



MADEIRA CITY SCHOOLS
7465 Loannes Drive • Cincinnati, OH 45243
(513) 985-6070
(513) 985-6072 fax

NEW ADMINSTRATOR OR TEACHER CHECK LIST

Welcome to Madeira City Schools! My name is Melody Gregory I am the Payroll & Benefits Coordinator for Madeira City Schools. I am your Human Resources contact.

There is a great deal of information in this packet. Please complete all of the required payroll paperwork within 2 weeks of being board approved. If you have any questions, please email me at mgregory@madeircityschools.org.

The following items are necessary for you to complete for payroll purposes and to maintain a personnel file on each employee. Please use the **Certified Check List** enclosed to ensure you don't miss anything. All paperwork must be read, completed, and **returned prior to meeting with me. You will scan and email all documents to me prior to your appointment. Please email to me @ mgregory@madeiracityschools.org. When I have received and reviewed the documents, I will email you to confirm completion of your packet or request any additional information needed. It is important to submit your paperwork in a timely manner so that you receive compensation in a timely manner.**

Administrator's contract pay and any transition pay will start on **8/15/2025**. Teacher's contract pay will start on **9/15/2025**. **Please be aware that any transition days will be paid on your first check.**

Please COMPLETE ALL PAPERWORK. WHEN COMPLETE, SCAN AND EMAIL TO ME.

GENIUS SCAN APP

If you do not have a way to scan your documents but you have a smartphone, please download the free app called GENIUS SCAN. It will scan and email your forms right to me. **When you take the first picture just keep pressing the PLUS '+' button to add multiple pages rather than hitting done after each one and sending multiple emails.**

IT IS IMPERATIVE THAT YOU FOLLOW THE CHECK LIST, PRINT AND COMPLETE ALL PAPERWORK AND THEN SCAN TO ME.

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DO THIS FIRST: (If you already completed the NAPE form you can skip this section)

1. First order of business! To access the online benefit enrollment system, Benefitsolver, so that you can enroll or waive benefits, you will need to email the following information to me as soon as possible. Email the info to:

mgregory@madeiracityschools.org. If you work 20 or more hours a week you are required to enroll or waive the online benefits offered.

Please email the information below to me as soon as possible so that I can begin your new hire process.

NAME: (LEGAL NAME IS THE NAME ON YOUR SOCIAL SECURITY CARD)

FULL MAILING ADDRESS: _____

PHONE #: _____

SOCIAL SECURITY NUMBER: _____

PERSONAL EMAIL ADR: _____

DOB (DATE OF BIRTH): _____

OH LICENSE # (THIS IS THE OH LIC # ON YOUR OHIO DEPARTMENT OF EDUCATION LICENSE) THIS IS USUALLY 2 LETTERS (OH) AND 7 NUMBERS, EXAMPLE: OH1234567 _____

GENDER: FEMALE OR MALE: _____

INSURANCE EFFECTIVE DATE: _____

MARITAL STATUS: CIRCLE ONE - SINGLE OR MARRIED

RACE: _____

EDUCATION: ____MASTERS ____BACHELORS ____NON DEGREE

ARE YOU COMING TO MADEIRA FROM ANOTHER OHIO PUBLIC SCHOOL DISTRICT?

IF SO, WHICH ONE? _____

14. ARE YOU OR YOUR SPOUSE COVERED UNDER ANOTHER GCIC DISTRICT FOR MEDICAL, DENTAL OR VISION INSURANCE? YES OR NO?

IF YES, NAME OF DISTRICT _____

****Those districts are: Deer Park, Finneytown, HCESC, Lockland, Loveland, Madeira, Mariemont, Mt. Healthy, North College Hill, Norwood, St. Bernard-Elmwood Place, Three Rivers & Wyoming.**

Please email a selfie to me and Lora Graziani at lgraziani@madeiracityschools.org Please let Lora know your name/position and building(s) you will be working in.

Lora will use your selfie for your badge. I will put your selfie in your personnel file.

1. You will need to complete the online enrollment with Benefitsolver (enroll or waive) prior to our meeting so that I can double check that the information online has what you intended to participate in or waive. When I have your setup complete in Benefitsolver I will email you. At that time you will need to register with Benefitsolver and start your enrollment process. You will need to register to enroll and/or waive the benefits offered.

THE COMPANY KEY IS: GCIC

2. ****INSURANCE START DATE** – THIS IS IMPORTANT AND DETERMINES WHEN YOUR EFFECTIVE DATE WILL BE. YOU ARE ELIGIBLE FOR BENEFITS ON YOUR FIRST DAY OF WORK. FOR ADMINISTRATORS THAT IS 8/1/25 AND FOR TEACHERS IT WILL BE 8/8/25. If you have an existing plan that covers you through 8/31/2025, you can start your new plan(s) with Madeira on 9/1/2025.

You have 30 days from your first date of work to enroll but keep in mind, the longer you wait, the more you will owe on premiums as we have to pay each month in advance. **ALL EMPLOYEES WHO WORK 20 OR MORE HOURS PER WEEK MUST ENROLL IN THE BASIC LIFE INSURANCE WHICH IS PAID BY THE BOARD OF EDUCATION.** IF YOU WANT ADDITIONAL LIFE INSURANCE POLICIES, PLEASE REVIEW THE OFFERINGS ON BENEFITSOLVER OR WHEN YOU MEET WITH PHIL FITE FROM AMERICAN FIDELITY.

If you miss the deadline to enroll, you will have to wait until open enrollment which means you can't enroll until November 2025 and your plan(s) will not be effective until 1/1/2026.

IMPORTANT: WE HAVE 2 OPEN ENROLLMENT PERIODS.

1. THE INSURANCE PRODUCTS AND FSA WITH AMERICAN FIDELITY HOLD OPEN ENROLLMENT IN APRIL/MAY AND RETURNS IN EARLY AUGUST TO MEET WITH NEW HIRES. EFFECTIVE DATES FOR FSA IS 9/15/25-9/14/26 AND INSURANCE PRODUCTS ARE EFFECTIVE 10/1/25 – 9/30/26. PHIL FITE SERVICES OUR DISTRICT. BEGINNING IN 2025, PHIL FITE WILL ONLY BE MEETING WITH OUR STAFF VIRTUALLY. WE WILL HAVE OTHER AF REPS THAT VISIT OUR BUILDINGS DURING OPEN ENROLLMENT IF YOU PREFER TO MEET WITH A REP IN PERSON.
2. THE MEDICAL, DENTAL, VISION, LIFE AND LTD OPEN ENROLLMENT IS IN NOVEMBER WITH AN EFFECTIVE DATE OF 1/1/26

IMPORTANT: Once you enroll in any insurance benefits and/or FSA, you can't drop/terminate any benefits you enrolled in until the next open enrollment unless you have a qualifying life event. Open enrollment for American Fidelity is in April/May of each year with an effect date of 9/15 for FSA and 10/1 for insurance products. Open enrollment for Anthem, Delta Dental, The Standard Vision and The Standard Life Ins and LTD is in November with an effective date of 1/1/26.

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TO ENROLL OR WAIVE/DECLINE BENEFITS, PLEASE FOLLOW THE LINK BELOW.

The online enrollment system includes medical, dental, vision, board paid life insurance, voluntary employee life insurance, voluntary spouse life insurance, voluntary long term disability, and voluntary child life insurance.

The board paid life insurance is mandatory for any employee who works 20 or more hours per week. You will need to enroll in the Basic Life insurance with Benefitsolver. Be sure to add your beneficiary(s).

****American Fidelity insurance benefits ARE NOT housed in the online Benefitsolver enrollment system.** You will meet with Phil Fite to enroll or make changes for the insurance products offered by American Fidelity. Phil will meet with new staff in August for 2025-2026 school year. Phil is available to do zoom meetings or you can meet in person with a rep from American Fidelity. You can reach out to him at 513.478.0214. If you work 20 or more hours a week, you are required to meet with Phil and either enroll or waive the Section 125 which allows you to tax shelter any benefits you choose to enroll in.

You must use the online enrollment system, Benefitsolver, to self-enroll for coverage or waive/decline coverage if you are working 20 or more hours per week.

LINK TO ONLINE ENROLLMENT SYSTEM: (This is the link you will use once you receive an email from me instructing you to register)

<https://www2.benefitsolver.com/benefits/BenefitSolverView>

LOOK ON THE RIGHT FOR THE 'REGISTER' BUTTON AND REGISTER.

SAVE THE LINK TO YOUR FAVORITES BAR AS YOU WILL NEED THIS LINK PERIODICALLY.

This is the company key you will need to register: GCIC

You will need to register, check your personal information for typos, enroll or waive the benefits offered, enter your beneficiaries for the board paid life insurance and any other voluntary insurances you enroll in.

If you need assistance, there is a live chat feature and a call center to help you!

For more detailed information the 'BENEFITSOLVER EASY ENROLLMENT' flyer is located in the "Insurance Enrollment Forms" block on the Human Resources page on our website.

Items you will need if you are adding dependents to your insurance plans:

1. Your marriage license
2. Birth certificates
3. Social security cards
4. And the spousal coordination of benefits form if your spouse is eligible for a single plan with their employer or retirement system.

These forms will need to be uploaded to your Benefitsolver online account when you are enrolling. You will elect to add your dependents within the online enrollment system and then you will receive an email OR a prompt requesting your dependent verification.

IMPORTANT: *Your dependents WILL NOT BE ADDED TO YOUR PLAN UNTIL THE DEPENDENT VERIFICATION HAS BEEN RECEIVED AND PROCESSED. Keep in mind that until your dependents are added, you will only be charged for a single plan. The longer you wait to upload your dependent verification forms, the longer it will take them to get your dependents verified which can impact how much back premiums you will owe for a family plan.*

****Keep in mind that you have 30 days to upload any Dependent Verification forms.**

In addition, copies of your BCI & FBI background checks that are **not** more than one year old will be needed at our meeting or emailed to me or Emily Hauser. Otherwise, please be sure you have had them done before we meet. Please tell them to send a copy to ODE and Madeira City Schools, Attention: Emily Hauser. NOTE: If you forget to have them send a copy to ODE and Madeira City Schools, you will have to pay to have them processed again.

YOU WILL NEED THIS OHIO REVISED CODE FOR YOUR BACKGROUND CHECKS: 3319.291

As mentioned previously, I will contact you when I have reviewed your scanned paperwork and let you know if your file is complete or if I need additional paperwork. Once your file is complete, I will schedule an appointment with you.

To review coverage booklets for medical, dental, vision, board paid life insurance, voluntary life insurance, voluntary long term disability insurance, they can be found here:

Login to Benefitsolver: <https://www2.benefitsolver.com/benefits/BenefitSolverView>

Click on: REFERENCE CENTER

Click on: MADEIRA

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It's time to locate the payroll paperwork!

PLEASE FOLLOW THE DIRECTIONS BELOW:

Go to: www.madeiracityschools.org

Click on: HUMAN RESOURCES

Click on: FORMS & DOCUMENTS

Scroll down looking on the right to find the required paperwork.

Paperwork is divided into four categories:

#1 Mandatory Paperwork for ALL STAFF

#2 Mandatory Paperwork for Certified Staff

#3 Informational Paperwork

#4 Insurance Information

Mandatory: #1 PAYROLL FORMS – ALL NEW STAFF:

****Official Transcripts** – Please request that official transcripts to be sent directly to the attention of the Treasurer, Emily Hauser, from the universities for your bachelor's degree, master's degree and any post master's coursework via hard copy or secure email. Please do this as soon as possible. **Transcripts must be unopened.**

___1. GENERAL APPLICATION – ALL NEW EMPLOYEES MUST complete the general application.

___2. FINGERPRINTING – This is required by **ALL** staff. Please be sure to have your fingerprints processed early so that they are received by the district prior to your first day of work. If you have a copy of your BCI and/or FBI that is within the past 12 months of your date of hire, you may email me a copy.

BCI/FBI: 3319.291 (THE ORC WILL BE NEEDED WHEN YOU GO TO GET YOUR BACKGROUND CHECKS)

3. DIRECT DEPOSIT – PAGES 1 & 2 - DIRECT DEPOSIT OF YOUR PAYCHECK IS MANDATORY. EMAIL NOTIFICATION of your check stub is also mandatory. Please read the info and complete the form.

4. MADEIRA EMAIL ACCOUNT – Every employee is required to have a **MADEIRA** email address in order to receive their pay stub, payroll and benefit information as well as information regarding daily operations. Please contact Matt Jones at mjones@madeiracityschools.org with your name, position, and building you will be working in. Matt will set up your email account.

5. RACE & CONTACT INFO – The Ohio Department of Education requires every public school district to report numerous pieces of information on our staff. Please complete this form. **THIS FORM IS MANDATORY.**

6. I9-FORM – You are required to provide (**IN PERSON**) the I-9 paperwork and two forms of identification no later than your first day of employment. Please refer to the list of acceptable forms of identification. You will need make an appointment with Seana Whapham or Emily Hauser by calling 513-985-6070. Please bring your two items of ID and the completed I-9 form to your meeting with Seana or Emily. Seana or Emily will need to photocopy your ID's and sign off on the I-9 form. **THIS IS MANDATORY. BE SURE THAT YOUR DRIVER'S LICENSE OR PASSPORT ARE NOT EXPIRED. !**

PLEASE CALL 513.985.6070 to make an appointment with Emily Hauser or Seana Whapman to bring your ID's in to be photocopied no later than your first day of employment.

7. MANDATORY MEDICARE COVERAGE - Congress passed H.R. 3128 which requires mandatory Medicare coverage for all employees hired after March 1, 1986. The contribution rate for this coverage is 1.45% of your gross earnings. The Board also will pay 1.45% on your gross earnings. This will be an automatic deduction on your paycheck.

8. AUDITOR OF STATE – FRAUD HOTLINE: Please read and sign the form indicating you have received the information. **THIS FORM IS MANDATORY. IT IS NOT NECESSARY TO PRINT THE FRAUD LAW. I ONLY NEED THE SIGNATURE PAGE.**

9. AUDITOR OF STATE – OHIO ETHICS LAW: We are required to provide you with the 26 page OHIO ETHICS LAW. You will need to print and sign the form to indicate you have been provided with the Ohio Ethics Law. The 26 page Ethics Law is located on our website. **You are not required to print the 26 pages of the Ethics Law, only the signature page. THIS INFORMATION IS MANDATORY.**

10. NEW FEDERAL TAX/W-4 FORM – the W-4 is for Federal Income Tax. Please complete and sign the form. **THIS FORM IS MANDATORY. THE W4 FORM WAS REVISED IN 2020. PAY ATTENTION TO STEP 3/CLAIM DEPENDENTS. IF YOU HAVE 2 CHILDREN AND ENTER 4,000 AND 1 SPOUSE AND ENTER \$500, THE SYSTEM WILL ASSUME YOU WANT 3 EXEMPTIONS ON YOUR FEDERAL TAX WITHHOLDING. THERE IS NO SECTION FOR EXEMPTIONS ON THE NEW FORM. IF YOU LEAVE IT BLANK, IT WILL ASSUME YOU WANT ZERO EXEMPTIONS.**

This example is a federal tax calculation for a salary of \$68,000 a year/married filing jointly:

1. Employee has chosen to have \$4000 for dependents and 'two like jobs' is **not** checked and there is no additional withholding and nothing is being deducted for federal tax.
2. If you check the 'two like jobs' box around 27.93 will be withheld from each paycheck.
3. If the employee does not check the 'two like jobs' box and removes the \$4000 for dependents, you would have approximately \$109.66 withheld each paycheck.
4. If the employee removed the dependents amount and checked the 'two like jobs' box, 194.60 would be withheld each paycheck.

___ **11. STATE TAX/IT-4** - IT-4 is for Ohio State Income Tax. If you need to deduct KY State Tax - please call 1-859-371-9049. The KY State Tax Dept can help you determine how much money should be deducted from your check each pay. Once you have made this determination, please put it in writing and submit with your paperwork. **THE IT-4 FORM IS MANDATORY FOR OHIO RESIDENTS.**

___ **12. CITY TAX** - As an employee of Madeira City Schools 1% Earnings Tax for the City of Madeira is automatically deducted from your pay check. If you live in a community that also has an earnings tax we may be able to withhold this tax from your check. Please complete the enclosed form. This is optional depending on whether or not your city/village/community requires that you pay an earnings tax. **Please note that the district offers this service as a courtesy and has the right to refuse to withhold an outside city tax if the process is burdensome.**

___ **13. HEALTH INSURANCE EXCHANGE OPTIONS** - You must print this and keep for your records. All new staff are required to receive this information.

___ **14. RECEIVED HEALTH INSURANCE OPTIONS:** - You must print, date, and sign this form to indicate you have received the Health Insurance Exchange Options. **THIS FORM IS MANDATORY.**

Mandatory: #2 Certified Paperwork:

___ **1. STRS FORM Pages 1&2-** All teachers and administrators in the State of Ohio are required to belong to the State Teachers Retirement System. If you are a retired teacher or administrator returning to work, please complete the Rehired Retiree form rather than the standard membership form. Beginning in 2016-2017, the employee pays 14% of their gross earnings and the Board of Education pays 14% on the employee's gross earnings. **This form must be completed even if you are already a member of STRS in another school district.** Both forms must be completed and signed. **PLEASE NOTE THE STRS RETIREMENT AMOUNT DEDUCTED FROM YOUR PAY CHECK IS NOT TAXED.**

****NOTE: The district does not withhold FICA tax as we are not required to when the employer/employee is contributing to STRS.**

___ **2. HQ TEACHER INFO:** This paperwork must be printed and completed and returned with the rest of your paperwork. If you have any questions about this paperwork, **please contact Dave Bergan at 985-6070.**

___ **3. STAFF NETWORK FORM** - This must be signed before using any computers in the district.

#3 Informational Paperwork:

___ **1. FRINGE BENEFITS** – List of benefits and rates offered by Madeira City Schools. Insurance premiums can be found on this form located on our website under Human Resources, Forms & Documents. Rates renew each year on July 1st with deductions beginning on the June 15th paycheck.

___ **2. TSA** – An Approved list of Tax Sheltered Annuity Companies along with the Meaningful Notice is located in the Informational Material block on our website. The website also has a comparison brochure to help you understand the difference between the 403b and the 457 plan. You may start or stop a TSA plan at any time. Please allow 30 days for the start of a new plan or the ending of an existing plan. You must have 5 employees participating in a new annuity in order for the Board to approve a new 403b or 457 provider.

___ **3. PAY TYPE** – ALL STAFF are paid on the 1st and 15th of each month. If the 1st or 15th falls on a weekend or holiday, you will be paid the day before.

___ **4. SICK LEAVE** - Each full-time employee accumulates 15 days of sick leave per year up to a maximum of 260 days. Upon initial employment by the Board, any person who has, immediately preceding employment, been in the service of another board of education or State, county, or municipal government in Ohio, shall receive credit, within the last ten (10) years, for the sick leave accumulated up to 260 days in his/her previous service as shown in the records requesting the transfer of sick leave days from their former employer. Your previous employer can fax their form to my attention (Melody Gregory) at (513) 985-6072. It can also be emailed to me at mgregory@madeiracityschools.org.

Effective July 1, 2019 – part-time staff who work 20-34.99 hours per week will accumulate 1 sick day per month, for a total of 12 days per year. .

Effective July 1st, 2019 (This was initially changed in October 2011) - employees who work less than 20 hours per week will accumulate sick leave based on the hours worked. **For every 80 hours worked the less than part-time employee whose position is based on an 8 hour day will accumulate .575 of sick leave. For the part-time employee whose position is based on a 7 hour day will accumulate .657 of sick leave. The maximum days that can be accrued for less than part-time staff is **260 days**.

**A position could be 7-8 hours a day but only 2 or 3 days a week, for example, an educational assistant's position is based on a 7 hour day, however, the position is driven by the needs of the student, so the employee may only work 4 hours a day, but the sick leave accumulation will be based on the 7 hour position and will accrue .657 for every 80 hours worked.

NOTE: Sick leave can only be documented in quarter increments. Example is based on an 8 hour day.

Example:

0-2 hours = .25

2-4 hours = .50

4-6 hours = .75

6-8 hours = 1.00

If you work:

4 hours per day – 1 hour is a quarter day

5 hours per day – 1.25 hours is a quarter day

6 hours per day – 1.5 hours is a quarter day – 6.5 rounds down to 1.5 hours

7 hours per day – 1.75 hours is a quarter day

8 hours per day – 2 hours is a quarter day

****Sick and/or Personal Leave cannot be carried over to multiple days.** Example: Kasey Smith has a doctor's appointment on Wednesday and needs to leave an hour early. Kasey also has a dentist appointment on Friday and needs to leave an hour early. Since we dock in quarter increments and time off cannot be carried over to multiple days, Kasey would have $\frac{1}{4}$ of a day deducted from her sick bank for Wednesday and $\frac{1}{4}$ of a day deducted for Friday.

6. AESOP/FRONTLINE - Madeira City Schools uses the **AESOP** program to report absences. **ALL EMPLOYEES ARE REQUIRED TO USE AESOP TO REPORT ANY ABSENCE. PLEASE FAMILIARIZE YOURSELF WITH THE PROGRAM BEFORE YOU BECOME ILL. Please refer your questions re: AESOP to Lora Graziani at ext. #1330.**

7. PERSONAL LEAVE - Each employee gets 3 personal days per year. You may use these days at your discretion, however, please review the personal leave policy located on our website in regards to guidelines and limitations. You may be asked to disclose your reason if your personal day request is for consecutive days or backed up to a holiday or break. Personal days must be entered into **AESOP/FRONTLINE FOR APPROVAL**. Your building supervisor will receive the **AESOP/FRONTLINE** request and approve or deny your requested day. If your day is approved you will receive an email from AESOP indicating this. If your day has been denied, you will receive an email indicating the day has been denied.

NOTE: Personal leave can only be documented in quarter increments.
Example is based on an 8 hour day. See above if you work less than 8 hours per day.

0-2 hours = .25

2-4 hours = .50

4-6 hours = .75

6-8 hours = 1.00

8. CREDIT UNION - Payroll Deductions are available for the KEMBA (513-762-1641) and the Cincinnati Police Federal Credit Union. (513-381-2677)

9. NAME CHANGE GUIDELINES – To change your last name due to a marriage or divorce, you must present your social security card which shows your new name.

10. RMS – Please complete this form if you would like to donate (payroll deducted per pay) to the Levy campaign.

#4 INSURANCE INFORMATION – NO HARD COPY INSURANCE ENROLLMENT FORMS ARE NECESSARY AS YOU WILL BE ENROLLING ONLINE.

If you do not wish to ENROLL in any or all of the insurance plans and you work 20 or more hours per week, you must login to the online enrollment system and waive coverage. You will need to enroll in the BASIC LIFE INSURANCE AS THE BOARD PAYS THE PREMIUM AND IT IS MANDATORY.

___ 1. **ANTHEM MEDICAL** – Anthem offers a single or family plan. See Fringe Benefits rate sheet for premiums. Coverage will begin on your first day of employment. If you will be covered by your former employer thru August 31st, 2025, please let me know this and we may be able to start your benefits on September 1st, 2025.

Make an election or waive/decline coverage. This is an optional plan

___ 2. **ANTHEM BASIC LIFE & ADD (BOARD PAID)** - The Board provides Term Life Insurance to full-time Administrator's in the amount of 2x their base salary, to full time staff in the amount of one time your base salary, (or a minimum of \$40,000) at **NO COST TO YOU**. Employees working part-time (20-34.99 hours per week) will be provided with \$25,000 Term Life Insurance. The coverage does not require a medical history, it is guaranteed. Complete the enrollment form online. The effective date is the first day of your employment. **THIS LIFE INSURANCE PLAN IS MANDATORY.**

___ 3. **DELTA DENTAL** - The Board provides dental insurance through Delta Dental to all full-time employees at **NO COST TO YOU**. The Board will pay 50% of the cost of dental insurance for part-time employees. See the Fringe Benefits rate sheet regarding costs. If you will be covered by your former employer through August 31st, 2025, please let me know this and we may be able to start your benefits on September 1st, 2025.

Make an election or waive/decline coverage. This is an optional plan

___ 4. **THE STANDARD VISION BENEFITS** - The Board provides full-time and part-time staff the opportunity to purchase vision insurance through THE STANDARD Vision Benefits. You are responsible for paying 100% of the premium. Please see the Fringe Benefits rate sheet regarding costs. If you will be covered by your former employer through August 31st, 2025, please let me know this and we may be able to start your benefits on September 1st, 2025.

Make an election or waive/decline coverage. This is an optional plan

___ 5. **THE STANDARD VOLUNTARY LIFE INS** – We have two companies that offer voluntary life insurance. The Standard is one of them. New Staff working 20 or more hours per week are guaranteed UP TO 5x your annual salary, not to exceed \$250,000, if you enroll within the first 30 days of employment. This is a voluntary life insurance policy. The employee is responsible for the premium. You may wish to compare rates on both plans (American Fidelity and The Standard) to determine which one better meets your needs. You will need to contact Phil Fite at American Fidelity if you wish to compare their plan to The Standard's. (513-478-0214) **This is an optional plan.**

___ 6. **VOLUNTARY DISABILITY INSURANCE** – The Standard and American Fidelity both offer short/long term disability plans. The premium is paid by the employee. The Standard disability plan is

available in the online enrollment system. The disability plan with American Fidelity would require that you sign up during your meeting with Phil Fite in August or by a virtual meeting this summer. The plans differ quite a bit, so be sure you have compared coverage and choose according to your needs.

This is an optional plan

7. AMERICAN FIDELITY – SECTION 125 – ALL staff who works 20 or more hours per week are required to sign an acceptance or waiver form for Section 125. Phil Fite from American Fidelity will hold virtual meetings this summer and in August 2025 at the start of school to meet with the new staff. There will also be 1-2 reps from American Fidelity in your building in August if you prefer an in-person meeting.

THIS IS MANDATORY.

American Fidelity also offers additional insurance products such as Cancer, Heart, Long-Term Care, Disability, Voluntary Life Insurance, and Accident Insurance. These products are paid by the employee should you decide to participate in any of them. If you are a NEW employee to schools or transferring from another district and have no sick leave accumulated, you may want to inquire about the disability insurance when you meet with Phil Fite. It would provide a safety net until you build up your sick leave bank.

8. AMERICAN FIDELITY - FLEXIBLE SPENDING ACCOUNT - A Flexible Spending Account (FSA) allows you to reduce your salary to pay for eligible health care, dental care, vision care and dependent care expenses on a tax-free basis. The money deposited into a flexible spending account is never taxed at the federal or state level. Your salary is reduced by an amount you specify at the beginning of the plan year. **The plan year starts September 15, 2025 and ends September 14, 2026. DEBIT CARDS WILL BE AVAILABLE AGAIN THIS YEAR! Debit cards are FREE!!!** **This is an optional plan**

Be sure to ask the AF Rep, Phil Fite, for more info! Direct deposit of your reimbursement is now mandatory. The max for FSA is now \$3300 a year for the FSA medical plan. This is an optional plan.

IMPORTANT NOTE: YOU WILL NOT BE ABLE TO TERMINATE FROM ANY INSURANCE PLANS MID YEAR. YOU CAN ONLY DO SO DURING OPEN ENROLLMENT OR IF YOU HAVE A QUALIFYING LIFE EVENT.

OPEN ENROLLMENT WITH AMERICAN FIDELITY IS IN APRIL/MAY OF EACH YEAR BUT THE EFFECTIVE DATE THAT YOU CAN DROP FSA IS 9/2 OF THAT YEAR AS THE LAST CONTRIBUTION WOULD BE 9/1. THE OPEN ENROLLMENT PERIOD FOR ALL OTHER AMERICAN FIDELITY PRODUCTS IS 9/30 OF THAT YEAR AS THE LAST CONTRIBUTION IS 9/15.

OPEN ENROLLMENT FOR MEDICAL, DENTAL, VISION, VOL LIFE AND VOL LTD WITH CARRIERS ANTHEM, DENTAL CARE PLUS, AND THE STANDARD ARE IN NOVEMBER EACH YEAR WITH AN EFFECTIVE DAY OF 1/1 OF THE NEXT YEAR. THE TERM DATE WOULD BE 12/31 OF THE CURRENT YEAR IF DROPPING ANY OF THESE PLANS.

9. VERIFICATION OF EXPERIENCE – the form can be found at the end of this packet along with the sick leave transfer form. **Please forward the VOE form to all of your previous employers that you have teaching experience with. Please make copies if you have more than one previous employer with teaching experience.** Your past employer(s) will complete the form and return to Emily Hauser,

Treasurer. **THIS FORM IS PROVIDED AS A COURTESY, YOU ARE RESPONSIBLE FOR SENDING IT TO YOUR PREVIOUS EMPLOYERS**

When you have completed all of your forms, please scan and email them to me at mgregory@madeiracityschools.org or 513-924-3701.

If you have any questions concerning your pay, benefits or any other benefit item please feel free to call or email Melody Gregory, Payroll & Benefits Coordinator. I'm looking forward to meeting you!

Extension: #1332

Direct line: 513-924-3701

Email: melody@madeiracityschools.org

Sick Leave Transfer Form: any person who has, immediately preceding employment, been in the service of another board of education or State, county, or municipal government in Ohio, shall receive credit, within the last ten (10) years, for the sick leave accumulated up to 260 days in his/her previous service as shown in the records requesting the transfer of sick leave days from their former employer.

****NOTE: The Verification of Experience and the Sick Leave Transfer forms are being provided to you as a courtesy. You will need to complete the form(s) below and forward to your previous employer's payroll department.**

MADEIRA CITY SCHOOLS
7465 LOANNES DRIVE
CINCINNATI, OH 45243

TEACHING EXPERIENCE VERIFICATION FORM

PREVIOUS EMPLOYERS NAME & ADDRESS:

TO: _____

For salary purposes a statement of teaching experience verification, outside of the Madeira City School District, has been requested. I would appreciate you providing official verification on the form below. Please return this form directly to Emily Hauser, Treasurer, Madeira City Schools to the above address, or faxed to (513) 985-6072 or emailed to ehauser@madeiracityschools.org

Teacher's Name – Printed

Teacher's Signature

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NOTE: If teacher was under contract for less than a full school year, please give the number of days under contract. Continuous service at the same school may be listed on one line.

SCHOOL YEAR	SCHOOL NAME	BEGIN SERVICE MM/DD/YYYY	TERMINATED MM/DD/YYYY	HOURS PER DAY IF LESS THAN FULL-TIME	DAYS WORKED IN SCHOOL YEAR

This is to certify that the teaching experience listed above is correct for this school district.

Contract held (Limited or Continuing)

Person completing verification – please print

Date

School District

REQUEST TO TRANSFER SICK LEAVE

Please complete the form below, then forward to your last employer that holds your sick leave balance.

Note: Each full-time employee accumulates 15 days of sick leave per year up to a maximum of 260 days. Upon initial employment by the Board, any person who has, immediately preceding employment, been in the service of another board of education or State, county, or municipal government in Ohio, shall receive credit, within the last ten (10) years, for the sick leave accumulated up to 260 days in his/her previous service as shown in the records requesting the transfer of sick leave days from their former employer. Your previous employer can fax their form to my attention (Melody Gregory) at (513) 985-6072. It can also be emailed to me at mgregory@madeiracityschools.org.

To Whom It May Concern:

I, _____, would like to request to have my sick leave balance accumulated through July 31st, 2025 transferred to:

Madeira City Schools

Attn: Melody Gregory

7465 Loannes Drive

Cincinnati, OH 45243

OR

Fax to: 513-985-6072 or

EMAIL to: mgregory@madeiracityschools.org

Thank you for your time.

YOUR SIGNATURE

PHONE # (IN CASE THEY NEED TO CONTACT YOU)

PREMIUM RATE INFORMATION:

INSURANCE PREMIUMS DUE ON YOUR FIRST CHECK (9/15 FOR TEACHERS) ARE SHOWN BELOW.

**DEDUCTIONS FROM THE 7/15 & 8/1 PAYCHECK PAYS FOR THE AUGUST COVERAGE
DEDUCTIONS FROM THE 8/15 & 9/1 PAYCHECK PAYS FOR THE SEPTEMBER COVERAGE
DEDUCTIONS FROM THE 9/15 PAYCHECK PAYS FOR ½ OF THE OCTOBER COVERAGE
**YOU AREN'T ON PAYROLL UNTIL 9/15. YOU ARE COVERED, BUT NOT ABLE TO PAY FOR THE
PREMIUMS UNTIL YOU HAVE STARTED ON PAYROLL. YOU MAY NEED TO PAY FOR A PORTION
OF THE PAST DUE PREMIUM BEFORE YOUR 9/15 PAYCHECK, WE CAN REVIEW AT YOUR
MEETING.**

FT STAFF/FAMILY MEDICAL PLAN

**275.66 AUGUST
275.66 SEPTEMBER
137.83 ½ OCTOBER**

FT STAFF/DENTAL PLAN – BOARD PAID FOR FT STAFF

PT STAFF/FAMILY MEDICAL PLAN

**918.87 AUGUST
918.87 SEPTEMBER
459.43 ½ OCTOBER**

PT STAFF/DENTAL PLAN –

**40.00 AUGUST
40.00 SEPTEMBER
20.00 ½ OCTOBER**

FT & PT STAFF/VISION PLAN – PAID 100% BY THE EMPLOYEE

FAMILY PLAN – 10.94

SINGLE PLAN – 4.23

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**ADMINISTRATION USE:
PICK UP FOR EXISTING ADMS:
450 – DO NOTHING
591 – STOP DATE
691 – ADD DED WITH 14%**

**PICK UP FOR NEW STAFF:
591 – DO NOT ADD/NOT NEEDED
450 & 691 – FOLLOW INSTRUCTION ABOVE**

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**PICK UP ON PICK UP
450 = 15.96
691 = 15.96**