are hereby incorporated into this agreement.

Beneficiary Designations If you need more space than provided below, please attach an additional page.

Primary	Name:	Social Security #:	Date of Birth:
	Address:	Relationship:	Percent:
Contingent	Name:	Social Security #:	Date of Birth:
	Address:	Relationship:	Percent:

A $0.75 monthly fee will be applied to inactive participant account balances. Inactive participants are those participants who have not made a contribution to the plan for one year, are no longer employed with this Employer, and who could, at any time, request a distribution of their account balance.

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

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 did 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 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $313.50. 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, any 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 $500 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. 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. Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037.

Form SSA-1945(12-2004)

_____ _____ _____
Employee Signature Print Name Date

Submit completed form to:
MidAmerica Administrative & Retirement Solutions, Inc.
402 S. Kentucky Avenue, Suite 500, Lakeland, FL 33801