
Clarinda Community School District

Permanent Record Form

Name _____

Email address _____

Address _____

City, State, Zip _____

Phone Number _____

Social Security Number _____

Birth Date _____

If married, name of spouse _____

If applicable, names of children _____

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

Ethnicity: (check one) Hispanic or Latino _____ Not Hispanic or Latino _____

Race: (check one) American Indian or Alaskan Native _____ Asian _____

Black or African American _____ Native Hawaiian or Other Pacific Islander _____

White _____

Position : _____ Start Date: _____

Position : _____ Start Date: _____

Signature: _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
		<ol style="list-style-type: none"> 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 	
		<ol style="list-style-type: none"> 3. School ID card with a photograph 	
		<ol style="list-style-type: none"> 4. Voter's registration card 	<ol style="list-style-type: none"> 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 	
		<ol style="list-style-type: none"> 6. Military dependent's ID card 	<ol style="list-style-type: none"> 4. Native American tribal document
		<ol style="list-style-type: none"> 7. U.S. Coast Guard Merchant Mariner Card 	<ol style="list-style-type: none"> 5. U.S. Citizen ID Card (Form I-197)
		<ol style="list-style-type: none"> 8. Native American tribal document 	<ol style="list-style-type: none"> 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security
		<ol style="list-style-type: none"> 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p>	
		<ol style="list-style-type: none"> 10. School record or report card 	
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 	
		<ol style="list-style-type: none"> 12. Day-care or nursery school record 	

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

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**▶ **Give Form W-4 to your employer.**▶ **Your withholding is subject to review by the IRS.****2022**

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

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

Step 2:
Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

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

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

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

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

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

Each employee must file this Iowa W-4 with his/her employer. Do not claim more allowances than necessary or you will not have enough tax withheld. You may file a new W-4 at any time if the number of your allowances increases. You must file a new W-4 within 10 days if the number of allowances previously claimed by you decreases.

Penalties apply for willfully supplying false information or for willful failure to supply information, which would reduce the withholding allowances. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Marital Status: Single (or married but legally separated) ☐ Married ☐

Print your full name: _____ Social Security Number: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Exemption from withholding

If you do not expect to owe any Iowa income tax and have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here _____ and the year effective here _____.

Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa income tax as a military spouse based on the Military Spouses Residency Relief Act of 2009 or the Veterans Benefits and Transition Act of 2018 ☐

If claiming the military spouse exemption, enter your state of domicile or residence here _____

If you are not exempt, complete the following:

1. Personal allowances..... 1. _____
2. Allowances for dependents. You may claim 1 allowance for each dependent you claim on your Iowa income tax return. 2. _____
3. Allowances for itemized deductions. See instructions. 3. _____
4. Allowances for adjustments to income. Estimate allowable adjustments to income for payments such as an IRA, Keogh, or SEP; penalty on early withdrawal of savings; alimony paid; and student loan interest, which are reflected on the IA 1040. Divide this amount by \$600, round to the nearest whole number, and enter on line 4. 4. _____
5. Allowances for child and dependent care credit. 5. _____
6. **Total allowances.** Add lines 1 through 5. 6. _____
7. Additional amount, if any, you want deducted each pay period. 7. _____

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this claim, and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee signature: _____ Date: _____

Employers: The employer must maintain records of the W-4s. If the employee is claiming more than 22 withholding allowances or is claiming exemption from withholding when wages are expected to exceed \$200 per week, complete the information below and within 90 days send a copy to: Compliance Services, Iowa Department of Revenue, PO Box 10456, Des Moines, Iowa 50306-0456.

Employer name: _____

Federal Employer Identification Number (FEIN): _____

Employer address: _____

City: _____ State: _____ ZIP: _____

Questions about Iowa taxes:

Call Taxpayer Services at 515-281-3114 or 800-367-3388 or email idr@iowa.gov.

IA W-4 Instructions – Employee Withholding Allowance Certificate

Exemption from withholding

Claim exemption from withholding if you are an Iowa resident and both of the following situations apply:

(1) for 2021 you had a right to a refund of all Iowa income tax withheld because you had no tax liability, and, (2) for 2022 you expect a refund of all Iowa income tax withheld because you expect to have no tax liability. Nonresidents may not claim this exemption. You must complete a new W-4 within 10 days from the day you anticipate you will incur an Iowa income tax liability for the calendar year (or your fiscal year). If you anticipate you will incur an Iowa income tax liability for the following year, then you must complete a new W-4 on or before December 31 of the current year. If you want to claim an exemption from withholding next year, you must file a new W-4 with your employer on or before February 15.

Taxpayers 64 years of age or younger: See your payroll officer to determine how much you expect to earn in a calendar year. You are exempt if:

- your filing status is single, your net income is less than \$5,000, and are claimed as a dependent on another person's Iowa return; or
- your filing status is single, your net income is less than \$9,000, and you are not claimed as a dependent on another person's Iowa return; or
- your filing status is other than single and your combined net income is \$13,500 or less.

Taxpayers 65 years of age or older: Only one spouse must be 65 or older to qualify for the exemption. Pension exclusion and any reportable Social Security amount must be added to net income for purposes of determining the low-income exemption. You are exempt if:

- you are single and your net income is \$24,000 or less; or
- your filing status is other than single and your combined net income is \$32,000 or less.

Military personnel in active duty status, as defined in Title 10 of the U.S. Code, are exempt from withholding. Under the Military Spouses Residency Relief Act of 2009 and the Veterans Benefits and Transition Act of 2018, you may be exempt from Iowa income tax on your wages if: (1) your spouse is a member of the uniformed services present in Iowa in compliance with military orders; (2) you are present in Iowa solely to be with your spouse; and (3) you maintain your domicile or residence in another state; or (4) you have elected to use your servicemember spouse's domicile or residence in another state for income tax purposes. If you claim this exemption, check the appropriate box, enter the state other than Iowa you are claiming as your state of domicile or residence, and attach a copy of your spousal military identification card to the IA W-4 provided to your employer.

Line 1. Personal allowances: You can claim the following personal allowances:

- 1 allowance for yourself or 2 allowances if you are unmarried and eligible to claim head of household status. Add 1 additional allowance if you are 65 or older, and/or 1 additional allowance if you are blind.
- If you are married and your spouse either does not work or is not claiming allowances on a separate W-4, you may claim the following allowances for them: 1 for your spouse, 1 additional allowance if your spouse is 65 or older, and/or 1 additional allowance if your spouse is blind.
- If you are single and hold more than one job, you may not claim the same allowances with more than one employer at the same time. If you are married and both you and your spouse are employed, you may not both claim the same allowances with both of your employers at the same time.
- To have the highest amount of tax withheld claim "0" allowances on line 1.

Line 3. Allowances for itemized deductions:

- Enter total amount of estimated itemized deductions (a) \$ _____
- Enter amount of your standard deduction using the following information (b) \$ _____
If single, married filing separately on a combined return, or married filing separate returns, enter \$2,210
If married filing a joint return, unmarried head of household, or qualifying widow(er), enter \$5,450
- Subtract line (b) from line (a) and enter the difference or zero, whichever is greater (c) \$ _____
- Additional allowance: Divide the amount on line (c) by \$600, round to the nearest whole number and enter on line 3.

Line 5. Allowances for child and dependent care credit: Persons having child/dependent care expenses qualifying for the federal and Iowa child and dependent care credit may claim additional Iowa withholding allowances based on their net incomes. If you have qualifying child and dependent care expenses and wish to reduce your Iowa withholding on the basis of this credit, you may claim additional withholding allowances for Iowa based on the information below. Taxpayers with a net income of \$90,000 or more cannot claim withholding allowances for the child and dependent care credit. Married persons, regardless of their expected Iowa filing status, must calculate their withholding allowances based on their combined net incomes. Total allowances for child and dependent care that you and your spouse may claim cannot exceed the total allowances shown below.

Iowa net income between \$0 - \$19,999 Allowances: 5
Iowa net income between \$20,000 - \$34,999 Allowances: 4
Iowa net income between \$35,000 - \$44,999 Allowances: 3
Iowa net income between \$45,000 - \$89,999 Allowances: 1

Line 7. Additional amount of withholding deducted: You may need to have additional tax withheld if you have two or more jobs are married and you both work, or have income other than wages. Income other than wages would include: interest and dividends, capital gains, rent, alimony received, gambling winnings, etc. If you are not having enough tax withheld, you may request your employer to withhold more by filling in an additional amount on line 7. Estimate the amount you will be under-withheld, and divide that amount by the number of pay periods per year. If you reside in a school district that imposes school district surtax, consider reducing the amount of allowances shown on lines 1-5, or have additional tax withheld on line 7.

CLARINDA COMMUNITY SCHOOL DISTRICT PAYROLL DIRECT DEPOSIT EMPLOYEE AUTHORIZATION

Please print all information:

Employee Name _____

Bank Name _____

Type of Account:

Checking _____ Account Number _____

Savings _____ Account Number _____

Savings _____ Account Number _____

I authorize **Clarinda Community School District** and the bank listed above to deposit my net pay electronically to my account each payday. If funds that I am not entitled to are deposited to my account, I authorize **Clarinda Community School District** to direct the bank to return said funds. This authority will remain in effect until I have filed a new authorization.

_____ New _____ Change _____ Cancel

TAPE YOUR VOIDED CHECK HERE

Place an X in the appropriate box:

☐

Please email my pay stub to the following email address:

Employee Signature

Date

STAFF TECHNOLOGY USE REGULATION

General

The following rules and regulations govern the use of the school district's computer network system, employee access to the Internet, and management of computerized records:

- Employees will be issued a school district e-mail account. Passwords must be changed periodically.
- Each individual in whose name an access account is issued is responsible at all times for its proper use.
- Employees are expected to review their e-mail regularly throughout the day, and shall reply promptly to inquiries with information that the employee can reasonably be expected to provide.
- Communications with parents and/or students must be made on a school district computer, unless in the case of an emergency, and should be saved and the school district will archive the e-mail records according to procedures developed by the technology committee.
- Employees may access the Internet for education-related and/or work-related activities.
- Employees shall refrain from using computer resources for personal use, including access to social networking sites.
- Use of the school district computers and school e-mail address is a public record. Employees cannot have an expectation of privacy in the use of the school district's computers.
- Use of computer resources in ways that violate the acceptable use and conduct regulation, outlined below, will be subject to discipline, up to and including discharge.
- Use of the school district's computer network is a privilege, not a right. Inappropriate use may result in the suspension or revocation of that privilege.
- Off-site access to the school district computer network will be determined by the superintendent in conjunction with appropriate personnel.
- All network users are expected to abide by the generally accepted rules of network etiquette. This includes being polite and using only appropriate language. Abusive language, vulgarities and swear words are all inappropriate.
- Network users identifying a security problem on the school district's network must notify appropriate staff. Any network user identified as a security risk or having a history of violations of school district computer use guidelines may be denied access to the school district's network.

Prohibited Activity and Uses

The following is a list of prohibited activity for all employees concerning use of the school district's computer network. Any violation of these prohibitions may result in discipline, up to and including discharge, or other appropriate penalty, including suspension or revocation of a user's access to the network.

- Using the network for commercial activity, including advertising, or personal gain.
- Infringing on any copyrights or other intellectual property rights, including copying, installing, receiving, transmitting or making available any copyrighted software on the school district computer network. *See Policy 605.7, Use of Information Resources* for more information.
- Using the network to receive, transmit or make available to others obscene, offensive, or sexually explicit material

STAFF TECHNOLOGY USE REGULATION

- Using the network to receive, transmit or make available to others messages that are racist, sexist, and abusive or harassing to others.
- Use of another's account or password.
- Attempting to read, delete, copy or modify the electronic mail (e-mail) of other system users.
- Forging or attempting to forge e-mail messages.
- Engaging in vandalism. Vandalism is defined as any malicious attempt to harm or destroy school district equipment or materials, data of another user of the school district's network or of any of the entities or other networks that are connected to the Internet. This includes, but is not limited to, creating and/or placing a computer virus on the network.
- Using the network to send anonymous messages or files.
- Revealing the personal address, telephone number or other personal information of oneself or another person.
- Intentionally disrupting network traffic or crashing the network and connected systems.
- Installing personal software or using personal disks on the school district's computers and/or network without the permission of the building administrator.
- Using the network in a fashion inconsistent with directions from teachers and other staff and generally accepted network etiquette.

Other Technology Issues

Employees, who are coaches or sponsors of activities, may create a text list of students and parents in order to communicate more effectively as long as the texts go to the student(s) and the Principal and/or Athletic Director is included in the text address list.

SUBSTANCE-FREE WORKPLACE NOTICE TO EMPLOYEES

EMPLOYEES ARE HEREBY NOTIFIED it is a violation of the Substance-Free Workplace policy for an employee to unlawfully manufacture, distribute, dispense, possess, use, or be under the influence of in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance or alcohol, 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 C.F.R. 1300.11 through 1300.15 and IOWA CODE Chapter 124.

"Workplace" is defined as the site for the performance of work done in the capacity as an employee. This includes school district facilities, other school premises or school district vehicles. Workplace also includes nonschool property if the employee is at any school-sponsored, school-approved or school-related activity, event or function, such as field trips or athletic events where students are under the control of the school district or where the employee is engaged in school business.

Employees who violate the terms of the Substance-Free Workplace policy may be required to successfully participate in a substance abuse treatment program approved by the board. The superintendent retains the discretion to discipline an employee for violation of the Substance-Free Workplace policy. If the employee fails to successfully participate in such a program the employee is subject to discipline up to and including termination.

EMPLOYEES ARE FURTHER NOTIFIED it is a condition of their continued employment that they comply with the above policy of the school district and will notify their supervisor of their conviction of any criminal drug statute for a violation committed in the workplace, no later than five days after the conviction.

SUBSTANCE-FREE WORKPLACE ACKNOWLEDGMENT FORM

I, _____, have read and understand the Substance-Free Workplace policy. I understand that if I violate the Substance-Free Workplace policy, I may be subject to discipline up to and including termination or I may be required to participate in a substance abuse treatment program. If I fail to successfully participate in a substance abuse treatment program, I understand I may be subject to discipline up to and including termination. I understand that if I am required to participate in a substance abuse treatment program and I refuse to participate, I may be subject to discipline up to and including termination. I also understand that if I am convicted of a criminal drug offense committed in the workplace, I must report that conviction to my supervisor within five days of the conviction.

(Signature of Employee)

(Date)

Clarinda CSD	BENEFIT DECLINE FORM (PLAN YEAR 7/1/22 TO 6/30/23)
	EMPLOYEE NAME (Please Print):
<p>Instructions: A) Print your name at the top of this form. B) If you wish to decline to participate in the District's group plan please check the box below. C) State the reason that you are declining to participate in the District's Group plan. (Coverage through spouse or parent) D) If declining, please provide a copy showing proof of coverage under a qualified group plan from your spouse's employer or from your parent's employer. E) Sign & date at the bottom of this form.</p>	
<div><input type="checkbox"/> I decline to participate in the Clarinda CSD group plan.</div>	
<p>Please state the reason for declining to participate in the Clarinda CSD group plan in the space below. You must provide the District with proof of coverage under a qualified group plan from your spouse's employer or from your parent's employer in order to waive coverage.</p>	
<p>AUTHORIZATION – I understand I cannot change my elections during the plan year unless I have a qualified event and apply within 31 days of the qualifying event. I understand if I have checked no above I am declining the opportunity to apply for that benefit for myself and/or dependents and we may have to wait until the next enrollment period to enroll unless there is a qualified event. I understand this enrollment form does not state all terms and conditions of the benefits that I am declining and I have received the enrollment materials explaining each benefit. My effective date will be based on my employer's waiting period and insurance carrier guidelines. My signature certifies that I have been informed of the options available and I have declined the benefits offered by the District.</p>	
<div><div>_____</div><div>Employee Signature</div><div>_____</div><div>Date</div></div>	

Employee Benefit Systems Third Party Administration Services

Flexible Spending Account Enrollment Form

Personal Information				
<input type="radio"/> Open Enrollment <input type="radio"/> New Hire		Hire Date: _____ Effective Date: _____		
Employer Name: _____		Date of Birth: _____		
Participant Name: _____		Social Security Number: _____ - _____ - _____		
Address: _____		City: _____	State: _____	Zip Code: _____
Email: _____		Phone: _____		
(all notifications are sent via e-mail)				
<input type="checkbox"/> The benefits of the medical and dependent care Flexible Spending Accounts have been thoroughly explained to me and I decline to participate, but wish to have my premiums paid pretax.				
Medical Flexible Spending and Dependent Care Election				
I authorize payroll deductions from my earnings per pay period on a pre-tax basis and request my salary be reduced and allocated to the benefits selected. I understand this election cannot be revoked or changed during the plan year unless there is a qualified change in status as defined in the Plan Document. I further understand that any amounts remaining in my account at the end of the plan year will be forfeited and not returned to me. Eligibility to participate ceases on the date of termination and debit cards will be disabled. Manual claims for eligible services incurred prior to the termination date will be reimbursed during the run out period as specified in the Plan Document.				
Benefit	Covers Unreimbursed Expenses not paid by other plans.	# Payroll/Year	\$ Per Payroll	Annual Election
FSA - General Purpose Flex Spending Acct	Medical, Dental, Vision and eligible OTC supplies. Check with employer for maximum amount allowed			
LFSA - Limited Purpose Flex Spending Acct Compatible with HSA Plans	Dental and Vision ONLY. If you, your spouse or dependents make or receive contributions to a Health Savings Account (HSA), you are not eligible to participate in a General-Purpose FSA. You may elect a Limited Purpose LFSA.			
DCA - Dependent Day Care Acct	Maximum DCA \$2,500 if married and filing taxes separately, or \$5,000 if single or married filing jointly.			
Direct Deposit Authorization				
I hereby authorize Employee Benefit Systems to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account. This authorization shall remain in force until revoked by me. I have read and understand the information on this form regarding direct deposit of reimbursements.				
This agreement is: <input type="radio"/> On File <input type="radio"/> New <input type="radio"/> Change <input type="radio"/> Cancel		Account Type: <input type="radio"/> Checking <input type="radio"/> Savings		
Account Number: _____		Routing Number (9 digits): _____		
Name of Bank: _____		Bank Address: _____		
PHI Authorization				
I hereby give EBS permission to disclose medical information to my spouse or dependents that use my Flex account for verifying the eligibility of transactions or offsetting ineligible transactions. I understand that this may involve medical, dental and vision services. I further understand that if the person or entity that receives information is not a health care provider, health plan, or clearing house covered by the federal privacy regulations or business associate of these entities, the information may be re-disclosed and no longer protected by the regulations. I understand Flex benefits could cover the family, and that these funds should only be used for services that could be disclosed to another family member. I understand that this authorization is valid until revoked and will not expire unless received in writing at EBS.				
Employee Certifications				
I certify that I will only claim reimbursement or use my EBS Flex debit card for eligible expenses for myself and /or qualified dependents. I understand that I am required to keep all itemized receipts/statements. I further certify that these expenses will not be reimbursed under any other benefit plan. I recognize that any ineligible expenses charged to my flex debit card represent an overpayment of my salary or wages and that I must repay my employer immediately. My employer may deduct any erroneous claims reimbursements or debit card transactions from my salary or wages. If my employment is terminated for any reason, the entire amount of any remaining ineligible charges will be due and payable immediately. My employer may apply unpaid ineligible transactions as a debt against my final payroll without any other notice. By accepting and using my flex debit card, I am agreeing to the terms and conditions contained in the Cardholder Agreement, including any amendments thereto, which will govern the use of the card.				
I have examined this agreement and to the best of my knowledge, it is true, correct and complete.				
Employee Signature: _____			Date Signed: _____	

Contact



Employee Benefit Systems • 214 North Main Street • PO Box 1053 • Burlington, IA 52601
Phone: 800-373-1327 • Fax: 888-511-3743 • flex@ebs-tpa.com





IOWA SCHOOLS EMPLOYEE BENEFITS ASSOCIATION
ENROLLMENT / CHANGE FORM

New Hire

Effective Date

SECTION 1: EMPLOYER AND EMPLOYEE INFORMATION		Employer Name: Clarinda Comm School District	
Employee Name (Last, First, MI):		Social Security #:	Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single
Employee's Home Address (Street, City, State, Zip):		Gender: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Home Phone #:
Date of Hire:	Effective Date of Coverage:	Occupation Class: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Retired	Hours Worked Per Week:
		Annual Salary:	

SECTION 2: CHECK TYPE OF COVERAGE													
Please specify Medical Plan													
Please specify Dental Plan													
COVERAGE TYPE	MEDICAL	VISION	DENTAL	LIFE / AD&D	LIFE / AD&D	LTD	LTD	VOL LIFE / AD&D	VOL LIFE / AD&D	DEP. LIFE AMOUNT	DEP. LIFE AMOUNT	Accident Expense / Critical Illness	
												To be covered	AE Unit
A = Accept W = Waive	A	W	A	W	A	W	A	W	A	W	A	W	<input type="checkbox"/>
Employee Only	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Family	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>

If applying for Critical Illness (CI) coverage this question must be answered: During the past 12 months, has any Proposed Insured used any form of tobacco or nicotine-based products or substitutes such as patches or gum?
Employee: ☐ Yes ☒ No
Spouse: ☐ Yes ☒ No

SECTION 3: ELIGIBLE PARTICIPANTS (if additional dependents, attach separate sheet)											
	Last Name (if different from employee)	First Name	Social Security #	Date of Birth	Sex	M / F	YR	DY	MM	ADD	REMOVE
Spouse											
Dependent											
Dependent											
Dependent											
Dependent											

SECTION 4: MEDICARE INFORMATION							
Name of Person Covered by Medicare	Medicare ID Number	EFFECTIVE DATES		DISABLED?		ESRD?	
		PART A	PART B	YES	NO	YES	NO

SECTION 5: BENEFICIARY INFORMATION – Please note the employee is the beneficiary for dependent life or spouse or child(ren) voluntary life.	
Name of Beneficiary (Last Name, First, MI)	Relationship
Primary:	
Secondary:	

SECTION 6: REASON FOR ADDING COVERAGE		EFF. DATE OF CHANGE
<input type="checkbox"/> Open Enrollment		
<input type="checkbox"/> Birth / Adoption		
<input type="checkbox"/> Marriage		
<input type="checkbox"/> Loss of Other Group Coverage		
<input type="checkbox"/> Court Order (attach a copy)		
<input checked="" type="checkbox"/> Employment Status Change		
<input type="checkbox"/> Other (explain)		

SECTION 7: REASON FOR TERMINATING COVERAGE	
<input type="checkbox"/> Termination of Employment	
<input type="checkbox"/> Divorce	<input type="checkbox"/> Spouse's Group Coverage
<input type="checkbox"/> Age Limit	<input type="checkbox"/> Individual Coverage
<input type="checkbox"/> Medicare	<input type="checkbox"/> Deceased
<input type="checkbox"/> Other (explain)	
Effective Date of Change / /	

SECTION 8: NAME and/or ADDRESS CHANGES	
New Name:	
Former Name	
New Address	

Secondary Coverage :

IMPORTANT: PLEASE READ AND SIGN FORM.

I represent that all information supplied in this application is true and complete.

Employee Signature: _____ Date _____



Iowa Retirement Investors' Club (RIC)
Look forward to retirement!

403b Salary Reduction Form

Personal Information

Name _____ Social Security # _____
Last First MI
 Address _____ City _____ State _____ Zip _____
 Birth Date _____ Telephone (daytime) _____ Telephone (home) _____
 Email Address _____ Employer Name _____

Salary Reduction Election

Horace Mann, MassMutual, VALIC, and Voya - Access to provider websites and contact information, a list of available investment options, total and individual fund fees, current fixed rates, historical fund performance, and self-directed brokerage options are available on the RIC website.

	Pretax	Roth (post-tax)	ER \$*		Pretax	Roth (post-tax)	ER \$*
Horace Mann	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	VALIC	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes
MassMutual	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	Voya	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes

AXA Equitable, EFS Advisors, GWN Securities, National Life Group, Security Benefit, and TCG Administrators - Access to provider websites and contact information is available on the RIC website. Investment options, fund fees, fixed rates, historical fund performance, and product restrictions (if any) are available directly from the provider upon request.

	Pretax	Roth (post-tax)	ER \$*		Pretax	Roth (post-tax)	ER \$*
AXA Equitable	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	National Life Group	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes
EFs Advisors	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	Security Benefit	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes
GWN Securities	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	TCG Administrators	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes

Participant Signature

I authorize my employer to direct my contributions and make salary reductions (if requested) as indicated above. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Document. I have established a 403b account in one of the RIC provider's currently offered products. I understand that RIC does not give investment advice and investment returns are not guaranteed by the State of Iowa. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution as defined by my employer's plan elections. I understand that the total of all salary-deferred 403b contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 403b.

X _____
Participant Signature Date

Submit Form

Submit this form to your payroll office.

Agent Use Only (Not required for existing accounts or online provider enrollment if available) I am authorized to open accounts for this employee and verify that he/she has established a 403b account in one of the RIC provider's currently offered products.

Print Agent Name _____ Agent Signature _____ Agent Phone Number _____ Date _____

Payroll Office

Date Received: _____ Paycheck Effective Date: _____ Name: _____

*Employer money - If your employer contributes to your 403b, indicate which provider is to receive the employer contributions.



Visit the RIC website at <https://das.iowa.gov/RIC/403b> to access additional program information and your employer's RIC plan elections (under Your Plan Details).

Print

Reset

CLARINDA COMMUNITY SCHOOL DISTRICT

423 E. Nodaway, Clarinda, Iowa 51632

• (712) 542-5165 • Fax (712) 542-3802•

2022 Eligibility Notice Iowa Retirement Investors' Club (RIC) 403b Plan

What is the RIC 403(b) retirement savings plan benefit?

You have the opportunity to save for retirement by participating in our 403b plan offered through the Iowa Retirement Investors' Club (RIC). You may participate by making pretax contributions (and post-tax Roth if allowed) to one of the RIC investment providers.

How do I contribute to the 403b plan?

To contribute, you must open an account with one of the RIC investment providers and submit the RIC *403b Salary Reduction Form* (<https://das.iowa.gov/RIC/403b/documents>) to our payroll office. Provider information is available at <https://das.iowa.gov/RIC/403b/providers>.

How much may I contribute?

The 2022 regular contribution limit is \$19,500. If you are age 50 or older, the limit is \$26,000. A catch-up contribution option (up to an additional \$3,000 per year for 5 years) may be available if you have been our employee for at least 15 years and your average annual contributions have been \$5,000 or less. Salary reductions may be changed or stopped at any time by completing the RIC *403b Salary Reduction Form*.

What if I am already contributing?

Take full advantage of your benefit! Consider increasing the amount you are saving for retirement (up to the maximum limits). If you wish to change the amount you are contributing, simply complete and submit a RIC *403b Salary Reduction Form* to our payroll office.

How can I find out more?

Information is available at <https://das.iowa.gov/RIC/403b>. You may also contact the RIC providers (see <https://das.iowa.gov/RIC/403b/providers>), or RIC toll-free at 866-460-4692, option 1. If you currently participate, you can call your investment advisor to review your account and retirement income goals.