Ms. Courtney Bershell, Business Manager
Mrs. Rhonda Cook, Payroll
Ms. Melneka Dotson, Accounts Payable
Dr. Angela Q. Thompson, Human Resources

Dr. Sandra R. Nash
Superintendent
Dr. Trena Warren
Deputy Supt./Dir. of Fed. Programs

Business & Finance

www.claiborne.k12.ms.us • 404 Market Street • P. O. Box 337 • Port Gibson, MS 39150 • Ph: 601.437.4232 • Fax: 401.437.3036

Dear New Employee,

We welcome you to the Claiborne County School District with great pleasure! We are delighted that you have chosen to accept our offer of employment.

Enclosed are forms that you must complete to finalize your employment. You must also return the original documents to our office immediately. Below are some items needed to complete your personnel and payroll files.

- Ensure you have submitted an online application at claiborne.activeapplicant.net
- Ensure you have accepted your job offer via claiborne.activeapplicant.net
- A copy of any previous teaching experience and Mississippi teacher license (before a contract can be issued).
- Emergency Contact Form
- Employment Eligibility Verification Form (I-9)
- A copy of your driver's license/picture ID and social security card
- Federal and State Tax Forms
- Direct Deposit Authorization Form (Please be sure to attach a voided check, direct deposit letter/card from the bank)

Benefits Election Forms

- Health Insurance
- Life Insurance
- Dental Insurance
- Vision Insurance
- American Fidelity (additional benefits)

PERS Form(s)

- Forms 1 and 1B for New Hires, Rehires, and Part-time/Substitute employees who currently contribute to PERS at another place of employment
- Form 4A for Non-covered employees (Substitute employees)
- Form 4B for Retirees

- Drug-Free Schools and Workplace Policy Acknowledgement Form
- Code of Ethics and Standards of Conduct Acknowledgement Form
- Fair Labor Standards and Family and Medical Leave Acts Acknowledgment Form
- Job Description
- $32.00 (exact cash amount, check, or money order made payable to the Claiborne County School District) for a background check. You should submit the payment to the Business Office. You will then contact the District's Resource Officer to complete the fingerprinting process.
- Drug Screening
- Child Abuse/Neglect Registry Application
- Suicide Prevention Training

We are excited about you joining us and want to ensure you succeed in your new role. Please do not hesitate to contact the Business Office at (601)-437-4232 with any questions or concerns. We look forward to a positive working relationship!

Respectfully,

The Business Department

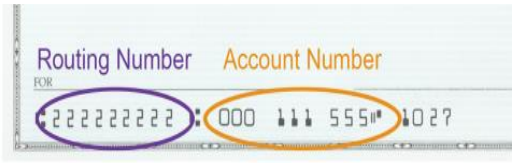
CLAIBORNE COUNTY SCHOOL DISTRICT
ACH Payment Authorization

I (we) do hereby authorize the above-named company, hereinafter called Company, to initiate credit entries and to initiate. If necessary, debit entries and adjustments for any credits entries in error to my account (our) account/s indicated below and the depository named hereinafter called DEPOSITORY, to credit and /or debit the same to such account/s.

1. **Bank Name/City State**_____
   Routing Transit#: _____
   Account Number#: _____
   - Checking
   - Savings
   - Entire Net Amount
   - Other
     I wish to deposit $_____or Percentage%_____
2. **Bank Name/City State**_____
   Routing Transit#: _____
   Account Number#: _____
   - Checking
   - Savings
   - Entire Net Amount
   - Other
     I wish to deposit $_____or Percentage%_____

This authorization is to remain in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Bank Details



☐ Checking ☐ Savings
Account Number _____
Routing Number _____

EMPLOYEE NAME: _____

SIGNATURE _____ ***DATE*** _____
(Account Holder's Signature)

AFFIX VOIDED CHECK OR OTHER DEPOSITORY DOCUMENT BELOW:

Claiborne County School District
MANDATORY Suicide Prevention Training
(ALL EMPLOYEES)

Follow the directions below to complete the state-mandated Suicide Prevention Training for classified positions in the Claiborne County School District.

Website: www.jasonfoundation.com

Click on: Get Involved (tab, top right)
Click on: Educator, Youth Worker, Coach
Click on: Professional Development Series

Create an Account: In the third paragraph there is a link to create an account. Click on the link and follow the directions to create an account. Click on - Register Now. Be sure to indicate the name of the school district in the section school/organization info.

After you create an account, you will be prompted to view “My Courses”.

Click on: Two-hour Courses
Click on: Youth Suicide - Silent Epidemic
Click on: Take This Course
Click on: Chapter 1 to start the training.

Complete all chapters to finish the training. Take required quiz or quizzes. Once you complete the training you will receive an email to print your certificate of completion. Submit a copy of your certificate to your building’s administrator.

EMPLOYEE ACKNOWLEDGMENT FORM

I _____,

hereby confirm that I have read the Employee Rights under the Fair Labor Standards Act and Employee Rights under the Family and Medical Leave Act.

_____

Employee's Signature

_____

Date

VEFIFICATION OF RECEIVING DRUG FREE POLICY

Policy Code: GBRL - Drug Free Schools and Workplace

DRUG FREE SCHOOLS AND WORKPLACE

No employee engaged in work in connection with the Claiborne County School District shall unlawfully manufacture, distribute, dispense, possess or use on or in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance, as defined in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 CFR 1300.11 through 1300.15.

"Workplace" is defined to mean the site for the performance of work done in connection the Claiborne County School District. That includes any school building or any school premises; any school-owned vehicle or any other school approved vehicle used to transport students to and from school or school activities; off school property during any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the school district.

As a condition of employment in the Claiborne County School District, each employee shall notify his or her supervisor of his or her conviction of any criminal drug statute for a violation occurring in the workplace as defined above, no later than 5 days after such conviction.

As a condition of employment in the Claiborne County School District, each employee shall abide by the terms of the school district policy respecting a drug-free workplace.

An employee who violates the terms of this policy may be nonrenewed or his or her employment may be suspended or terminated, at the discretion of the superintendent and/or board in accordance with applicable law. Sanctions against employees, including non-renewal, suspension, and termination shall be in accordance with prescribed school district administrative regulations and procedures.

DENIAL OF LICENSE

The State Board of Education, acting through the commission, may deny an application for any teacher or administrator license if the applicant is actively addicted to or actively dependent on alcohol or other habit-forming drugs or is a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having a similar effect, at the time of application for a license. ' 37-3-2 (11) (c)

SUSPENSION OF LICENSE

The State Board of Education, acting on the recommendation of the commission, may revoke or suspend any teacher or administrator license for specified periods of time if the teacher or administrator has been convicted, has pled guilty or entered a plea of nolo contendere to a felony, as defined by federal or state law. ' 37-3-2 (12) (d)

Dismissal or suspension of a licensed employee by a local school board pursuant to Section 37-959 may result in the suspension or revocation of a license for a length of time which shall be determined by the commission and based upon the severity of the offense. ' 37-3-2 (13) (a)

LEGAL REF.: MS CODE as cited 21 U.S.C. 812

CROSS REF.: Policy GBRM-2 C Drug and Alcohol Testing Policy

NOTICE TO EMPLOYEES ENGAGED IN WORK ON FEDERAL GRANTS

YOU ARE HEREBY NOTIFIED that it is a violation of the policy of this school district for any employee to unlawfully manufacture, distribute, dispense, possess or use on or in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance, as defined in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 CFR 1300.11 through 1300.15.

"Workplace" is defined as the site for the performance of work done in connection with a federal grant. That includes any place where work on a school district federal grant is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; off school property during any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the school district.

YOU ARE FURTHER NOTIFIED that it is a condition of your continued employment on any federal grant that you will comply with the above policy of the school district and will notify your supervisor of your conviction of any criminal statute for a violation occurring in the workplace, no later than 5 days after such conviction.

Any employee who violates the terms of the school district's drug-free workplace policy may be non-renewed or his or her employment may be suspended or terminated, at the discretion of the school district.

My signature affixed below is verification that I have received a copy of the Drug Free Policy of the Claiborne County School District.

_____ _____

Signature of Employee Date

CLAIBORNE COUNTY SCHOOL DISTRICT

Employee Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Work Phone: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

CLAIBORNE COUNTY SCHOOL DISTRICT

Statement of Understanding

Professional Educators'

Code of Ethics and Standards of Conduct

Directions: Attached to your contract is a copy of the Mississippi Educator Code of Ethics and Standards of Conduct that was adopted by the Mississippi Board of Education and is referenced in your employment contract. It is important for you to review the Code of Ethics and Standards of Conduct as all licensed employees are expected to comply with its requirements.

Please sign this document on the signature line below and return this signed statement along with your contract to your principal. Your signature on this form indicates that you have received a copy of the Mississippi Educators' Code of Ethics and Standards of Conduct and that you have read and understand the stipulations of such Code and Standards.

STATEMENT

This is to verify that I have received a copy of the *Mississippi Educator Code of Ethics and Standards of Conduct.* I have read the *Mississippi Educator Code of Ethics and Standards of Conduct* and understand and agree to abide by all stipulations of such Code and Standards.

_____ _____

Signature of Employee *Date*

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
EFFECTIVE JANUARY 1, 2026

Legacy - Initially hired before 1/1/2006
Horizon - Initially hired on or after 1/1/2006

	LEGACY EMPLOYEES				HORIZON EMPLOYEES			
	BASE		SELECT		BASE		SELECT	
ACTIVE EMPLOYEE	**TOTAL PREMIUM**	**EMPLOYEE PORTION**	**TOTAL PREMIUM**	**EMPLOYEE PORTION**	**TOTAL PREMIUM**	**EMPLOYEE PORTION**	**TOTAL PREMIUM**	**EMPLOYEE PORTION**
Employee*	$513	$0	$533	$20	$513	$0	$566	$53
Employee + Spouse	$1,074	$561	$1,173	$660	$1,074	$561	$1,205	$692
Employee + Spouse & Child(ren)	$1,367	$854	$1,467	$954	$1,367	$854	$1,499	$986
Employee + Child	$659	$146	$759	$246	$659	$146	$790	$277
Employee + Children	$886	$373	$983	$470	$886	$373	$1,015	$502

*The State pays 100% of the employee's premium for Base Coverage. Active employees enrolling in Select Coverage must pay a portion of the employee premium.

	LEGACY RETIREES		HORIZON RETIREES	
RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	**BASE**	**SELECT**	**BASE**	**SELECT**
Retiree	$590	$614	$941	$975
Retiree + Spouse (Non-Medicare)	$1,235	$1,349	$1,887	$2,010
Retiree + Spouse & Child(ren) (Non-Medicare)	$1,571	$1,686	$2,109	$2,234
Retiree + Child	$758	$839	$1,109	$1,200
Retiree + Children	$1,017	$1,063	$1,368	$1,425
Retiree + Spouse (Medicare)	N/A	$864	N/A	$1,225
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	$1,089	N/A	$1,450
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	**BASE**	**SELECT**	**BASE**	**SELECT**
Retiree	N/A	$250	N/A	$250
Retiree + Spouse (Non-Medicare)	N/A	$985	N/A	$1285
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	$1322	N/A	$1509
Retiree + Child	N/A	$474	N/A	$474
Retiree + Children	N/A	$699	N/A	$699
Retiree + Spouse (Medicare)	N/A	$500	N/A	$500
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	$725	N/A	$725

	LEGACY		HORIZON	
COBRA	**BASE**	**SELECT**	**BASE**	**SELECT**
Participant	$522	$545	$522	$577
Participant + Spouse	$1,095	$1,197	$1,095	$1,229
Participant + Spouse & Child(ren)	$1,394	$1,496	$1,394	$1,529
Participant + Child	$672	$774	$672	$806
Participant + Children	$903	$1,003	$903	$1,036
COBRA DISABILITY EXTENSION	**BASE**	**SELECT**	**BASE**	**SELECT**
Participant	$769	$801	$769	$849
Participant + Spouse	$1,611	$1,760	$1,611	$1,808
Participant + Spouse & Child(ren)	$2,051	$2,201	$2,051	$2,249
Participant + Child	$988	$1,138	$988	$1,186
Participant + Children	$1,329	$1,476	$1,329	$1,524

State & School Employees' Life Insurance Plan
Active Employee Premiums Effective 1/1/23

Insurance Amount	Employee Premium	Employer Premium	Total Premium	Insurance Amount	Employee Premium	Employer Premium	Total Premium
$30,000	$3.00	$3.00	$6.00	$66,000	$6.60	$6.60	$13.20
$31,000	$3.10	$3.10	$6.20	$67,000	$6.70	$6.70	$13.40
$32,000	$3.20	$3.20	$6.40	$68,000	$6.80	$6.80	$13.60
$33,000	$3.30	$3.30	$6.60	$69,000	$6.90	$6.90	$13.80
$34,000	$3.40	$3.40	$6.80	$70,000	$7.00	$7.00	$14.00
$35,000	$3.50	$3.50	$7.00	$71,000	$7.10	$7.10	$14.20
$36,000	$3.60	$3.60	$7.20	$72,000	$7.20	$7.20	$14.40
$37,000	$3.70	$3.70	$7.40	$73,000	$7.30	$7.30	$14.60
$38,000	$3.80	$3.80	$7.60	$74,000	$7.40	$7.40	$14.80
$39,000	$3.90	$3.90	$7.80	$75,000	$7.50	$7.50	$15.00
$40,000	$4.00	$4.00	$8.00	$76,000	$7.60	$7.60	$15.20
$41,000	$4.10	$4.10	$8.20	$77,000	$7.70	$7.70	$15.40
$42,000	$4.20	$4.20	$8.40	$78,000	$7.80	$7.80	$15.60
$43,000	$4.30	$4.30	$8.60	$79,000	$7.90	$7.90	$15.80
$44,000	$4.40	$4.40	$8.80	$80,000	$8.00	$8.00	$16.00
$45,000	$4.50	$4.50	$9.00	$81,000	$8.10	$8.10	$16.20
$46,000	$4.60	$4.60	$9.20	$82,000	$8.20	$8.20	$16.40
$47,000	$4.70	$4.70	$9.40	$83,000	$8.30	$8.30	$16.60
$48,000	$4.80	$4.80	$9.60	$84,000	$8.40	$8.40	$16.80
$49,000	$4.90	$4.90	$9.80	$85,000	$8.50	$8.50	$17.00
$50,000	$5.00	$5.00	$10.00	$86,000	$8.60	$8.60	$17.20
$51,000	$5.10	$5.10	$10.20	$87,000	$8.70	$8.70	$17.40
$52,000	$5.20	$5.20	$10.40	$88,000	$8.80	$8.80	$17.60
$53,000	$5.30	$5.30	$10.60	$89,000	$8.90	$8.90	$17.80
$54,000	$5.40	$5.40	$10.80	$90,000	$9.00	$9.00	$18.00
$55,000	$5.50	$5.50	$11.00	$91,000	$9.10	$9.10	$18.20
$56,000	$5.60	$5.60	$11.20	$92,000	$9.20	$9.20	$18.40
$57,000	$5.70	$5.70	$11.40	$93,000	$9.30	$9.30	$18.60
$58,000	$5.80	$5.80	$11.60	$94,000	$9.40	$9.40	$18.80
$59,000	$5.90	$5.90	$11.80	$95,000	$9.50	$9.50	$19.00
$60,000	$6.00	$6.00	$12.00	$96,000	$9.60	$9.60	$19.20
$61,000	$6.10	$6.10	$12.20	$97,000	$9.70	$9.70	$19.40
$62,000	$6.20	$6.20	$12.40	$98,000	$9.80	$9.80	$19.60
$63,000	$6.30	$6.30	$12.60	$99,000	$9.90	$9.90	$19.80
$64,000	$6.40	$6.40	$12.80	$100,000	$10.00	$10.00	$20.00
$65,000	$6.50	$6.50	$13.00				

CLEAR FORM

enrollment / change / waiver Group Insurance Form

Ameritas Life Insurance Corp. P.O. Box 81889 / Lincoln, NE 68501-1889 / 800-659-2223 / Fax: 402-467-7338

Ameritas

Policy and Div. # **010-** _____

Cert. # _____

COBRA: If individual is a continuee:	Qualifying Event	Date of Event

Name and Address of Employer (Policyholder) _____

1 to enroll ☐ Dental ☐ Eye Care ☐ To terminate all coverages

Employee Information

Marital Status ☐ Single ☐ Married ☐ Civil Union* ☐ Domestic Partner* *As defined by state law or your Group.

Social Security number _____ Dept. number _____

Employee's last name, first name, MI _____

Date of birth_____ ☐ Male ☐ Female Full time date of hire_____ ☐ Rehire: Rehire date _____

Occupation _____ Hours worked each week_____ Are your earnings paid: ☐ Hourly or ☐ Salaried

Street address_____ City_____ State_____ ZIP _____

E-mail address *(limit of 60 characters)* _____

Are you covered under another **dental** insurance plan? . . . . . .**Employee:** ☐ Yes ☐ No **Dependents:** ☐ Yes ☐ No

Are you covered under another **eye care** insurance plan? . . . . . .**Employee:** ☐ Yes ☐ No **Dependents:** ☐ Yes ☐ No

Dependent Coverage Information List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first. MI)	Dental add	Dental drop	Eye Care add	Eye Care drop	Relationship	Sex	Date of birth	Social Security no.	College student?
1	☐	☐	☐	☐					☐
2	☐	☐	☐	☐					☐
3	☐	☐	☐	☐					☐
4	☐	☐	☐	☐					☐
5	☐	☐	☐	☐					☐

Please Sign (employee/policyholder) **The certificate provides dental and eye care benefits only. Review your certificate carefully.**

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. *THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS:* I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

X _____ **X** _____

Employee Signature (do not print) **Date** **Policyholder Signature (do not print)** **Date**

In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (State-specific statements on back.)

Employee late entrant date_____

Dependent late entrant date_____

Effective Date	Class	Dep. Code

2 to change

☐ Name Change New Name _____ Old Name_____

☐ Add Dependent Coverage

☐ If due to marriage, what is the date of marriage?_____ ☐ If due to birth/adoption, what is the date of event?_____

☐ If due to loss of coverage, date and reason: _____

☐ If other, the date of event and please explain:_____

☐ Drop Dependent Coverage Number of dependents still covered: _____ Effective date of drop:_____

☐ Due to divorce ☐ Due to death ☐ Due to annual election period ☐ Exceeds maximum age to qualify as dependent

☐ Other (please explain) _____

3 to waive

IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:

☐ **myself** (does not apply to TRUST policies) ☐ **spouse/domestic partner** ☐ **child(ren) only** ☐ **spouse/domestic partner and child(ren)**

because _____

Name of insurance company and employer of dependent _____

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.

Note for California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

No Cost Language Services. You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

Servicios de idiomas sin costo. Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-3797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Note for Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Note for Georgia, Kansas, Nebraska, Vermont and Virginia Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Note for Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for Maryland Insureds: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Note for New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does not satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.**

Note for Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Note for North Carolina Residents: After 2 years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application shall be used to void the policy or deny a claim for loss commencing after the expiration of such 2 year period.

Note for Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Note for Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Note for Texas Residents: Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Washington, D.C. Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for Washington Residents: For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners and their dependents.

tips for filling out this form

To Enroll

Missing, incomplete or illegible information can cause delays in adding new employees to the system and could create errors in billing. To ensure proper handling of your enrollment forms, please make sure the following areas are completed:

- **Policy Name and Group Number –** to make sure plan members are added to the correct group.
- **Department/Division Numbers –** so plan members are added in the proper locations, and appear in the appropriate section on the billing if the group has multiple departments or divisions.
- **Social Security Numbers –** the most important identifier for plan members when calling in with claims or administrative questions. Please double check to make sure your social security number is accurate and written clearly.
- **Full-time Employment Date –** needed so the correct effective date is calculated for new members.
- **Class Number –** needed when the plan has more than one class of employees.

To Change

Changing Dependent Codes – When adding or dropping dependents, please note whether this change is because of a "life event" or for some other reason. (Examples of life events: marriage, birth of a child, divorce…) Please remember to include the date of the event. Late entrant status will be applied if a life event is not included. Be specific when changing status so all dependents who are still eligible will be covered.

Imaging

In order to provide better service, our administration system utilizes image technology. In the image environment, we scan your enrollment forms into our system, making them easier and faster to access. Better quality forms help us to process your enrollments faster. Unfortunately, certain forms are difficult or impossible to scan. The following list of helpful hints will make your forms easier to scan:

Do:

1) submit clear, legible enrollment forms.
2) underline or circle important information.
3) use blue or black ink.

Don't:

1) submit dark copies as they appear black on imaging.
2) highlight, which blackens the area so it cannot be read.
3) write on the top or bottom margins. This information is not always captured on the image system.

CLAIBORNE COUNTY SCHOOL DISTRICT

Policy #: 010-28492

Ameritas
fulfilling life.

LOW PLAN

Dental Plan Benefits

Networks: Classic

Type 1 Preventive No Waiting Period	100%
	• Routine Exam (2 per Benefit Period) • Bitewing X-rays (1 per Benefit Period) • Cleaning (2 per Benefit Period) • Fluoride for Children 13 and under (1 per Benefit Period) • Sealants 15 and under (1 in 3 years permanent molars)
Type 2 Basic No Waiting Period	100%
	• Simple Extractions • Restorative Amalgams • Restorative Composites
Type 3 Major 12 Month Waiting Period	100%
	• Surgical Extractions • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Crowns (1 in 5 years per tooth) • Endodontics (surgical) • Periodontics (surgical) • Prosthodontics (Bridges, Dentures) (1 in 5 years)

Deductible

Type 1	$0
Type 2 and 3	$50 per person, per calendar year
Family Maximum	When 3 family members satisfy their Deductible Amounts for this Calendar Year, no additional Deductibles will apply to any family members for the rest of this Calendar Year.

Benefit Year Maximum

Type 1, 2, and 3 (per person, per calendar year)	$1,250

Claims Allowance

Type 1, 2 and 3	Maximum Covered Expense

In network allowance is discounted fee

Tenthly Rates

Employee only	$27.36
Employee & Spouse	$53.38
Employee & Child(ren)	$64.71
Employee & Spouse & Child(ren)	$89.15

Rates are effective from 8/1/2025 to 8/1/2026.

Open Enrollment

If you do not elect to participate when initially eligible, you may elect to participate at the policyholder's next enrollment period, which normally coincides with the policy anniversary date.

CLAIBORNE COUNTY SCHOOL DISTRICT

Policy #: 010-28492

Ameritas
fulfilling life.

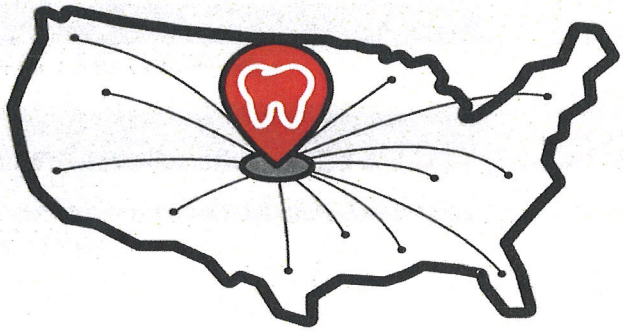
Dental Rewards

Your dental plan includes Dental Rewards as a way to grow your annual maximum benefit. Simply by visiting a dental provider each year and submitting a claim, you can increase your annual maximum benefit over time. After your initial benefit is used, accumulated rewards are there to help pay for more expensive procedures, such as root canals or crowns.

Here's how it works. For each year, you submit at least one dental claim and your total dental benefits paid for the year are at or under $500 you qualify to carry over $250 in rewards to the following year. You may accumulate rewards up to the maximum amount of $1000. Please note, if you do not submit a dental claim during the year, no rewards are earned and accumulated rewards are reset to zero. However, you can start qualifying for rewards again the very next year.

Provider Flexibility and Network Savings

Members aren't limited to one particular dentist, or a small group of providers, who may or may not be taking new patients. Each plan member is free to visit any provider they choose, including your current dentist, regardless if they are in- or out-of-network. And family members do not have to see the same dentist. When you visit an in-network dentist there are no claim forms to complete. For a list of network dentists in your area, go to Find A Provider at Ameritas.com.



The Ameritas Dental Network is one of the nation's largest.

Network providers have agreed to charge 25-50% less than their regular rates which can lower your out-of-pocket costs.

Late Entrant

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declined, you and/or your eligible dependents will be considered a Late Entrant. Covered expenses will not include and benefits will not be payable in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application. After 12 months, you will have access to all of the plan's benefits.

Member Savings

Prescription savings

Just for participating in our dental, vision or hearing care plans, members can save big on prescription medications through one of the world's largest retailers. **No additional cost. Only savings.**

Extra Value

Our plan members, their covered dependents can **save on prescription medications at over 60,000 pharmacies across the nation** including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the prescription discount, whichever saves them more. Even if the employees already have health insurance pharmacy benefits, they are welcome to check out this Rx discount.

Find a pharmacy near you – http://www.emsmed.com/vendors/pharmacy.aspx

Look up a price – http://www.emsmed.com/vendors/rxpricing.aspx?groupid=Ameritas

Rx Savings

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.

Save on frames and lenses

Save up to 20% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. This is available to you without any additional cost to your plan premium.

You may receive savings on the following vision care products at Walmart Vision Centers:

- top quality frames for the entire family including today's most popular brands.
- wide selection of lens options, all lenses come with scratch resistant coating for no additional charge
- safety eyewear.

Guarantees

Walmart Vision Centers stand behind their products and workmanship by offering:

- 60-day frame and lens satisfaction guarantee.
- 12-month replacement guarantee on broken or damaged frames or lenses.
- lifetime adjustments and cleanings.

Customer Service

Customer Connections 800-487-5553 www.Ameritas.com
Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

CLAIBORNE COUNTY SCHOOL DISTRICT

Policy #: 010-28492

Ameritas
fulfilling life.

HIGH DENTAL PLAN

Dental Plan Benefits

Networks: Classic

Type 1 Preventive No Waiting Period	100%

- Routine Exam (2 per Benefit Period)
- Bitewing X-rays (1 per Benefit Period)
- Cleaning (2 per Benefit Period)
- Fluoride for Children 13 and under (1 per Benefit Period)
- Sealants 15 and under (1 in 3 years permanent molars)

Type 2 Basic No Waiting Period	80%

- Simple Extractions
- Restorative Amalgams
- Restorative Composites

Type 3 Major 12 Month Waiting Period	50%

- Surgical Extractions
- Endodontics (nonsurgical)
- Periodontics (nonsurgical)
- Crowns (1 in 5 years per tooth)
- Endodontics (surgical)
- Periodontics (surgical)
- Prosthodontics (Bridges, Dentures) (1 in 5 years)

Deductible

Type 1	$0
Type 2 and 3	$50 per person, per calendar year
Family Maximum	When 3 family members satisfy their Deductible Amounts for this Calendar Year, no additional Deductibles will apply to any family members for the rest of this Calendar Year.

Benefit Year Maximum

Type 1, 2, and 3 (per person, per calendar year)	$1,250

Orthodontia Benefits (adult ortho included)

12 month waiting period

Plan Benefit	50%
Lifetime Deductible	$0
Lifetime Maximum (per person)	$1,000

Claims Allowance

Type 1, 2 and 3	75th U&C

In network allowance is discounted fee

Tenthly Rates

Employee only	$46.17
Employee & Spouse	$96.86
Employee & Child(ren)	$108.04
Employee & Spouse & Child(ren)	$153.88

Rates are effective from 8/1/2025 to 8/1/2026.

CLAIBORNE COUNTY SCHOOL DISTRICT

Policy #: 010-28492

Ameritas
fulfilling life.

Open Enrollment

If you do not elect to participate when initially eligible, you may elect to participate at the policyholder's next enrollment period, which normally coincides with the policy anniversary date.

Dental Rewards

Your dental plan includes Dental Rewards as a way to grow your annual maximum benefit. Simply by visiting a dental provider each year and submitting a claim, you can increase your annual maximum benefit over time. After your initial benefit is used, accumulated rewards are there to help pay for more expensive procedures, such as root canals or crowns.

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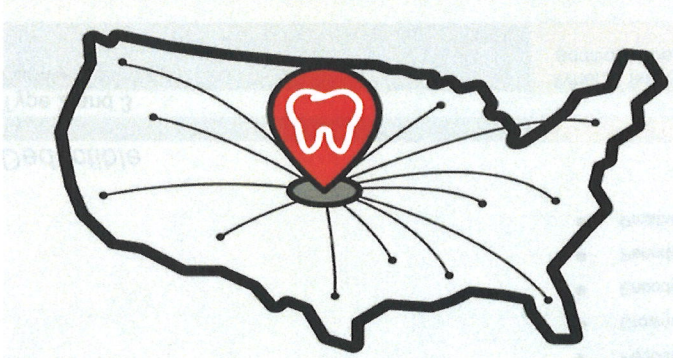
Provider Flexibility and Network Savings

Members aren't limited to one particular dentist, or a small group of providers, who may or may not be taking new patients. Each plan member is free to visit any provider they choose, including your current dentist, regardless if they are in- or out-of-network. And family members do not have to see the same dentist. When you visit an in-network dentist there are no claim forms to complete. For a list of network dentists in your area, go to Find A Provider at Ameritas.com.



The Ameritas Dental Network is one of the nation's largest.

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Member Savings

Prescription savings

Just for participating in our dental, vision or hearing care plans, members can save big on prescription medications through one of the world's largest retailers. **No additional cost. Only savings.**

Extra Value

Our plan members, their covered dependents can **save on prescription medications at over 60,000 pharmacies across the nation** including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

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Look up a price – http://www.emsmed.com/vendors/rxpricing.aspx?groupid=Ameritas

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You may receive savings on the following vision care products at Walmart Vision Centers:

- top quality frames for the entire family including today's most popular brands.
- wide selection of lens options; all lenses come with scratch resistant coating for no additional charge.
- safety eyewear.

Guarantees

Walmart Vision Centers stand behind their products and workmanship by offering:

- 60-day frame and lens satisfaction guarantee.
- 12-month replacement guarantee on broken or damaged frames or lenses.
- lifetime adjustments and cleanings.

CITIZENS SECURITY LIFE INSURANCE COMPANY
P.O. BOX 436149 • Louisville, KY 40253-6149
www.thecsbenefits.com
800.843.7752

GROUP EMPLOYEE ENROLLMENT / CHANGE FORM

ENROLLMENT / CHANGE TYPE			CITIZENS SECURITY USE ONLY	
☐ **New Applicant**			Dental Plan:	Dental Prem:
☐ **Change in Coverage:**			Vision Plan:	Vision Prem:
☐ Change Address ☐ Change Name ☐ Add Dependent	☐ Terminate effective: / / ☐ Reinstate effective: / / ☐ COBRA effective: / /		Waiting Period:	PID:
			Takeover: ❑ Y ❑ N Date: / /	
COVERAGE REQUESTED			**EMPLOYER USE ONLY**	
☐ **Dental**	**Dual Choice ONLY:**	☐ **High Option** ☐ **Low Option**	Group #:	Acct#:
☐ **Vision**	**Dual Choice ONLY:**	☐ **High Option** ☐ **Low Option**	Effective Date:	

APPLICANT INFORMATION

Last Name: First Name: M.I.:			Social Security #: XXX – XX -	
Address:			Phone #: ( ) -	
City:	State:	Zip Code:	Gender: ☐M ☐F	Married? ☐Y ☐N
Date of Birth: / /	Age:	Coverage Type: EE Only ☐ EE + Spouse ☐ EE + Child(ren) ☐ Family ☐		

EMPLOYER INFORMATION

Employer:	Location:	Phone #: ( ) -
Occupation / Title:	Hours Worked Per Week:	Full Time Employment Date: / /

DEPENDENT INFORMATION

All information must be completed for each dependent(s) to be covered. Select what coverage you want for each dependent(s) by placing a "Y" for Yes or "N" for No under the Dental and Vision columns. *(Child(ren) Ages 0-25)*

Name	Relation	Date of Birth	Sex (M/F)	Dental (Y/N)	Vision (Y/N)	If covered under another Dental Policy list the carrier

AUTHORIZATION

I hereby request coverage under the group policy(ies) issued by CITIZENS SECURITY LIFE INSURANCE COMPANY and authorize my employer to deduct from my earnings any required contribution for the insurance to which I am or may become entitled. I am employed by the employer listed above and regularly work and, at present I am working at least 30 hours per week for this employer at a regular place of business or other location to which I am required to travel to perform my regular duties for this employer. I hereby represent that all answers above are true and complete to the best of my knowledge and belief.

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicant's Signature:	Date:

The Collection

Our plans offer members a generous frame allowance to use toward any frame of their choice or the option to choose their frame from our exclusive Collection of over 200 name brand frames. Each comprehensive plan includes a selection of Collection frames that are covered in full (retail value up to $225).

Covered-In-Full Contact Lenses

Contact lens wearers will find the same outstanding value and quality with CS Benefits and Davis Vision's Contact Lens Collections, our value-added option to the contact lens allowance. Members who select from our popular Collection of contact lenses receive their evaluations, fitting, follow-up care, and contact lenses — covered up to $130! To see the full Formulary List of Contacts, please visit us at www.mycsbenefits.com.

Unparalleled Value on Lens Options

Standard lenses such as singe vision, bifocals, trifocals, and lenticular lenses are covered in full, and many extras are included at no cost for members. Plus, many of the most popular lens options are offered at significantly reduced prices.

Value Added Benefit

Digital Progressive Lens now available at a discounted rates.

Network Choice

Freedom of choice in selecting a vision provider is a core value to us. We offer out-of-network options to all members. The member is responsible for the difference between the out-of-network provider's charge and the negotiated schedule of a network provider. If a Davis network provider is not available within 30 miles of a member's home or there is no provider that adequately meets the particular health care needs of a member, we allow access to a non-participating provider. In this case, there is no additional cost beyond what the member would normally pay for the same in-network service. To learn more about your network choices, contact us at www.davisvision.com.

Monthly Rates Effective 9/1/2019	
Employee	$9.94
Employee + One	$17.95
Employee + Family	$27.10

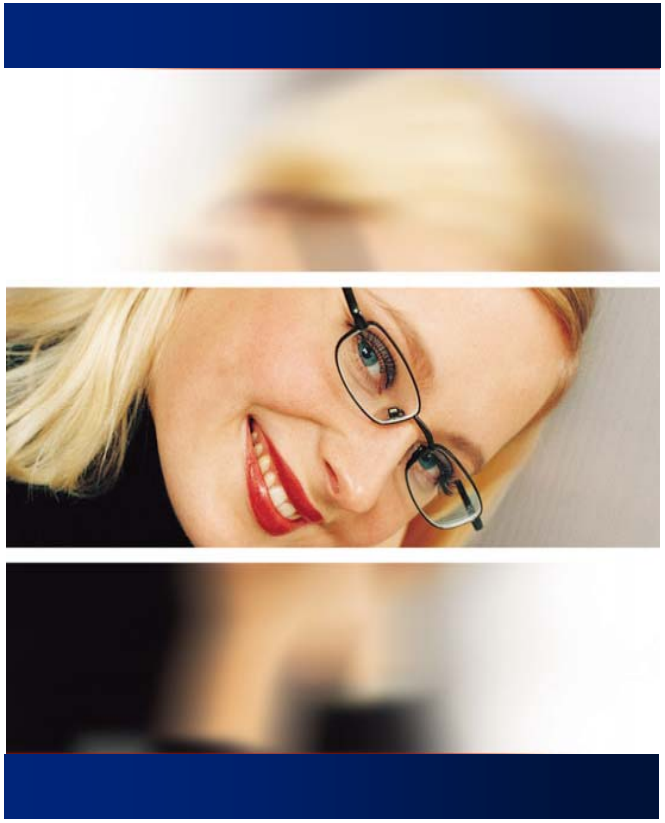
The industry's only one-year eyeglass breakage warranty!

CS Benefits
Service with a Human Touch.

12910 Shelbyville Road
Louisville, KY 40243
800.843.7752
www.citizensgroup.com

CS Benefits
Service with a Human Touch.

OUR FOCUS



IS YOUR VISION

Vision Care Plan Benefit Description for

Claiborne County

School District

Vision Plan Services & Benefits

Special Features of Your Davis Vision Plan

Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.

Laser Vision Correction Services:

Davis Vision provides you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at discounts of up to 25% off a participating providers normal charges, or 5% off any advertised special (please note that some providers have flat fees equivalent to these discounts). Please check the discount available to you with the participating provider. For more information, please visit **www.DavisVision.com** or call 800.999.5431.

Contact Replacements by Mail

Free membership and access to Lens 123, a mail order replacement contact lens service, providing a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-800-LENS-123 (1-800-536-7123) or visit the Lens 123 website at www.Lens123.com.

This is only a brief summary of the benefits in the Vision Plan. Refer to the Certificate of Insurance for complete details.
** Contact Lenses are available in lieu of frames and lenses. Once lenses are fitted, they cannot be exchanged. Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.*
*** Additional discount does not apply at participating Walmart and Sam's Club locations.* *Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the co-payment is not refundable.*

CS Benefits
Service with a Human Touch.

DAVISVISION
SEE LIFE

Benefits	In-Network	Out-Of-Network
Exams (Includes dilation when medically necessary) Co-Pay Frequency	$10 Co-Pay Once Every 12 months	Reimbursed up to $40 Once every 12 months
Eyeglass Lenses Co-Pay Frequency Single Bifocal Trifocal Lenticular	$25 Co-Pay Once Every 12 months Paid in Full Paid in Full Paid in Full Paid in Full	Once Every 12 months Reimbursed up to $40 Reimbursed up to $60 Reimbursed up to $80 Reimbursed up to $80
Optional Lenses: Oversize Lenses Ultraviolet Coating Scratch-Resistant Blended Segment Polycarbonate Photochromic Glass Intermediate Progressive Multifocal Std Glass Grey#3 Prescription Sunglass Lenses Anti-Reflective Std Anti- Reflective Prem Anti-Reflective Ultra High Index Progressive Multifocal Prem+ Plastic Photosensitive Polarized	 Paid in Full $12 Co-Pay $20 Co-Pay $20 Co-Pay *$0 or $30 Co-Pay* $20 Co-Pay $30 Co-Pay $50 Co-Pay Paid in Full $35 Co-Pay $48 Co-Pay $60 Co-Pay $55 Co-Pay $90 Co-Pay $65 Co-Pay $75 Co-Pay	 n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a
Frames Frequency Fashion Collection Designer Collection Premier Collection All Other	Once Every 24 months Paid in Full Paid in Full $25 Co-Pay $130 allowance and 20% discount on excess**	Once Every 24 months n/a n/a n/a $65 allowance
Contact Lenses Frequency Medically Necessary (With Prior Approval) Davis Vision Collection Disposable Planned Replacement Retail Allowance Evaluation, Fitting, and Follow-Up Davis Vision Collection Non-Collection Standard Non-Collection Specialty	 Once Every 12 months Paid in Full Paid in Full 4 multi-packs 2 multi-packs $130 allowance and 15% discount on excess** Paid in Full 15% discount 15% discount	 Once Every 12 months Reimbursed up to $225 Reimbursed up to $105 Reimbursed up to $105 Reimbursed up to $105 Reimbursed up to $105 n/a n/a n/a

Polycarbonate lenses COVERED-IN-FULL for dependent children monocular patients and patients with prescriptions ≥ +/- 6.00 diopters

Eligible Dependents are all children who are not married, who are less than 26 years of age and who live with you and are dependent on you for principal support and maintenance.

Vision Q & A

How do I receive services from a provider in the network?

Simply, call the network provider of your choice and schedule an appointment. Identify yourself as a Davis Vision plan participant. You will be asked to provide the name(s) and date of birth of any covered member needing service. No claim forms are required. Be prepared with your personal I.D. number when you call.

Who are the network providers?

The Davis Vision network have licensed providers in both private practice and retail locations who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. To Find a Provider, go to **www.mycsbenefits.com,** click on Vision or call **800.999.5431** to be directed to the network providers nearest you.

Can I access care at a retail location?

In order to provide our members with the greatest flexibility and convenience, Davis Vision has a number of retail establishments in the provider network. Benefits at retail locations may vary slightly from other locations, as noted in this benefit description.

What about out-of-network provider benefits?

Although you can receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network, you can choose an out-of-network provider. You must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
PO Box 1525
Latham, NY 12110

Only one claim per service may be submitted for reimbursement each benefit cycle. To obtain a claim form, please visit our website at **www.mycsbenefits.com**.

Are there any exclusions?

The following items are not covered by this vision program:
- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Contact lenses and eyeglasses in the same benefit cycle.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.

Standard 8: Remunerative Conduct

An educator should maintain integrity with students, colleagues, parents, patrons, or businesses when accepting gifts, gratuities, favors, and additional compensation.

8.1. Ethical conduct includes, but is not limited to, the following:
- a. Insuring that institutional privileges are not used for personal gain
- b. Insuring that school policies or procedures are not impacted by gifts or gratuities from any person or organization.

8.2. Unethical conduct includes, but is not limited to, the following:
- a. Soliciting students or parents of students to purchase equipment, supplies, or services from the educator or to participate in activities that financially benefit the educator unless approved by the local governing body
- b. Tutoring students assigned to the educator for remuneration unless approved by the local school board
- c. The educator shall neither accept nor offer gratuities, gifts, or favors that impair professional judgment or to obtain special advantage. (This standard shall not restrict the acceptance of gifts or tokens offered and accepted openly from students, parents, or other persons or organizations in recognition or appreciation of service.)

Standard 9: Maintenance of Confidentiality

An educator shall comply with state and federal laws and local school board policies relating to confidentiality of student and personnel records, standardized test material, and other information covered by confidentiality agreements.

9.1. Ethical conduct includes, but is not limited to, the following:
- a. Keeping in confidence information about students that has been obtained in the course of professional service unless disclosure serves a legitimate purpose or is required by law
- b. Maintaining diligently the security of standardized test supplies and resources.

9.2. Unethical conduct includes, but is not limited to, the following:
- a. Sharing confidential information concerning student academic and disciplinary records, health and medical information family status/income and assessment/testing results unless disclosure is required or permitted by law.
- b. Violating confidentiality agreements related to standardized testing including copying or teaching identified test items, publishing or distributing test items or answers, discussing test items, and violating local school board or state directions for the use of tests
- c. Violating other confidentiality agreements required by state or local policy.

Standard 10: Breach of Contract or Abandonment of Employment

An educator should fulfill all of the terms and obligations detailed in the contract with the local school board or educational agency for the duration of the contract.

10. Unethical conduct includes, but is not limited to, the following:
- a. Abandoning the contract for professional services without prior release from the contract by the school board
- b. Refusing to perform services required by the contract.

This code shall apply to all persons licensed according to the rules established by the Mississippi State Board of Education and protects the health, safety and general welfare of students and educators.

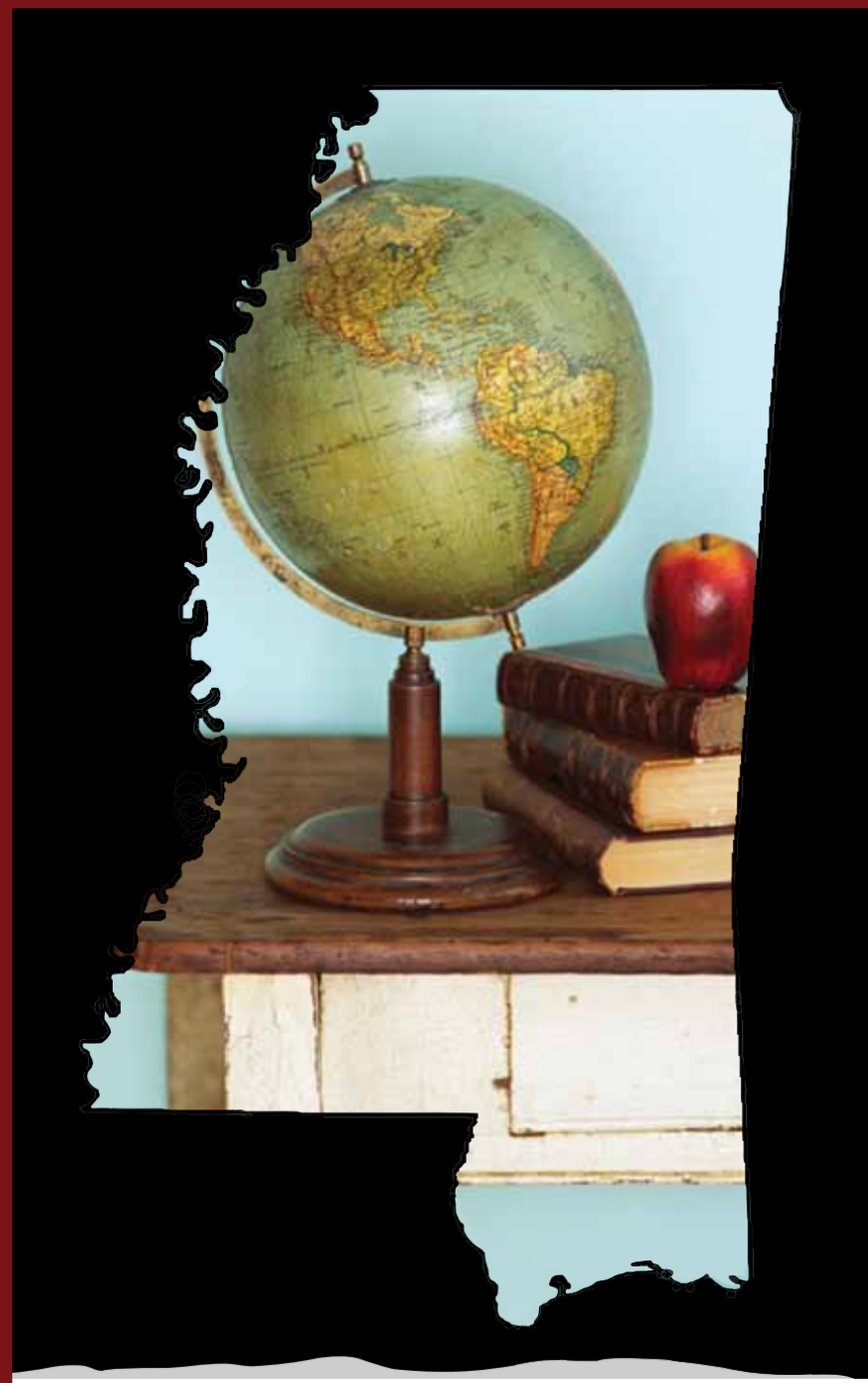
Ethical conduct is any conduct which promotes the health, safety, welfare, discipline and morals of students and colleagues.

Unethical conduct is any conduct that impairs the license holder's ability to function in his/her employment position or a pattern of behavior that is detrimental to the health, safety, welfare, discipline, or morals of students and colleagues.

Any educator or administrator license may be revoked or suspended for engaging in unethical conduct relating to an educator/student relationship (Standard 4). Superintendents shall report to the Mississippi Department of Education license holders who engage in unethical conduct relating to an educator/student relationship (Standard 4).

For more information:
Mississippi Department of Education
359 North West Street
Jackson, MS 39201
601-359-3513
www.mde.k12.ms.us

Mississippi Educator



Code of Ethics

Standards of Conduct

Mississippi Department of Education

Standard 1: Professional Conduct

An educator should demonstrate conduct that follows generally recognized professional standards.

1.1. Ethical conduct includes, but is not limited to, the following:
- a. Encouraging and supporting colleagues in developing and maintaining high standards
- b. Respecting fellow educators and participating in the development of a professional teaching environment
- c. Engaging in a variety of individual and collaborative learning experiences essential to professional development designed to promote student learning
- d. Providing professional education services in a nondiscriminatory manner
- e. Maintaining competence regarding skills, knowledge, and dispositions relating to his/her organizational position, subject matter and pedagogical practices
- f. Maintaining a professional relationship with parents of students and establish appropriate communication related to the welfare of their children.

1.2. Unethical conduct includes, but is not limited to, the following:
- a. Harassment of colleagues
- b. Misuse or mismanagement of tests or test materials
- c. Inappropriate language on school grounds or any school-related activity
- d. Physical altercations
- e. Failure to provide appropriate supervision of students and reasonable disciplinary actions.

Standard 2: Trustworthiness

An educator should exemplify honesty and integrity in the course of professional practice and does not knowingly engage in deceptive practices regarding official policies of the school district or educational institution.

2.1. Ethical conduct includes, but is not limited to, the following:
- a. Properly representing facts concerning an educational matter in direct or indirect public expression
- b. Advocating for fair and equitable opportunities for all children
- c. Embodying for students the characteristics of honesty, diplomacy, tact, and fairness.

2.2. Unethical conduct includes, but is not limited to, the following:
- a. Falsifying, misrepresenting, omitting, or erroneously reporting any of the following:
  1. employment history, professional qualifications, criminal history, certification/recertification
  2. information submitted to local, state, federal, and/or other governmental agencies
  3. information regarding the evaluation of students and/or personnel
  4. reasons for absences or leave
  5. information submitted in the course of an official inquiry or investigation
- b. Falsifying records or directing or coercing others to do so.

Standard 3: Unlawful Acts

An educator shall abide by federal, state, and local laws and statutes and local school board policies.

3. Unethical conduct includes, but is not limited to, the commission or conviction of a felony or sexual offense. As used herein, conviction includes a finding or verdict of guilty, or a plea of nolo contendere, regardless of whether an appeal of the conviction has been sought or situation where first offender treatment without adjudication of guilt pursuant to the charge was granted.

Standard 4: Educator/Student Relationships

An educator should always maintain a professional relationship with all students, both in and outside the classroom.

4.1. Ethical conduct includes, but is not limited to, the following:
- a. Fulfilling the roles of mentor and advocate for students in a professional relationship. A professional relationship is one where the educator maintains a position of teacher/student authority while expressing concern, empathy, and encouragement for students.
- b. Nurturing the intellectual, physical, emotional, social and civic potential of all students
- c. Providing an environment that does not needlessly expose students to unnecessary embarrassment or disparagement
- d. Creating, supporting, and maintaining a challenging learning environment for all students.

4.2. Unethical conduct includes, but is not limited to the following:
- a. Committing any act of child abuse
- b. Committing any act of cruelty to children or any act of child endangerment
- c. Committing or soliciting any unlawful sexual act
- d. Engaging in harassing behavior on the basis of race, gender, national origin, religion or disability
- e. Furnishing tobacco, alcohol, or illegal/unauthorized drugs to any student or allowing a student to consume alcohol or illegal/unauthorized drugs
- f. Soliciting, encouraging, participating or initiating inappropriate written, verbal, electronic, physical or romantic relationship with students.

Examples of these acts may include but not be limited to:
1. sexual jokes
2. sexual remarks
3. sexual kidding or teasing
4. sexual innuendo
5. pressure for dates or sexual favors
6. inappropriate touching, fondling, kissing or grabbing
7. rape
8. threats of physical harm
9. sexual assault
10. electronic communication such as texting
11. invitation to social networking
12. remarks about a student's body
13. consensual sex.

Standard 5: Educator/Collegial Relationships

An educator should always maintain a professional relationship with colleagues, both in and outside the classroom.

5. Unethical conduct includes but is not limited to the following:
- a. Revealing confidential health or personnel information concerning colleagues unless disclosure serves lawful professional purposes or is required by law
- b. Harming others by knowingly making false statements about a colleague or the school system
- c. Interfering with a colleague's exercise of political, professional, or citizenship rights and responsibilities
- d. Discriminating against or coercing a colleague on the basis of race, religion, national origin, age, sex, disability or family status
- e. Using coercive means or promise of special treatment in order to influence professional decisions of colleagues.

Standard 6: Alcohol, Drug and Tobacco Use or Possession

An educator should refrain from the use of alcohol and/or tobacco during the course of professional practice and should never use illegal or unauthorized drugs.

6.1. Ethical conduct includes, but is not limited to, the following:
- a. Factually representing the dangers of alcohol, tobacco and illegal drug use and abuse to students during the course of professional practice.

6.2. Unethical conduct includes, but is not limited to, the following:
- a. Being under the influence of, possessing, using, or consuming illegal or unauthorized drugs
- b. Being on school premises or at a school-related activity involving students while documented as being under the influence of, possessing, or consuming alcoholic beverages. A school-related activity includes but is not limited to, any activity that is sponsored by a school or a school system or any activity designed to enhance the school curriculum such as club trips, etc. which involve students.
- c. Being on school premises or at a school-related activity involving students while documented using tobacco.

Standard 7: Public Funds and Property

An educator shall not knowingly misappropriate, divert, or use funds, personnel, property, or equipment committed to his or her charge for personal gain or advantage.

7.1. Ethical conduct includes, but is not limited to, the following:
- a. Maximizing the positive effect of school funds through judicious use of said funds
- b. Modeling for students and colleagues the responsible use of public property.

7.2. Unethical conduct includes, but is not limited to, the following:
- a. Knowingly misappropriating, diverting or using funds, personnel, property or equipment committed to his or her charge for personal gain
- b. Failing to account for funds collected from students, parents or any school-related function
- c. Submitting fraudulent requests for reimbursement of expenses or for pay
- d. Co-mingling public or school-related funds with personal funds or checking accounts
- e. Using school property without the approval of the local board of education/governing body.

EMPLOYEE RIGHTS

UNDER THE FAIR LABOR STANDARDS ACT

FEDERAL MINIMUM WAGE

$7.25 PER HOUR

BEGINNING JULY 24, 2009

The law requires employers to display this poster where employees can readily see it.

OVERTIME PAY

At least 1½ times the regular rate of pay for all hours worked over 40 in a workweek.

CHILD LABOR

An employee must be at least 16 years old to work in most non-farm jobs and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. Youths 14 and 15 years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs with certain work hours restrictions. Different rules apply in agricultural employment.

TIP CREDIT

Employers of "tipped employees" who meet certain conditions may claim a partial wage credit based on tips received by their employees. Employers must pay tipped employees a cash wage of at least $2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employee's tips combined with the employer's cash wage of at least $2.13 per hour do not equal the minimum hourly wage, the employer must make up the difference.

NURSING MOTHERS

The FLSA requires employers to provide reasonable break time for a nursing mother employee who is subject to the FLSA's overtime requirements in order for the employee to express breast milk for her nursing child for one year after the child's birth each time such employee has a need to express breast milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by the employee to express breast milk.

ENFORCEMENT

The Department has authority to recover back wages and an equal amount in liquidated damages in instances of minimum wage, overtime, and other violations. The Department may litigate and/or recommend criminal prosecution. Employers may be assessed civil money penalties for each willful or repeated violation of the minimum wage or overtime pay provisions of the law. Civil money penalties may also be assessed for violations of the FLSA's child labor provisions. Heightened civil money penalties may be assessed for each child labor violation that results in the death or serious injury of any minor employee, and such assessments may be doubled when the violations are determined to be willful or repeated. The law also prohibits retaliating against or discharging workers who file a complaint or participate in any proceeding under the FLSA.

ADDITIONAL INFORMATION

- Certain occupations and establishments are exempt from the minimum wage, and/or overtime pay provisions.
- Special provisions apply to workers in American Samoa, the Commonwealth of the Northern Mariana Islands, and the Commonwealth of Puerto Rico.
- Some state laws provide greater employee protections; employers must comply with both.
- Some employers incorrectly classify workers as "independent contractors" when they are actually employees under the FLSA. It is important to know the difference between the two because employees (unless exempt) are entitled to the FLSA's minimum wage and overtime pay protections and correctly classified independent contractors are not.
- Certain full-time students, student learners, apprentices, and workers with disabilities may be paid less than the minimum wage under special certificates issued by the Department of Labor.

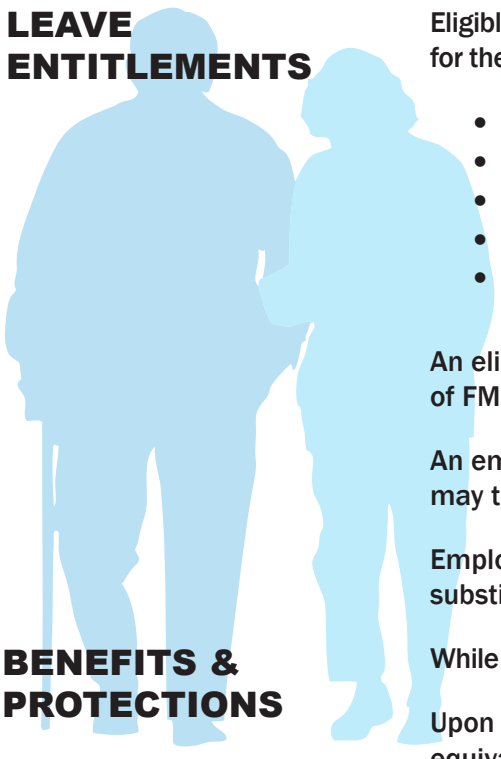
WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243
TTY: 1-877-889-5627
www.dol.gov/whd

WH1088 REV 07/16

EMPLOYEE RIGHTS
UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION



LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

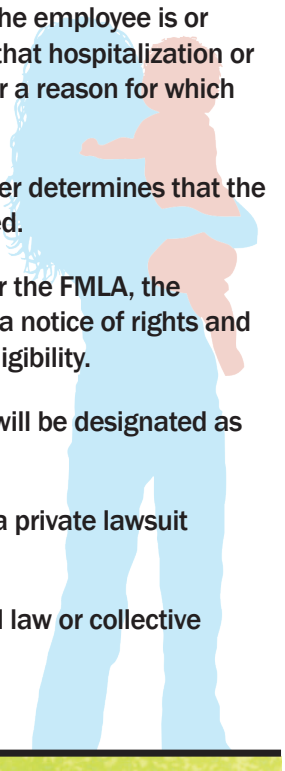
*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.



EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

WAGE AND HOUR DIVISION

WH1420 REV 04/16