

PERSONAL INFORMATION

Name:	Street Address	City, State, Zip
Home Phone	Mailing Address	City, State, Zip
Cell Phone	Preferred Contact Phone Number: (Please list here the number that you want us to use for SchoolMessenger. This will give you notification of school delays or closures, or other activities).	
Message Phone	Personal Email Address	

Emergency Contact Information

Name	Phone	Alternate Phone	Relationship
Name	Phone	Alternate Phone	Relationship
Name	Phone	Alternate Phone	Relationship

Health Alert (please list any allergies or medical conditions which you want to make us aware of in the event of an emergency). **This information will be kept confidential and will only be accessed in an emergency.** It will be entered into Tyler SIS and can only be accessed by Administrators, District Office Personnel, and Office Managers.

Federal Reporting Survey

The following information on ethnicity and race is required for federal reporting. If you choose not to answer, district personnel will be required to make a selection on your behalf. *(Note: Both Part A and Part B of the question must be answered.)*

Part A:

Are you Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.) (Choose only one)

Yes, Hispanic/Latino No, not Hispanic/Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

Part B: What is your race? (Choose all that apply)

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 tribal affiliation or community attachment.

Asian (A person having origins in any of the original peoples 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).

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).

INSURANCE AND PAYROLL DEDUCTIONS

For 2022-2023, Plummer Worley School District pays the employee portion of your employee only Blue Cross Health, United Heritage Vision, and United Heritage Life Insurance as well as your choice of Delta Dental or Willamette Dental per month. The employee pays for any added family member's portion of all health coverage deductions.

Plummer Worley Joint School District also offers an HSA (Health Savings Account) type of Health Insurance plan. The District will put \$168.45 monthly into an HSA account through American Fidelity that the employee can use to pay for deductible costs. Please note that if you have an HSA account you can't have a Cafeteria account through American Fidelity. For more information on an HSA account, see Marcia.

Health insurance premiums over and above the cost of what the school district pays can be held out under Section 125 (\$125 pre-tax dollars) which will save you money on your take-home pay. An American Fidelity Rep will meet with each employee to fill out a Section 125 form so be sure and sign up to meet with them (date to be determined). See Marcia, Connie or Mindy for an appointment time. American Fidelity can also take care of your Unreimbursed Medical and Daycare expenditures through a Cafeteria Plan (excluding those that set up an HSA account). If you had the Cafeteria Plan last year, you will have one more month (September payroll) that you will pay into it. The new amount you set up will come out of October's payroll.

2022-2023 BENEFIT OPTIONS

Check the health insurance selection you wish. If you are making any changes, see Marcia for a form. The rates below are monthly rates. It is mandatory for an employee working 20+ hours per week to have all employee only insurance (Blue Cross or HSA account, United Heritage Vision, United Heritage Life, and one of the dental plans) which the District will pay for.

The employee may add at their cost, any and all family members to any one or all the plans. They are all stand-alone plans, so you don't have to add to all if you don't want to.

<u>HEALTH INSURANCE</u> <u>BLUE CROSS (SWS N2 PLAN)</u>	<u>MONTHLY RATE</u>	<u>SCHOOL PAYS</u>	<u>EMPLOYEE PAYS</u> <u>MONTHLY</u>
Employee Only	\$794.80	\$794.80	\$0
+ Spouse	\$1,753.20	\$794.80	\$958.40
+ One (1) Child	\$1,238.00	\$794.80	\$443.20
+ Two (2) or More Children	\$1,425.80	\$794.80	\$631.00
+ Family	\$2,032.80	\$794.80	\$1,238.00

- OR -

HSA \$3,000 DEDUCTIBLE PLAN (DISTRICT WILL PUT \$168.45 MONTHLY INTO AN HSA ACCOUNT)

	<u>MONTHLY RATE</u>	<u>SCHOOL PAYS</u>	<u>EMPLOYEE PAYS</u> <u>MONTHLY</u>
Employee Only	\$626.35	\$626.35	\$0
+ Spouse	\$1,359.95	\$626.35	\$733.60
+ One (1) Child	\$956.45	\$626.35	\$330.10
+ Two (2) or More Children	\$1,109.30	\$626.35	\$482.95
+ Family	\$1,573.90	\$626.35	\$947.55

DENTAL INSURANCE – One Dental Plan is Mandatory for Employee			
DELTA DENTAL	<u>MONTHLY RATE</u>	<u>SCHOOL PAYS</u>	<u>EMPLOYEE PAYS MONTHLY</u>
Employee Only	\$39.36	\$39.36	\$0
+ Spouse	\$85.03	\$39.36	\$45.67
+ One (1) Child	\$79.72	\$39.36	\$40.36
+ Two (2) or More Children	\$112.39	\$39.36	\$73.03
+ Family	\$150.51	\$39.36	\$111.15
- OR -			
WILLAMETTE DENTAL (through Blue Cross of Idaho – Dental Blue Connect)			
Employee Only	\$70.50	\$70.50	\$0
+ One (1) Dependent	\$127.48	\$70.50	\$56.98
+ Two (2) or More Dependents	\$181.35	\$70.50	\$110.85
VISION			
United Heritage (VSP- Vision)	<u>MONTHLY RATE</u>	<u>SCHOOL PAYS</u>	<u>EMPLOYEE PAYS MONTHLY</u>
Employee Only	\$6.95	\$6.95	\$0
+ Spouse	\$13.92	\$6.95	\$6.97
+ One (1) Child	\$14.88	\$6.95	\$7.93
+ Two (2) or More Children	\$14.88	\$6.95	\$7.93
+ Family	\$23.80	\$6.95	\$16.85

If you leave the district's employment, you have the opportunity under federal law (COBRA) to self-pay for group coverage for a limited period of time when you would otherwise be without coverage. Please contact Marcia Hoffman for further information.

GROUP LIFE INSURANCE-EMPLOYER PAID
United Heritage Life Insurance
PREMIUM IS MANDATORY AND SCHOOL PAYS IN FULL
Base is \$20,000 + \$20,000 AD&D for Employee

RATES:
 Up to age 65 the rate is \$3.40 OR \$4.21 with dependents.
 Age 65-69 the rate is \$2.21 or \$3.02 with dependents. (65% of Base)
 Age 70+ the rate is \$1.70 or \$2.51 with dependents. (50% of Base)
 Dependent coverage follows Employee Coverage. So, when employee is 65% or 50% of base so are dependents.

A form is required to be completed for new employees or additional coverage(s).

Up to employee age of 65, spouse coverage is \$2,000 and children will have \$100 of coverage for 15 days to 6 months of age and \$2,000 for 6 months to age 19 (25 years if a full-time student). **Note:** If both spouses work for the school district, they will just have the individual coverage. If there are dependent children, then one of the employees will cover those.

PERSI (Public Employee Retirement System of Idaho) (MANDATORY)

PERSI is a mandatory deduction if you work more than 20 hours per week for more than five (5) consecutive months for a public employer from the State of Idaho. Employees are required to contribute 7.16% as of July 1, 2019.

DEDUCTIONS BELOW ARE OPTIONAL

PERSI CHOICE - 401K

This can be any amount from 1% to 100% of your gross wages each pay period, or a set amount may be invested. There are annual contribution limits to be followed.

401k Salary Reduction Agreement Form Required.

Choose One:

I elect to contribute ____ percent per month.

I elect to contribute \$_____ per month.

I decline enrollment at this time.

COEUR D'ALENE TRIBAL WELLNESS CENTER

Individual - \$30.00	Senior Individual - \$23.00 (60 to 74 years)
Couple - \$40.00	Senior Couple - \$30.00 (at least one member 60 to 74 years)
Family - \$50.00	Senior Family - \$42.00 (at least one member 60 to 74 years)
	Senior Gold - \$5.00 75 years +

IDAHO EDUCATION ASSOCIATION and PWEA

IEA and PWEA	Contact your local president – Jennifer Gates, or your building representative
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ANNUITIES

American Fidelity	Waddell & Reed
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SUPPLEMENTAL LIFE INSURANCE

Idaho NCPERS - \$16.00	United Heritage Life Insurance Amount Varies
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American Fidelity and AFLAC have various insurance policies you may purchase. Cancer, Accident, Disability, Dental, Life, etc. United Heritage has Long Term Disability. Please list below the amount you have for each. If you wish to change any of these, you will need to visit with a representative from each company:

AFLAC
American Fidelity
United Heritage (Long Term Disability Only)

LIFE FLIGHT

This is a membership for you and your household members (includes any dependents claimed on your tax return and elderly or disabled family members living in the same household). The annual membership is \$65.00 for all household members through Plummer Worley School District. The School District's annual billing comes out of your June payroll for membership of July-June. With open enrollment in September, the rate that will be deducted is prorated for only 9 months (Oct-June) and is \$ for those that didn't renew in June and new enrollees. Then with your June payroll you will be given the option to renew your membership which at that time will be \$65.00. The September deduction will only be for new enrollees and always prorated for 9 months only. If you wish to have the membership, and are new, please check the box above. All current enrollees need not check and will be notified the end of May if you wish to have it deducted with your June payroll.

DIRECT DEPOSIT

I wish to participate in direct deposit. This is for the financial institute of your choice. If you already have Direct Deposit set up with us, no forms are required unless you need to make a change.

(Form and voided check required for new or change.)

This form is available on the district webpage.

PAYROLL DRAWS:

Plummer-Worley School District policy provides optional payroll draws in the months of **September and January ONLY**. You may draw up to 1/3 of your gross monthly pay. **A written and signed request** for a draw must be received by Marcia in the district office by September 2, 2022 and January 4, 2023. Funds will be distributed on the 10th of the month or September 9, 2022 and January 10, 2023. Please fill out a "**Green Request for Draw**" form. Each building secretary will have the form available. Please send form **separately** from all other paperwork by interoffice mail or drop it off directly to Marcia. Email Marcia that you are sending in a request form.

2022-2023 DISTRICT PAYROLL DATES:

Payday is on the 22nd of each month unless it falls on a Saturday or Sunday then payday will be on the preceding Friday.

September 22, 2022

October 21, 2022

November 22, 2022

December 16, 2022 (Last day before Winter Break)

January 20, 2023

February 22, 2023

March 22, 2023

April 21, 2023

May 22, 2023

June 22, 2023

July 21, 2023

August 22, 2023

Classified Staff Only: Please indicate below which option you wish to receive your pay.
(Year-round employees that are paid by timecard are automatically Option 2.)

Option 1 - Divide my pay equally over 12 months (September through August) or from my first paycheck through August.

Option 2 - Pay as earned each month from my timecard. I realize that any health insurance costs or deductions that I have deducted from my check will be deducted in June for July and August.

Employee Signature

Date

The purpose of the Sick Leave Bank shall be to provide certified and classified employees who qualify by membership in the Bank with additional sick leave days needed to recover from personal illness which cause absence from work and loss of all accumulated personal sick leave. The bank shall not be used as a reserve for time lost due to short term illness which would be normally covered by the employees accumulated sick leave, bereavement, or for purposes other than personal illness. For further information, please see policy no. 5325. A separate bank has been established for Certificated Staff and Classified Staff.

SICK LEAVE BANK MEMBERSHIP APPLICATION

Name: _____

Position: _____

I certify that I donate one (1) day of accumulated personal sick leave to the Sick Leave Bank in return for membership in the bank for the 2022-23 school year. I understand this request will be honored only if I am eligible for membership as defined in board policy.

I hereby waive the right to join the Sick Leave Bank for the 2022-23 school year. I understand by signing this waiver that I will not be eligible to participate in the Sick Leave Bank.

Employee Signature

Date

DISTRICT USE ONLY

Certificated Bank	Classified Bank
Eligible	Eligible
Not Eligible	Not Eligible

Business Manager: _____

Date: _____

ACKNOWLEDGEMENT

I acknowledge that I have received the information listed below via:

District Staff Handbook

Code of Ethics for Idaho Professional Educators

Child Abuse Information and Reporting Form

Sexual Harassment Policy, Procedures and Reporting Form

Social Media Policy

Internal Controls

The district staff handbook and other information/policies are provided for your use and as a source of information about the district and your job. It is not a contract of employment, express or implied, but merely a guideline regarding your employment, methods of resolving conflicts, and a general explanation of your benefits and the policies of the district. Your signature below acknowledges your receipt of a copy of this information and your understanding and acceptance that:

1. I am responsible for reading, understanding, and adhering to the policies outlined in the information provided and am invited to ask my supervisor any questions I may have.
2. The provisions of this information are guidelines, statements of policy and procedure which may be changed by the district at any time.
3. I understand a complete updated copy of the district's policy manual is available for my review through my supervisor/building principal or the district website. I understand the policy manual, and federal and state law governs my employment.
4. Management reserves the right to revise, modify, delete, or to add to any and all policies, procedures, work rules or benefits stated in this material or in any document at any time. However, any such changes will be in writing and must be approved by the Board of Trustees.
5. The district does not guarantee me specific benefits because district benefits, policies, and procedures may change from time to time without my consent.
6. No supervisor or other representative of the district, other than the Board of Trustees, has the authority to enter into any agreement for employment for a specified period of time or make any agreement contrary to the policies contained in this manual.

Employee Signature

Date