



## Employee Personal Information Form

Employee type:  Classified  Student  Volunteer  PT Faculty  FT Faculty  Exempt  PT Hourly

Department Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

### YOUR PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary Phone number: \_\_\_\_\_ Secondary Phone number: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_

Relationship to self: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### EMPLOYEE SIGNATURE REQUIRED

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR HUMAN RESOURCES OFFICE USE ONLY

Entered: \_\_\_\_\_ Date: \_\_\_\_\_

ACA \_\_\_\_\_

HR 1/2023

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)		_____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<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 (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code





# Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

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

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

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

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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# Employee Affirmative Action and Demographic Data Form

Government agencies provide state and federal periodic reports about the state workforce for equal opportunity and affirmative action efforts. **The demographic information from this form also helps us make better decisions about how we increase representation of underrepresented groups and make our workforce more diverse and inclusive.**

Providing any of this information is **voluntary**, and information will be kept confidential to the extent possible. As of June 11, 2020, the following information collected on this form is **protected from public disclosure** at the individual level: month and year of birth, race and ethnicity, sexual orientation and gender identity (RCW 49.60.040(26)), and status as a person with a disability.

<b>1. Name (Last, First, Middle Initial)</b>	<b>2. Personnel ID Number</b>	<b>3. Date</b>
<i>Please see next page for definitions</i>		
<b>4. Are you age 40 years or older?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Birthdate _____	<b>5. Gender Identity</b> Female <input type="checkbox"/> Male <input type="checkbox"/> X/Non-binary <input type="checkbox"/>	<b>6. Gender Designation for Health Insurance Purposes</b> (Used by doctors for billing) Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>7. Are you a person with a disability?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Veterans with a service-connected disability may also meet the definition of a person with a disability. Select both if applicable.</small>	<b>8. Do you identify as LGBTQ+?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Information used to account for workforce representation.</small>	
<b>9. What race and/or ethnicity do you consider yourself? Select <u>all</u> that apply.</b>		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> White
<b>Veteran and Military Spouse Information</b> – Employment preference is given to veterans. The state also provides support and assistance to military spouses in accordance with Executive Order 19-01. <i>Note: To qualify and receive veteran’s preference, you may be asked to provide a record of discharge, DD214, NGB Form 22 or alternate verification of military service and a document from the U.S. Department of Veterans Affairs certifying a service-connected disability for disabled veterans.</i>		
<b>10. Veteran Status? Select <u>all</u> that apply.</b>		
Are you an Eligible Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, discharge date: _____
Are you a Vietnam Era Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of discharge: _____
Are you a Veteran w/service-connected disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a Special Disabled Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>11. Are you currently a member of the reserve component, including the National Guard?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Were you called to active duty from employment with the state? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>11a. If yes, dates:</b> _____ to _____ and		<b>11b. Type of Discharge:</b> _____
<b>12. Are you a military spouse or military registered domestic partner?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>13. Are you the spouse or registered domestic partner of an honorably discharged deceased veteran OR honorably discharged 100% service-connected disabled veteran?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature	Date	

Submit completed form to your agency’s Human Resources Office.

For more information on HRMS entry of this form: [OFM Personal Data Job Aid](#).

<b>For Imaging Only</b>	<b>Personnel ID</b>	<b>Doc Date</b>	<b>Section</b>	<b>Doc Type</b>	<b>Sub Doc Type</b>	<b>HR Rep</b>
			AA	Form	AA Profile	

# Employee Affirmative Action and Demographic Data Definitions

## **Person with a Disability ([U.S. EEOC & ADA Amendments Act of 2008](#), September 2008):**

For affirmative action data reporting purposes, people with disabilities are individuals with a permanent, physical, mental or sensory impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, and communicating. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

The impairment must be both permanent and material rather than slight, but not necessarily require a workplace accommodation. An impairment that is episodic or in remission is still a disability if it would substantially limit a major life activity when active. The determination of whether an impairment substantially limits a major life activity shall be made without considering temporary improvements made through mitigating measures such as medication, therapy, reasonable accommodation, prosthetics, technology, equipment, or adaptive devices (but not to include ordinary eyeglasses or contact lenses).

**Gender Designation for Health Insurance Purposes** (Used by doctors for billing): This data is used to meet current requirements for Medicare federal reporting and eligibility determinations, meet health plan vendor requirements, ensure coordination of benefits and efficient claims processing. Please choose the option in this field that you would like your medical provider(s) to use to determine insurance coverage and facilitate claims processing for your health care services.

## **Gender Identity (Washington State DEI Foundational Definitions)**

A person's innermost concept of self as male, female, a blend of both or neither (gender "X" or non-binary). How individuals perceive themselves and what they call themselves. A person's gender identity can be the same or different from their sex assigned at birth.

## **Gender "X" ([WA State Dept. of Health](#))**

Gender X is intended to be an inclusive category to recognize the real diversity of gender identity. Gender X means a gender that is not exclusively male or female.

## **LGBTQ+ ([Governor's Interagency Council on Health Disparities](#))**

LGBTQ+ is an abbreviation for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning. The + allows space for other diverse sexual orientation, gender identity, and gender expression groups.

## **Race and Culture ([US Census Bureau, Race & Ethnicity, January 2017](#))**

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original people of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African American:** A person having origins in any of the Black racial groups of Africa.

**Hispanic or Latino/a/x:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## **Veterans (Title 38 U.S.C., [Executive Order 19-01](#))**

**Eligible Veteran, 38 U.S.C. 4211 (4):** (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than dishonorable discharge; (2) was discharged or released from active duty because of a service-connected disability; (3) as a member of a reserve component served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than dishonorable discharge; or (4) discharged or released from active duty by reason of a sole survivorship discharge as defined in section 1174(i) of title 10.

**Discharge Date:** The most recent discharge date from active military service in any branch of the armed forces, as indicated on the employee's Certificate of Release or Discharge from Active Duty form DD214 or similar discharge paperwork.

**Vietnam Era Veteran, 38 U.S.C. 4211 (2) (4):** A veteran of the U.S. military, ground, naval or air service, any part of whose service was during the period August 5, 1964 through May 7, 1975, who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or was discharged or released from active duty because of a service-connected disability. Includes any veteran of the U.S. military, ground, naval or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

**Disabled Veteran, 38 U.S.C. 4211 (3):** A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs or a person who was discharged or released from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

**Special Disabled Veteran:** A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs for:

- a disability rated at 30 percent or more; or
- a disability rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
- a discharge or release from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

**Reserve Component, 38 U.S.C. 101 (7):** Includes Army Reserve, Navy Reserve, Marine Corps Reserve, Air Force Reserve, Army National Guard of the United States, and Air National Guard of the United States.

**Military Spouse or Registered Domestic Partner, Washington State Executive Order 19-01:** A person currently or previously married to a military service member during the service member's time of active, reserve, or National Guard duty.



# Retirement Status Verification

Employers can use this form to document the retirement status of all new employees.

DRS Contact Information  
 Employer Support Services (ESS)  
 360.664.7200, option 2  
 800.547.6657, option 6, option 2  
[drs.employersupport@drs.wa.gov](mailto:drs.employersupport@drs.wa.gov)

## Employer Instructions

RCW 41.50.139 requires employers to obtain, in writing, the retirement status of all new employees. Your organization can document the status using your own process, or by using this form. If using this form:

- Ask the employee to complete and sign the Employee Information section below.
- Use the Member Management Process in the Employer Reporting Application (ERA) to verify the employee's retirement status.
- Record the results in the Employer Verification section below.
- Use Retiree Return to Work (RRTW) Reporting Charts to review reporting instructions as necessary.
- Sign and date this form. Retain for 60 years.

Employee Information		Employer Verification
Employee Name (Last, First, Middle)	Social Security Number	
Are you a retiree of one of Washington state's retirement systems? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If a retiree of PERS, SERS or TRS, did you retire using the 2008 early retirement factors (2008 ERF)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, are you under age 65? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you retired or will you be eligible to retire from LEOFF Plan 2 in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and filling eligible position (not L2 position), have employee complete <a href="#">LEOFF Plan 2 Re-employment form</a> .
Are you a retiree of a separate retirement plan covered by the city of Seattle, Spokane or Tacoma? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Are you currently employed by another public employer and contributing to a Washington state retirement system? That is, will you be working at the same time for two public employers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Employee Signature	Date	

## Employer Comments (optional)

Please enter any additional comments here. If you need more room, use the back of this form and check this box:

## Employer Signature

I verified the above information using ERA (or by contacting DRS). I acknowledge that failure to properly report a retiree to DRS can result in a liability to the employer.

Employer Signature	Date
--------------------	------





## ABOUT YOUR PAYROLL FUNDS

Edmonds College Payroll: 425-640-1812

1. Employees have 2 options for receiving their payroll funds:

Direct Deposit (electronic funds transfer, EFT)

OR

Focus Card (Visa prepaid card)

2. You will receive a paper check the first payroll after submission of the Payment Authorization Form. This check will be mailed to your home address via the U.S. Postal Service.

3. Some banks may post your automatic payroll deposit later than the hour the bank opens. Consult with your bank for the time of day your funds will be available to you.

**4. It is the employee's responsibility to notify the payroll office of any bank or account information changes that occur. Failure to do so may result in a delayed payment to the employee of up to 5 days after the pay date.**

5. The Employee Earnings & Leave Web application will also show whether a Focus debit card or a direct deposit was created for each payroll run. You can access your payroll information via CTC Link: <https://ptprd.ctclink.us/psp/ptprd/?cmd=login>

## The Affordable Care Act (ACA) Notice of Health Insurance Marketplace Coverage Options and Your Public Employees Benefits Board (PEBB) Benefits

### General Information

In 2014, a new way to buy health insurance through the new health insurance Marketplace, also known as the Health Insurance Exchange, was introduced. Washington Healthplanfinder is the Marketplace serving Washington residents. This notice provides basic information about the Marketplace as well as Public Employees Benefits Board (PEBB) health plan coverage offered by your employer and is intended to assist you in evaluating options for you and your family.

#### 1. What is the Health Insurance Marketplace?

Under the Affordable Care Act (ACA), every state must have a health insurance Marketplace to help people buy health insurance. The Marketplace offers assistance to help you find and compare health insurance options offered by private companies. The Marketplace will also help you find out if you qualify for premium tax credits or other financial assistance.

#### 2. When does open enrollment begin?

Open enrollment for the Marketplace may begin as early as October 1<sup>st</sup> for coverage starting as early as January 1<sup>st</sup> of the following year. However, please keep in mind that this can vary. Open enrollment in 2022 began November 1<sup>st</sup> for coverage starting in 2022.

#### 3. 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 you are not eligible for PEBB health plan enrollment as an employee. The amount of premium savings in the Marketplace will depend on your household income.

#### 4. Does being eligible for an employer contribution for PEBB health plan coverage affect eligibility for premium savings through the Healthplanfinder?

Yes.

- **Employees eligible for employer contribution:**

All **eligible** state employees receive an employer contribution for PEBB health plan enrollment and are not allowed to waive PEBB health coverage to enroll in coverage through the Marketplace. All or a portion of this contribution may be excluded from income for Federal and State income tax purposes. These employees should enroll or remain enrolled in a PEBB health plan.

State employees who are eligible to receive an employer contribution cannot use the employer contribution to purchase coverage through the Marketplace, and will not be eligible for a premium tax credit if they purchase coverage through the Marketplace.

## Notification of Benefit Exchange Template

However, if the cost of a PEBB health plan to cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or does not meet the “minimum value” standard set by the ACA, you may be eligible for a tax credit or other financial assistance. An employer-sponsored health plan meets the “minimum value standard” if the health plan’s share of the total allowed benefit costs covered by the health plan is no less than 60 percent of such costs.

- **Employees not eligible for employer contribution:**

Employees who are not eligible for the employer contribution for PEBB health plan enrollment should consider applying for health benefits in the Marketplace as they may qualify for a premium tax credit or other financial assistance. Your payments for coverage through the Marketplace are made on an after-tax basis.

### 5. How do I get additional information about the Marketplace?

The Marketplace simplifies your search for health coverage by gathering the options available in your area in one place. You can compare plans based on price, benefits, quality, and other features important to you before you make a choice.

Visit [www.healthcare.gov](http://www.healthcare.gov) or also get help by phone, or in person.

Call 1-800-318-2596, 24 hours a day, 7 days a week (TTY: 1-855-889-4325)

### 6. How do I contact the Washington Healthplanfinder?

For Washington State residents, Washington Healthplanfinder can help you evaluate Marketplace coverage options and possible premium savings online, by phone, or in person:

Washington Healthplanfinder

521 Capitol Way South

Olympia, WA 98501

Toll-free: 1-855-923-4633 (TTY: 1-855-627-9604)

[Submit a question online](#)

### 7. How do I get more information about PEBB health plans?

For more information about PEBB health plans offered by your employer, please check the Certificate of Coverage for your plan, or contact your benefits office.

You can also find complete information about PEBB employee and retiree benefits at the PEBB website:

[www.hca.wa.gov/employee-retiree-benefits/public-employees](http://www.hca.wa.gov/employee-retiree-benefits/public-employees)

## Information about PEBB health plan coverage offered by your employer

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

3. Employer name Edmonds College		4. Employer Identification Number (EIN) 910825212	
5. Employer address 20000 68th Ave West		6. Employer phone number (425) 640-1077	
7. City Lynnwood	8. State WA	9. ZIP code 98036-5999	
10. Who can we contact about employee health coverage at this job? Denise Olson, denise.olson@edmonds.edu Bethany Sugawara for Head Start Employees, bethany.sugawara@edmonds.edu			
11. Phone number (if different from above) (425) 640-1069 (425) 712-9000		12. Email address denise.olson@edmonds.edu bethany.sugawara@edmonds.edu	

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

- **As your employer, we offer a health plan to:**

- All employees.
- Some employees.**

**Employee eligibility is described in Washington Administrative Code (WAC) [182-12-114](#):**

### WAC 182-12-114

#### How do employees establish eligibility for Public Employees Benefits Board (PEBB) benefits?

Eligibility for an employee whose work circumstances are described by more than one of the eligibility categories in subsections (1) through (5) of this section shall be determined solely by the criteria of the category that most closely describes the employee's work circumstances.

Hours that are excluded in determining eligibility include standby hours and any temporary increases in work hours, of six months or less, caused by training or emergencies (except governor-declared emergencies) that have not been or are not anticipated to be part of the employee's regular work schedule or pattern. Any hours worked in direct response to a governor-declared emergency are not excludable and must be included in determining eligibility. In order to include excluded hours in determining eligibility, employing agencies must request and receive the Public Employees Benefits Board (PEBB) program's approval.

For how the employer contribution toward PEBB benefits is maintained after eligibility is established under this section, see WAC [182-12-131](#).

**(1) Employees** are eligible for PEBB benefits as follows, except as described in subsections (2) through (5) of this section:



## Notification of Benefit Exchange Template

(a) Eligibility. An employee is eligible if they are anticipated to work an average of at least 80 hours per month and are anticipated to work for at least eight hours in each month for more than six consecutive months.

(b) Determining eligibility.

(i) Upon employment: An employee is eligible from the date of employment if the employing agency anticipates the employee will work according to the criteria in (a) of this subsection.

(ii) Upon revision of anticipated work pattern: If an employing agency revises an employee's anticipated work hours or anticipated duration of employment such that the employee meets the eligibility criteria in (a) of this subsection, the employee becomes eligible when the revision is made.

(iii) Based on work pattern: An employee who is determined to be ineligible, but later meets the eligibility criteria in (a) of this subsection, becomes eligible the first of the month following the six-month averaging period.

(c) Stacking of hours. As long as the work is within one state agency, employees may "stack" or combine hours worked in more than one position or job to establish eligibility and maintain the employer contribution toward PEBB benefits. Employees become eligible through stacking when they meet the requirements described in (a) of this subsection. They must notify their employing agency if they believe they are eligible through stacking. Stacking includes work situations in which:

(i) The employee works two or more positions or jobs at the same time (concurrent stacking);

(ii) The employee moves from one position or job to another (consecutive stacking); or

(iii) The employee combines hours from a seasonal position with hours from a nonseasonal position or job. An employee who establishes eligibility by stacking hours from a seasonal position or job with hours from a nonseasonal position or job shall maintain the employer contribution toward PEBB benefits as described in WAC [182-12-131\(1\)](#).

(d) When PEBB benefits begin. Medical, dental, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, employer-paid long-term disability (LTD) insurance, employee-paid LTD insurance (unless the employee declines the employee-paid LTD insurance as described in WAC [182-08-197\(1\)](#)), and if eligible, benefits under the salary reduction plan begin on the first day of the month following the date an employee becomes eligible. If the employee becomes eligible on the first working day of a month, then coverage begins on that date. Supplemental life insurance and supplemental AD&D insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

**(2) Seasonal employees**, as defined in WAC [182-12-109](#), are eligible as follows:

(a) Eligibility. A seasonal employee is eligible if they are anticipated to work an average of at least 80 hours per month and are anticipated to work for at least eight hours in each month of at least three consecutive months of the season.

(b) Determining eligibility.

## Notification of Benefit Exchange Template

- (i) Upon employment: A seasonal employee is eligible from the date of employment if the employing agency anticipates that they will work according to the criteria in (a) of this subsection.
  - (ii) Upon revision of anticipated work pattern. If an employing agency revises an employee's anticipated work hours or anticipated duration of employment such that the employee meets the eligibility criteria in (a) of this subsection, the employee becomes eligible when the revision is made.
  - (iii) Based on work pattern. An employee who is determined to be ineligible for benefits, but later works an average of at least 80 hours per month and works for at least eight hours in each month and works for more than six consecutive months, becomes eligible the first of the month following a six-month averaging period.
- (c) Stacking of hours. As long as the work is within one state agency, employees may "stack" or combine hours worked in more than one position or job to establish eligibility and maintain the employer contribution toward PEBB benefits. Employees become eligible through stacking when they meet the requirements described in (a) of this subsection. They must notify their employing agency if they believe they are eligible through stacking. Stacking includes work situations in which:
- (i) The employee works two or more positions or jobs at the same time (concurrent stacking);
  - (ii) The employee moves from one position or job to another (consecutive stacking); or
  - (iii) The employee combines hours from a seasonal position or job with hours from a nonseasonal position or job. An employee who establishes eligibility by stacking hours from a seasonal position or job with hours from a nonseasonal position or job shall maintain the employer contribution toward PEBB benefits as described in WAC [182-12-131\(1\)](#).
- (d) When PEBB benefits begin. Medical, dental, basic life insurance, basic AD&D insurance, employer-paid LTD insurance, employee-paid LTD insurance (unless the employee declines the employee-paid LTD insurance as described in WAC [182-08-197\(1\)](#)), and if eligible, benefits under the salary reduction plan begin on the first day of the month following the day the employee becomes eligible. If the employee becomes eligible on the first working day of a month, then coverage begins on that date. Supplemental life insurance and supplemental AD&D insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

**Exception:** Seasonal employees who work a recurring, annual season with a duration of less than nine months are not eligible for the employee-paid LTD insurance benefit.

(3) Faculty are eligible as follows:

(a) Determining eligibility. "Half-time" means one-half of the full-time academic workload as determined by each institution, except that half-time for community and technical college faculty employees is governed by RCW [28B.50.489](#).

(i) Upon employment: Faculty who the employing agency anticipates will work half-time or more for the entire instructional year, or equivalent nine-month period, are eligible from the date of employment.

(ii) For faculty hired on quarter/semester to quarter/semester basis: Faculty who the employing agency anticipates will not work for the entire instructional year, or equivalent nine-month period, are eligible at the beginning of the second consecutive quarter or semester of employment in which they are

## Notification of Benefit Exchange Template

anticipated to work, or has actually worked, half-time or more. Spring and fall are considered consecutive quarters/semesters when first establishing eligibility for faculty that work less than half-time during the summer quarter/semester.

(iii) Upon revision of anticipated work pattern: Faculty who receive additional workload after the beginning of the anticipated work period (quarter, semester, or instructional year), such that their workload meets the eligibility criteria as described in (a)(i) or (ii) of this subsection become eligible when the revision is made.

(b) Stacking. Faculty may establish eligibility and maintain the employer contribution toward PEBB benefits by working as faculty for more than one institution of higher education. Faculty workloads may only be stacked with other faculty workloads to establish eligibility under this section or maintain eligibility as described in WAC [182-12-131\(3\)](#). A faculty becomes eligible through stacking when they meet the requirements as described in (a) of this subsection. When a faculty works for more than one institution of higher education, the faculty must notify their employing agencies that they work at more than one institution and may be eligible through stacking.

(c) When PEBB benefits begin.

(i) Medical, dental, basic life insurance, basic AD&D insurance, employer-paid LTD insurance, employee-paid LTD insurance (unless the faculty declines the employee-paid LTD insurance as described in WAC [182-08-197\(1\)](#)), and if eligible, benefits under the salary reduction plan begin on the first day of the month following the day the faculty becomes eligible. If the faculty becomes eligible on the first working day of a month, then coverage begins on that date. Supplemental life insurance and supplemental AD&D insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

(ii) For faculty hired on a quarter/semester to quarter/semester basis under (a)(ii) of this subsection, medical, dental, basic life insurance, basic AD&D insurance, employer-paid LTD insurance, employee-paid LTD insurance (unless the faculty declines the employee-paid LTD insurance as described in WAC [182-08-197\(1\)](#)), and if eligible, benefits under the salary reduction plan begin the first day of the month following the beginning of the second consecutive quarter/semester of half-time or more employment. If the first day of the second consecutive quarter/semester is the first working day of the month, then coverage begins at the beginning of the second consecutive quarter/semester. Supplemental life insurance and supplemental AD&D insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

**(4) Elected and full-time appointed officials of the legislative and executive branches of state government** are eligible as follows:

(a) Eligibility. A legislator is eligible for PEBB benefits on the date their term begins. All other elected and full-time appointed officials of the legislative and executive branches of state government are eligible on the date their terms begin or the date they take the oath of office, whichever occurs first.

(b) When PEBB benefits begin. Medical, dental, basic life insurance, basic AD&D insurance, employer-paid LTD insurance, employee-paid LTD insurance (unless the employee declines the employee-paid LTD

## Notification of Benefit Exchange Template

insurance as described in WAC [182-08-197\(1\)](#)), and if eligible, benefits under the salary reduction plan begin on the first day of the month following the day the employee becomes eligible. If the employee becomes eligible on the first working day of a month, then coverage begins on that date. Supplemental life insurance and supplemental AD&D insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

**(5) Justices and judges** are eligible as follows:

(a) **Eligibility.** A justice of the supreme court and judges of the court of appeals and the superior courts become eligible for PEBB benefits on the date they take the oath of office.

(b) **When PEBB benefits begin.** Medical, dental, basic life insurance, basic AD&D insurance, employer-paid LTD insurance, employee-paid LTD insurance (unless the employee declines the employee-paid LTD insurance as described in WAC [182-08-197\(1\)](#)), and if eligible, benefits under the salary reduction plan begin on the first day of the month following the day the employee becomes eligible. If the employee becomes eligible on the first working day of a month, then coverage begins on that date. Supplemental life insurance and supplemental AD&D insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

• **With respect to dependents:**

**We do offer coverage.**

We do not offer coverage.

**Dependent eligibility is described in Washington Administrative Code (WAC) [182-12-260](#):**

**(1) Legal spouse.** A former spouse is not an eligible dependent upon finalization of a divorce or annulment, even if a court order requires the subscriber to provide health insurance for the former spouse;

**(2) State registered domestic partner.** A former state registered domestic partner is not an eligible dependent upon dissolution or termination of a partnership, even if a court order requires the subscriber to provide health insurance for the former partner;

**(3) Children.** Children are eligible through the last day of the month in which their twenty-sixth birthday occurred except as described in (g) of this subsection. Children are defined as the subscriber's:

(a) Children based on establishment of a parent-child relationship as described in RCW [26.26A.100](#), except when parental rights have been terminated;

(b) Children of the subscriber's spouse, based on the spouse's establishment of a parent-child relationship, except when parental rights have been terminated. The stepchild's relationship to the subscriber (and eligibility as a dependent) ends on the same date the marriage with the spouse ends through divorce, annulment, dissolution, termination, or death;

(c) Children for whom the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption of the child;

## Notification of Benefit Exchange Template

(d) Children of the subscriber's state registered domestic partner, based on the state registered domestic partner's establishment of a parent-child relationship, except when parental rights have been terminated. The child's relationship to the subscriber (and eligibility as a dependent) ends on the same date the subscriber's legal relationship with the state registered domestic partner ends through divorce, annulment, dissolution, termination, or death;

(e) Children specified in a court order or divorce decree for whom the subscriber has a legal obligation to provide support or health care coverage;

(f) Extended dependent in the legal custody or legal guardianship of the subscriber, the subscriber's spouse, or subscriber's state registered domestic partner. The legal responsibility is demonstrated by a valid court order and the child's official residence with the custodian or guardian. Extended dependent child does not include a foster child unless the subscriber, the subscriber's spouse, or the subscriber's state registered domestic partner has assumed a legal obligation for total or partial support in anticipation of adoption; and

(g) Children of any age with a developmental or physical disability that renders the child incapable of self-sustaining employment and chiefly dependent upon the subscriber for support and maintenance provided such condition occurs before the age of twenty-six:

(i) The subscriber must provide proof of the disability and dependency within sixty days of the child's attainment of age twenty-six;

(ii) The subscriber must notify the PEBB program, in writing, when the child is no longer eligible under this subsection as described in WAC [182-12-262 \(2\)\(a\)](#);

(iii) A child with a developmental or physical disability who becomes self-supporting is not eligible under this subsection as of the last day of the month in which they become capable of self-support;

(iv) A child with a developmental or physical disability age twenty-six and older who becomes capable of self-support does not regain eligibility if they later become incapable of self-support; and

(v) The PEBB program with input from the applicable contracted vendor will periodically verify the eligibility of a dependent child with a disability beginning at age twenty-six, but no more frequently than annually after the two-year period following the child's twenty-sixth birthday. Verification will require renewed proof of disability and dependence from the subscriber.

**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

## Notification of Benefit Exchange Template

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.

# Edmonds College - PAYMENT AUTHORIZATION FORM

Fill out this form and return to HR. If you do not have an active bank account on file or have not signed up for direct deposit, you will automatically be issued a Focus<sup>®</sup> Card after two pay periods. Your Focus Card will be in HR for you to pick up in 5-7 days. It may take 1-2 pay cycles for funds to be deposited to your card.

## Employee Information (Please print clearly using black ink.)

First Name:	Last Name:	
Address:	Apt. #:	
City:	State:	Zip Code:
Home Phone:	Work Phone:	
Email Address:		
Social Security Number:	Date of Birth:	

## Two Convenient Options

To receive your pay via direct deposit or to enroll for the Focus Card, please fill out your account information in the section provided below (you may choose either direct deposit or the Focus Card). **If choosing direct deposit, please attach a voided check or copy of check here. Do not attach a deposit slip, the routing number is not always correct. If you do not have a voided check or copy of a check, please have an authorized bank representative fill in your account information and sign the Bank Representative Signature line below.**

**Direct Deposit** By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each pay day. Fill out your account information below:

Bank Name:	Account Number:
ABA Routing/Transit #:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Representative Signature (if no check is attached):	

**Focus Card** With the Focus Card, your pay will be deposited onto a prepaid Visa<sup>®</sup> card. The Focus Card can be used to make purchases or get cash everywhere Visa debit cards are accepted worldwide. It's not a credit card and there is no cost to enroll.

Initial \_\_\_\_\_ By choosing this option, I also acknowledge receipt of the Pre-Acquisition Disclosure as well as the Fee Schedule from my employer.

In accordance with RCW 43.41.180, I hereby authorize and request the State, until this authorization is revoked as described below, to transfer the full amount of my state salary, after mandatory and authorized deductions, to the designated financial institution for deposit in my account. In the event that the State may be legally obligated to withhold any additional part of my salary payment for any reason, I understand that the State shall have the authority to immediately terminate any transfer made under this authorization. If the State discovers that the electronic transmission for this authorization for any reason will result in an overpayment of salary or wages actually due and payable to me, I hereby authorize the State to either process a reversing transaction that will result in sending the net pay amount back to the state, or seek full reimbursement of the overpayment by whatever means is appropriate. If any action taken by me or my financial institution, without adequate notification to my agency payroll office, results in non-acceptance of the transfer by the designated financial institution, I understand that the State assumes no responsibility for processing supplemental payroll payments until the funds are returned to the agency by the financial institution. I understand that my first payment subsequent to receipt of this form by the Bellevue College Payroll office will still be in the form of a check. Thereafter, dependent upon successful prenote completion, I will receive payment by direct deposit. I agree that it is my responsibility to confirm each payment, and will not hold the College liable for any charges as a result of direct deposit failure. I also understand that any check issued outside of regular payroll processing will be in the form of a paper check and will not be direct deposited. I further understand that the College has the right to pay my final payroll payment upon my termination in the form of a check, and that it is my responsibility to verify method of final payment upon my termination from the College. I will not hold the College liable for any charges as a result of my failure to verify payment method upon my termination. This authority is in force until written notification is received from me regarding its termination, or upon my death.

X

Signature:	Date:
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The Focus Card is issued by U.S. Bank National Association. Member FDIC. © 2012 U.S. Bank.

U.S. Bank Focus Card™ Pre-Acquisition Disclosure  
 Program Number: 87265214 POD  
 Reference Date: July 2018

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your employer for available options and select your option.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> in-network <b>\$1.75</b> out-of-network	<b>\$5.95*</b>
ATM Balance Inquiry (in-network or out-of-network)			\$0 or \$1.00
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 90 days with no transactions)			\$2.00* per month

**We charge 4 other types of fees.**

\*This fee can be lower or charged differently depending on how and where this card is used and your state of employment or residence. See the accompanying Fee Schedule for free ways to access your funds and balance information.

**No overdraft/credit feature.**  
 Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid). Find details and conditions for all fees and services inside the card package or call **1-877-474-0010** or visit **usbankfocus.com**.



## U.S. Bank Focus Card™ Fee Schedule

Program Number: 87265214 POD

Effective Date: July 2018

All fees	Amount	Details
<b>Add money</b>		
Check Reload	5% or \$5.00 min.	This is not our fee and is subject to change. Fee of up to 5% of check value may apply when cashing a check to load your card at Ingo Money. Money in Minutes - 2% (pre-printed payroll or gov't checks) or 5% (all other checks), minimum \$5.00. Money in 10 Days - no fee. Fee is deducted from check value. Go to <a href="http://ingomoney.com">ingomoney.com</a> for more information.
Cash Reload – Visa Readylink	Varies by retailer	Third party fee may apply when reloading your card at a Visa Readylink network. Fee is paid to third party at the time of reload. Go to <a href="http://usa.visa.com/pay-with-visa/cards/services-locator.html">usa.visa.com/pay-with-visa/cards/services-locator.html</a> for locations.
Cash Reload – GreenDot	\$5.95	This is not our fee and is subject to change. Fee of up to \$5.95 may apply when reloading your card at GreenDot®. Fee is paid to third party at the time of reload. Go to <a href="http://greendot.com">greendot.com</a> for more information.
<b>Get cash</b>		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. “In-network” refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator">moneypass.com/atm-locator</a> .
ATM Withdrawal (out-of-network)	\$1.75	This is our fee per withdrawal. “Out-of-network” refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash from your card from a teller at a bank or credit union that accepts Visa®.
<b>Information</b>		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. “In-network” refers to the U.S. Bank or MoneyPass ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator">moneypass.com/atm-locator</a> .
ATM Balance Inquiry (out-of-network)	\$1.00	This is our fee per inquiry. “Out-of-network” refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.

<b>Using your card outside the U.S.</b>		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose. For Connecticut, Illinois and Pennsylvania workers, all international purchase fees are waived.
International ATM Withdrawal	\$3.00	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
International ATM Balance Inquiry	\$1.00	This is our fee per inquiry. You may also be charged a fee by the ATM operator.
<b>Other</b>		
Card Replacement	\$5.00	This is our fee per replacement of your card, whether mailed to you with standard delivery (up to 10 business days) or provided to you by your employer/sponsor. This fee is waived for your first card replacement in a 12-month period. This fee will be charged for each additional replacement during the same 12 months. For Connecticut, Hawaii and Pennsylvania workers, this fee is waived.
Card Replacement Expedited Delivery	\$10.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Card Replacement Overnight Delivery	\$20.00	This is our fee for overnight delivery charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 90 consecutive days. For Connecticut, Illinois, and Pennsylvania workers, this fee will be waived for the first 12 months of inactivity (based on cardholder-initiated balance changing transactions). For Texas residents, this fee will not be charged after one year of inactivity. For Minnesota and Montana workers this fee is waived. For Hawaii workers, accounts with a balance of \$0.00 and no activity for more than 6 months may be closed.

Your funds are eligible for FDIC insurance up to \$250,000. FDIC insurance protects deposits from loss due to bank insolvency. See [fdic.gov/deposit/deposits/prepaid.html](https://www.fdic.gov/deposit/deposits/prepaid.html) for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-877-474-0010**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit [usbankfocus.com](https://www.usbankfocus.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](https://www.cfpb.gov/prepaid). If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](https://www.cfpb.gov/complaint).

Important information: Fee waivers for workers of a particular state are applied based on information from the sponsoring employer regarding your state of employment.

Divulgación Previa a la Adquisición de la Tarjeta U.S. Bank Focus™  
 Número de Programa: 87265214 POD  
 Fecha de Referencia: julio de 2018

Usted tiene opciones con respecto a cómo recibir sus pagos, incluidos el depósito directo en su cuenta de banco o esta tarjeta prepagada. Consulte a su empleador sobre las opciones disponibles y seleccione su opción.

Cargo mensual	Por compra	Retiro de fondos en ATM	Recarga de efectivo
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> dentro de la red <b>\$1.75</b> fuera de la red	<b>\$5.95*</b>
Consulta de Saldo en ATM (dentro o fuera de la red)			\$0 o \$1.00
Servicio al Cliente (automatizado o representante en vivo)			\$0 por llamada
Inactividad (después de 90 días sin transacciones)			\$2.00* por mes

**Cobramos otros 4 tipos de cargos.**

\*Este cargo puede ser menor o puede cobrarse de manera diferente, dependiendo de cómo y dónde se utilice esta tarjeta y del estado en el que resida o trabaje. Consulte la Lista de Cargos adjunta para saber cómo acceder de manera gratuita a la información de sus fondos y saldos.

**Sin prestación de sobregiro/crédito.**  
 Sus fondos son elegibles para el seguro FDIC.

Para obtener información general sobre cuentas prepagadas, visite [cfpb.gov/prepaid](http://cfpb.gov/prepaid). Encuentre detalles y condiciones de todos los cargos y servicios en el paquete de la tarjeta, llame al **1-877-474-0010** o visite [usbankfocus.com](http://usbankfocus.com).

Lista de Cargos de la Tarjeta U.S. Bank Focus™

Número de Programa: 87265214 POD

Fecha de Vigencia: julio de 2018

Todos los cargos	Monto	Detalles
<b>Agregar dinero</b>		
Recarga con Cheque	5% o mínimo de \$5.00	Este cargo no es nuestro y está sujeto a cambios. Se puede aplicar un cargo de hasta el 5% del valor del cheque cuando cobre un cheque para cargar su tarjeta en Ingo Money. Dinero en Minutos: 2% (cheques preimpresos de nómina o de gobierno) o 5% (todos los demás cheques), mínimo de \$5.00. Dinero en 10 Días: sin cargo. El cargo se deduce del valor del cheque. Visite <a href="http://ingomoney.com">ingomoney.com</a> para obtener más información.
Recarga de Efectivo – Visa Readylink	Varía según el comercio minorista	Es posible que se apliquen cargos de terceros cuando recargue su tarjeta en una red Visa Readylink. Este cargo se paga a un tercero en el momento de la recarga. Visite <a href="http://usa.visa.com/pay-with-visa/cards/services-locator.html">usa.visa.com/pay-with-visa/cards/services-locator.html</a> para encontrar ubicaciones.
Recarga de Efectivo – GreenDot	\$5.95	Este cargo no es nuestro y está sujeto a cambios. Es posible que se aplique un cargo de \$5.95 cuando recargue su tarjeta en GreenDot®. Este cargo se paga a un tercero en el momento de la recarga. Visite <a href="http://greendot.com">greendot.com</a> para obtener más información.
<b>Retiro de efectivo</b>		
Retiro de Fondos en ATM (dentro de la red)	\$0	Este es nuestro cargo por retiro de fondos. “Dentro de la red” se refiere a las redes de ATM de U.S. Bank y MoneyPass®. Puede encontrar las ubicaciones en <a href="http://usbank.com/locations">usbank.com/locations</a> y <a href="http://moneypass.com/atm-locator">moneypass.com/atm-locator</a> .
Retiro de Fondos en ATM (fuera de la red)	\$1.75	Este es nuestro cargo por retiro de fondos. “Fuera de la red” se refiere a todos los ATM que se encuentran fuera de las redes de ATM de U.S. Bank y de MoneyPass. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Retiro de Fondos en Efectivo Asistido por Personal Bancario de Ventanilla	\$0	Este es nuestro cargo por realizar un retiro de fondos en efectivo desde su tarjeta con la ayuda del personal bancario de ventanilla en un banco o cooperativa de crédito que acepte Visa®.
<b>Información</b>		
Consulta de Saldo en ATM (dentro de la red)	\$0	Este es nuestro cargo por consulta. “Dentro de la red” se refiere a las redes de ATM de U.S. Bank y MoneyPass. Puede encontrar las ubicaciones en <a href="http://usbank.com/locations">usbank.com/locations</a> y <a href="http://moneypass.com/atm-locator">moneypass.com/atm-locator</a> .

Consulta de Saldo en ATM (fuera de la red)	\$1.00	Este es nuestro cargo por consulta. “Fuera de la red” se refiere a todos los ATM que se encuentran fuera de las redes de ATM de U.S. Bank y de MoneyPass. El operador del ATM también puede cobrarle un cargo.
<b>Uso de su tarjeta fuera de los EE. UU.</b>		
Transacción Internacional	3%	Este es el cargo que cobramos y que se aplica al uso de su tarjeta para compras en comercios extranjeros y por retiros de fondos en efectivo en ATM extranjeros y es un porcentaje del monto en dólares de la transacción después de cualquier conversión de moneda. Algunos comercios y transacciones de ATM, incluso aunque usted y el comercio o ATM estén ubicados en los Estados Unidos, se consideran transacciones en el extranjero conforme a las reglas aplicables de la red, y nosotros no tenemos control sobre cómo se clasifican estos comercios, ATM y transacciones para este fin. Los cargos de compra internacional no se cobran a los trabajadores de Connecticut, Illinois y Pennsylvania.
Retiro de Fondos en ATM Internacional	\$3.00	Este es nuestro cargo por retiro de fondos. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Consulta de Saldo en ATM Internacional	\$1.00	Este es nuestro cargo por consulta. El operador del ATM también puede cobrarle un cargo.
<b>Otros</b>		
Reemplazo de Tarjeta	\$5.00	Este es nuestro cargo por el reemplazo de su tarjeta, ya sea con servicio de entrega estándar (hasta 10 días hábiles) o si se la proporciona su empleador/patrocinador. No cobramos este cargo por el primer reemplazo de su tarjeta en un período de 12 meses. Este cargo se cobrará por cada reemplazo adicional durante los mismos 12 meses. Este cargo no se cobra a los trabajadores de Connecticut, Hawaii y Pennsylvania.
Reemplazo de Tarjeta con Entrega Expresa	\$10.00	Este es nuestro cargo por entrega expresa (hasta 3 días hábiles), adicionales a cualquier cargo por Reemplazo de Tarjeta.
Reemplazo de Tarjeta con Envío al Día Siguiente	\$20.00	Este es nuestro cargo por envío al día siguiente, adicional a cualquier cargo por Reemplazo de Tarjeta.

Inactividad	\$2.00	Este es nuestro cargo por mes si no ha realizado una transacción con su tarjeta durante 90 días consecutivos. Para los trabajadores de Connecticut, Illinois y Pennsylvania, este cargo no se cobrará por los primeros 12 meses de inactividad (de acuerdo con transacciones iniciadas por el titular de tarjeta que modifiquen el saldo). Para residentes de Texas, este cargo no se cobrará después de un año de inactividad. Este cargo no se cobra a los trabajadores de Minnesota y Montana. Para los trabajadores de Hawaii, las cuentas que tengan un saldo de \$0.00 y que no tengan actividad durante más de 6 meses se cerrarán.
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Sus fondos son elegibles para el seguro FDIC hasta \$250,000. El seguro FDIC protege los depósitos por pérdida debido a insolvencia bancaria. Consulte [fdic.gov/deposit/deposits/prepaid.html](http://fdic.gov/deposit/deposits/prepaid.html) para obtener detalles.

Sin prestación de sobregiro/crédito.

Comuníquese con Servicios para Titulares de Tarjetas, llamando al **1-877-474-0010**, por correo a Cardholder Services P.O. Box 551617, Jacksonville, FL 32255 o visite [usbankfocus.com](http://usbankfocus.com).

Para obtener información general sobre cuentas prepagadas, visite [cfpb.gov/prepaid](http://cfpb.gov/prepaid). Si tiene alguna queja sobre una cuenta prepagada, llame a la Oficina para la Protección Financiera del Consumidor (Consumer Financial Protection Bureau) al 1-855-411-2372, o visite [cfpb.gov/complaint](http://cfpb.gov/complaint).

Información importante: Las exenciones de cargos para empleados de un estado en particular se aplican según la información proporcionada por su empleador patrocinador respecto al estado en el cual ha sido empleado.

Si bien esta comunicación de U.S. Bank está disponible en español, ello no implica que las comunicaciones futuras se proporcionarán en dicho idioma. Algunos servicios y correspondencia, incluidos documentos importantes referidos a la apertura y mantenimiento de nuestros productos (como contratos y estados de cuenta), ciertos números de teléfono, páginas web y demás comunicaciones por Internet, podrían estar disponibles solo en inglés. De ser necesario, tenemos intérpretes independientes disponibles para ayudarlo.

## You might be eligible for the Public Service Loan Forgiveness (PSLF) Program

Dear Colleague:

Welcome to **Edmonds College**. As you may know, working for our agency means you can join a federal program that could forgive your federal student loans. That's because the U.S. Department of Education (ED) considers us a qualifying employer for the Public Service Loan Forgiveness (PSLF) program. Through this program, ED can forgive your student loan debt after 10 years of making payments on your federal student loans while working for a state agency or other qualifying public sector employer.

If you haven't signed up for PSLF yet, you still can. One important step is working with our agency's PSLF contact each year to submit a PSLF form. Although the path to loan forgiveness can seem complicated, you could save thousands on your student loans.

### To qualify for PSLF, you must:



**Have Federal Direct loans.** This includes Direct Subsidized, Direct Unsubsidized, Direct Consolidation, and Direct Grad PLUS loans. If you have Perkins or FFEL loans, you must consolidate them into a Direct Consolidation loan. If you have Direct Parent PLUS loans, you may also need to consolidate. **If you consolidate between now and April 30, 2024, you will not lose PSLF qualifying payment credit due to the IDR Account Adjustment.**

- **Time-sensitive tip:** Certain periods you spent in forbearance, deferment or non-qualifying repayment plans may count towards PSLF due to the IDR Account Adjustment. **Action MAY be needed before April 30, 2024, for you to benefit.** Visit the payment adjustment page to learn more.



**Work full time for one or more public employers.** ED defines "full time" as working an average of 30 hours per week. This includes multiple part-time public jobs where your combined work averages 30 hours per week. If you are part-time faculty at an institution of higher education, HR will multiply your in-class teaching hours by 3.35 to calculate your hours worked.



**Enroll in an Income-Driven Repayment (IDR) Plan.** These include Income-Based Repayment (IBR), Pay As You Earn (PAYE), Saving on A Valuable Education (SAVE, previously REPAYE) and Income-Contingent Repayment (ICR). Payments made on the 10-year Standard Repayment plan are also eligible for the PSLF program.



**Make 120 qualifying payments.** Your payments do not need to be consecutive. However, you must be employed full time for a public employer at the time you apply for PSLF, and during the month you make a payment for that payment to qualify. **After you make 120 qualifying payments and apply for PSLF, ED will forgive your remaining loan balance. Student loan amounts forgiven under PSLF are not considered income for tax purposes.**

Check out these resources on the [Student Loan Advocate's PSLF page](#) to help you get started:

✓ Quick PSLF Fact Sheet

✓ Steps to Apply for PSLF

✓ PSLF Frequently Asked Questions (FAQs)

Have questions or need help? Submit a question to the Washington Student Loan Advocate at <https://www.studentcomplaints.wa.gov>

**Certify your employment for Public Service Loan Forgiveness (PSLF) Program**

## — or you can opt out of the PSLF Employment Certification Program

To complete a Public Service Loan Forgiveness (PSLF) form and submit an employment certification request to our agency's PSLF contact, please use the [PSLF Help Tool](#). For your convenience, our agency's information is listed below:

Employer Identification Number (EIN): **910825212**

PSLF contact email: **HR@edmonds.edu**

**If you have worked for multiple qualifying employers, you need to submit a separate PSLF form for each employer. If you have worked for one qualifying employer but had a break in service, you will need to submit a separate PSLF form for each period of employment.** You may use the [PSLF Washington state agency directory](#) to identify the correct EIN and email address for other qualifying Washington state agencies, including public higher education institutions.

Once our agency's PSLF contact has digitally signed (via DocuSign) your forms through the PSLF Help Tool, our contact will submit it directly to the PSLF servicer (MOHELA) for processing. It may take up to 90 business days for MOHELA to process these forms. You can check the status of your PSLF form on MOHELA's [PSLF Form Status](#) page. If MOHELA is not your current servicer, submitting a PSLF form will initiate a loan transfer from your current servicer to MOHELA. Loan transfers may take an additional 90 business days.

**Remember to apply for PSLF before you leave public service, or you will lose eligibility. To ensure you're on the right track, you should certify your employment annually and when you change employers.** That way, you can keep track of your progress and be sure your payments count. If MOHELA is your current servicer, you may create a MOHELA account to check on your qualifying payment count using their [PSLF Payment Tracker](#) tool.

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### Opt out of the PSLF Employment Certification Program:

You are not required to participate in the PSLF program. However, we are required to give you information about the program, regardless of if you opt out of the employment certification process.

If you do not opt out of this process, you may receive a manual PSLF form with the employer sections completed for you to submit to MOHELA, either on an annual basis (if you have previously requested PSLF employment certification) and/or within 60 days of separation of employment, as required by [RCW 41.04.045](#).

**Optional step:** You may sign and date this form and return it to the PSLF contact email address listed above to opt out of the PSLF employment certification process. If you choose to do this, you may opt back in at any time by submitting a PSLF form to our agency's PSLF contact.

**I would like to opt out of the PSLF Employment Certification Program.**

Name:

Date:

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