



Administration Building
2112 Utica-Sellersburg Road
Jeffersonville, IN 47130

HUMAN RESOURCES

Phone: (812) 283-0701
Fax: (812) 288-4880

**Congratulations on your offer of employment with contingencies with
Greater Clark County Schools!**

Prior to being approved by the Board of School Trustees as a new employee, you will need to complete Human Resources paperwork and have results from a Criminal Background Check and Drug / Alcohol Screening (if required by the position). This information will be explained during a New Hire Appointment with the Human Resources Department.

Please contact Human Resources to schedule your new hire appointment at (812) 288-4802, Ext. 50147 as soon as possible.

*****Prior to your new hire appointment, please print and complete the attached forms. In addition to the completed forms, please bring with you the following items:**

- Driver's License
- Social Security card
- \$15 in exact change or a check for your criminal history (we do not accept credit cards). If a Drug/Alcohol screening is required for the position, you will need to bring \$15 for that as well.
- Voided check for direct deposit
- High School Diploma/Transcript or a College Transcript
- For Certified Positions – Copy of Teaching License

*****It is very important to have all information with you at the time of your meeting.**

If you have any questions, please contact Human Resources using the number listed above.

We look forward to meeting you soon!

GREATER CLARK COUNTY SCHOOLS

OFFER OF EMPLOYMENT WITH CONTINGENCIES

This offer of employment with the GREATER CLARK COUNTY SCHOOLS (GCCS) is made CONTINGENT UPON:

1. clearance in a criminal records/security clearance check;
2. proof of valid licensure in the designated position by the Indiana Professional Standards Board;
3. successfully passing a pre-employment drug and alcohol test for selected positions (signature constitutes consent to submit to test); and
4. the approval of employment by the GCCS Board Of School Trustees.

This section to be completed by Administrator/Supervisor

EMPLOYEE NAME: _____ **POSITION:** _____

DATE OF OFFER OF EMPLOYMENT WITH CONTINGENCIES: _____

This offer conveyed by:

SIGNATURE: _____ **POSITION : Director of Human Resources** **DATE :** _____

The undersigned acknowledges acceptance of this offer of employment subject to the above stated contingencies and agrees to provide the requested information. The undersigned also understands that he/she needs to attach \$15 in payment for the employee portion of the Criminal History Check.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

PHONE NUMBER: _____

In order for the criminal records check to be completed, please provide the following information:

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____

List all places of residence for the past ten (10) years. If additional space is needed, please use the back of form. Complete street number, street name, city, and state must be provided.

PRESENT ADDRESS: _____

RESIDENT AT THIS ADDRESS FROM: _____ **TO:** _____

PRIOR ADDRESS: _____

RESIDENT AT THIS ADDRESS FROM: _____ **TO:** _____

PRIOR ADDRESS: _____

RESIDENT AT THIS ADDRESS FROM: _____ **TO:** _____

Board Policy Reference: Policy 3121/4121

Statement: To protect students and staff members, the School Board requires an inquiry into the personal background of each applicant the Superintendent recommends for employment of the School Corporation. Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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



Supplement B,
Reverification and Rehire (formerly Section 3)

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

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

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

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	



Payroll Office
Administration Building
2112 Utica-Sellersburg Road
Jeffersonville, IN 47130

Phone: (812) 288-4802

Fax: (812) 288-4880

GCCS Staff:

Many of you have filed & completed your tax return, which is always a good time to ensure that your W-4 form is correct. As most of you know, the W-4 form dictates the amount in federal taxes that your employer is withholding every payroll. These funds are transferred to the IRS following every payroll, and are held until you file a return the following year. With this communication, I am hoping to clear up some of the confusion around the newer W-4 form. I know it is a lot of information, but it will be worth the investment of time to ensure your taxes are where you want them to be.

In 2018, significant changes occurred with tax laws and the corresponding W-4 form (updated in 2020). For decades, the "old" W-4 form completed by individual employees centered around the number of allowances claimed, along with filing status, so many people became familiar with phrases such as "single claiming 2", or "married claiming 4", etc. The brand new W-4 form, effective January 2020, does not request the number of allowances from an individual. An important thing to remember is that under the revised tax law, allowances have zero tax value. Instead, the new form provides a few new opportunities to better file their withholding status. These improved opportunities include:

- For individuals to more accurately calculate their withholding, based on their filing status (single, married and a new "head of household" filing status)
- The opportunity to increase one's withholding in "2 earner couples",
- Additional opportunities to reduce an employee's federal tax withholding based on child tax, and dependent tax credits (which again are not the same as allowances on the old form), education tax credits, and deductions in excess of the "standard deduction".

In order to ensure that does not surprise you again, please take a few minutes to ensure that your federal tax withholdings are where you want them to be each year.

Here are some steps that I completed myself to ensure my federal tax withholdings were accurate.

IRS Federal Tax estimator:

1. Log into Skyward and use the drop down arrow on the home page to click on "Employee Access". Then click "Employee Information" and then "W-4 Information" to determine your current withholding status.

2. The IRS provides a tool that calculates how much your federal tax withholding should be, based on a number of questions using this link: <https://apps.irs.gov/app/tax-withholding-estimator>

3. Go back to your Skyward "Employee Information" tab and click "Check History". This will show your latest pay stub, which shows you the gross wages and federal withholdings per pay that the tax estimator requires you to enter. You should also see a button on the "Check History" screen in the far right corner that says, "Show check with YTD Amounts". This will provide the year-to-date amounts that the tax estimator requires you to enter.

4. Once you answer all of the questions in the tax estimator tool, it will provide an estimated tax refund, or tax owed. Use this information to determine how to revise your W-4, if needed.

W-4 Tips:

1. **Step 2 is VERY important.** If you have multiple jobs, OR if your spouse also works, pay close attention to this section. Most married couples that have either one or both spouses on the new form, likely need to check the box. **The most common scenario is for a couple who is married and filing jointly. When the wages are combined on a tax return, it often elevates both sets of earnings to a higher tax bracket. If you are not considering this in your withholdings, then it is likely that you will owe taxes at the end of the year. Therefore, if your spouse works, you may need to check Box 2(c) and have your spouse do the same on their W-4. If you both have similar wages, this should be enough.** If one wage is significantly higher, you may also have to request extra withholdings in Step 4(c) on the W-4 form. If your spouse has more than 1 job, Page 3 of the W-4 form has a multiple jobs worksheet that will guide you through that scenario.

2. Step 3 - See instructions at the end of Step 2. For those filing married, you should only complete Steps 3 & 4 on one W-4, which is the higher paying job. If you are married, only claim dependents in Step 3 on either your W-4, OR your spouse's W-4, but not both.

- Enter the number of dependent children who will be less than 17 years of age as of 12/31/2022, and multiply by the child tax credit amount of \$2,000 per child. Then, enter the number of "other dependents" who are children 17 or over and others who you claim as dependents (parents, nieces you support, foster children, etc.), and multiply by \$500. Please note that both of these are tax credits and not tax *allowances*. Tax credits reduce your tax liability, dollar-for-dollar.

3. If you prefer to see a refund on your federal taxes, make sure you use the federal tax estimator to determine how much extra withholding you should record on Step 4(c) of the W-4.

If you need to make changes to your W-4, the form is attached. If you have questions, please reach out to **Ashley Forsee** at ext. 50152, or aforsee@gccschools.com. If you would like to turn in your revised form, please send to Whitney Connell at wconnnell@gccschools.com. or send to HR via the pony.

Please note that I am not a tax accountant. We CANNOT advise you on your personal tax situation, but I'm hoping that the tips above will help. If your taxes are more complicated than this, I would recommend that you consult with an accountant who can advise on how to complete your W-4.

Employee's Withholding Certificate

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024**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 surviving spouse		
<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, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

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

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

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

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

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

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **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 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$29,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$21,900 \text{ if you're head of household} \\ \bullet \$14,600 \text{ if you're single or married filing separately} \end{array} \right\}$ **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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

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

Single or Married Filing Separately

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

Head of Household

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

**KENTUCKY'S WITHHOLDING
CERTIFICATE****2023**

Social Security Number 			
Name—Last, First, Middle Initial			
Mailing Address (Number and Street including Apartment Number or P.O. Box)			
City, Town or Post Office	State	ZIP Code	

All Kentucky wage earners are taxed at a flat 4.5% rate with a standard deduction allowance of \$2,980. The Department of Revenue annually adjust the standard deduction in accordance with KRS 141.081(2)(a).

Check if exempt:

- ☐ 1. Kentucky income tax liability is not expected this year (see instructions)
- ☐ 2. You qualify for the Fort Campbell Exemption Certificate. I am a resident of _____ State
- ☐ 3. You qualify for the nonresident military spouse exemption
- ☐ 4. You work in Kentucky and reside in a reciprocal state

Additional withholding per pay period under agreement with employer \$ _____

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

Signature Date

Instructions to Employees

All Kentucky wage earners are taxed at a flat 4.5% tax rate with an allowance for the standard deduction.

You may be exempt from withholding if any of the four conditions below are met:

- You may be exempt from withholding for 2023 if both the following apply:
 - For 2022, you had a right to a refund of all Kentucky income tax withheld because you had no Kentucky income tax liability, and
 - For 2023, you expect a refund of all your Kentucky income tax withheld.

Income Tax Liability Thresholds—The 2022 filing threshold amount based upon federal poverty level is expected to be \$13,590 for a family size of one (single, or married living apart from your spouse for the entire year), \$18,310 for a family of two (single with one dependent child or a married couple), \$23,030 for a family of three (single with two dependent children or a married couple with one dependent child) and \$27,750 for a family of four or more (single with three dependent children or a married couple with two or more dependent children). Modified gross income is equal to your federal adjusted gross income plus any interest income from other states municipal bonds and pension income from a qualifying lump-sum distribution. If your combined modified gross income is expected to be less than the threshold amount for your family size, then you (and your spouse, if applicable) may not have an income tax liability.

If both the above statements apply, you are exempt and may check box 1. Your exemption for 2023 expires February 15, 2024.

- Under the provisions of Public Law 105–261, pay and compensation earned at the Fort Campbell, Kentucky, military base is exempt from Kentucky income tax if you are not a resident of Kentucky. KRS 141.010(32) defines “resident” as an individual domiciled within this state or an individual who is not domiciled in this state, but maintains a place of abode in this state and spends in the aggregate more than one hundred eighty-three (183) days of the taxable year in this state.

Check box 2 if you certify that you are not a resident of Kentucky and only earn wages as an employee at Fort Campbell, Kentucky. This exemption must be revoked within 10 days of a move or change of address to Kentucky.

3. You may be exempt from withholding, if you meet the conditions set for under the Servicemember Civil Relief Act as amended by the Military Spouses Residence Relief Act. You must complete the worksheet below to determine if you are eligible.

In order to qualify you must complete this form in full, certify that the you are not subject to Kentucky withholding tax because you met the conditions set forth below, and provide a copy of your spouse's military picture ID issued to the employee by the U.S. Department of Defense.

-
1. My spouse is a military servicemember.....(check one) ☐ YES ☐ NO
2. I am NOT a military servicemember.....(check one) ☐ YES ☐ NO
3. My military servicemember spouse has a current military order assigning him or her
to a military location in Kentucky.....(check one) ☐ YES ☐ NO
4. I and my military servicemember spouse live at the same address.....(check one) ☐ YES ☐ NO
5. My military servicemember's state of domicile is a state other than Kentucky and I am
electing to use that state of domicile.....(check one) ☐ YES ☐ NO
If yes, enter the 2-letter state code of the servicemember's state of domicile _____
6. I am present in Kentucky solely to be with my military servicemember spouse.....(check one) ☐ YES ☐ NO

If you checked "YES" to all the statements above, your earned income is exempt from Kentucky withholding tax.

Check box 3 if you checked "YES" to all the statements listed in the worksheet. You are exempt from Kentucky income tax withholding. This exemption will terminate if any of the answers to the questions changes to "NO". In general, the exemption termination date will be the earlier of:

- The day the military servicemember is no longer in the military;
- The day the employee enlists in the military;
- The day the employee and the military servicemember no longer live at the same address; or
- The day the military servicemember's permanent duty station changes to a location outside of Kentucky.

4. You may be exempt from withholding if you work in Kentucky but reside in one of the following reciprocal states: Illinois, Indiana, Michigan, West Virginia, Wisconsin, Virginia and you commute daily or Ohio and you are not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in a S corporation.

In order to qualify you must complete the worksheet below:

I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:

- ☐ Illinois, ☐ Indiana, ☐ Michigan, ☐ West Virginia, ☐ Wisconsin
☐ Virginia and commute daily to my place of employment in Kentucky. (*Must commute daily to apply.*)
☐ Ohio and I am not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in an S corporation.

Check box 4 if you certify you work in Kentucky and reside in a reciprocal state.

If you meet any of the four exemptions you are exempted from Kentucky withholding. However, you must complete this form and file it with your employer before withholding can be stopped. You will need to maintain a copy of the K-4 for your permanent records.

Instructions to Employers

Form K-4 is only required to document that an employee has requested an exemption from withholding OR to document that an employee has requested additional withholding in excess of the amounts calculated using the formula or tables. If neither situation applies, then an employer is not required to maintain Form K-4.

Upon receipt of this form, properly completed, you are authorized to discontinue withholding for an employee who qualifies for one of the four exemptions. Retain a copy of all K-4's received from employees.



Form **WH-47**
SF# 9686 (R/12-97)

Certificate of Residence

This form is to be used **only** by residents of States with a reciprocal tax agreement.*

Indiana Employer's Name		Employer TID Number
Employee Name	Street and City Address	Social Security Number

The employee swears to be a legal resident of the State of _____, does not own personal property in Indiana, and understands that income from salaries, wages, tips and commissions received from Indiana sources are taxable in their state of residence and not subject to Indiana Adjusted Gross Income Tax as a result of the reciprocal tax agreement with the State of _____. Employee further states the Indiana employer will be advised of any change in legal residence. Note: The employee understands that the employer remains responsible for withholding any applicable Indiana County taxes.

Date _____, _____ Employee Signature _____

Subscribed and sworn to before me, a Notary Public in and for said County and State, this _____ day of

_____, _____ . Notary Public Signature _____

My Commission Expires _____ My County of Residence _____

Do **not** send this form to the Indiana Department of Revenue — it is to be filed with and held by the employer.

*States that have reciprocal agreements with Indiana are: Kentucky, Michigan, Ohio, Pennsylvania and Wisconsin.

**Greater Clark County Schools
Internet and Network
Employee Acceptable Use Agreement**

Access Release and Authorization Form

Greater Clark County School Corporation is pleased to offer its employees access to the Internet, an electronic information highway connecting computers and users all over the world. This computer technology is provided for a limited educational purpose, to allow students and employees to conduct research and to facilitate professional communication both within the corporation and between employees and other professionals outside the corporation.

Employees should be aware that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. In addition, it is possible to purchase certain goods and services via the Internet, which could result in unwanted financial obligations for which an employee may be liable.

While Greater Clark County School Corporation's intent is to make Internet access available in order to further educational goals and objectives, employees and students may find ways to access other materials as well. Even if the Corporation institutes technical methods or systems to regulate students' Internet access, those methods may not guarantee compliance with the Corporation's Acceptable Use Policy. Nevertheless, the Corporation believes that the benefits to employees and students of access to the Internet exceed any disadvantages.

Employees should understand that access is a privilege, not a right, and that any user identified as a security risk or having a history of security breaches on this or other computer systems will be denied access to this network. Security software will be installed on all computers that are connected to the network and to areas where student access is possible. Staff members who have been entrusted with the building security password are expected to use the information responsibly and to keep the information confidential at all times. An act of intentionally circumventing the security software may be viewed as grounds for disciplinary action.

I have read and understand the **Greater Clark County Schools Telecommunications Services Acceptable Use Policy**. I agree to comply with the policy, standards, rules and guidelines contained therein and any other directives or guidelines of school staff. I understand that if I violate the rules, I may face disciplinary action.

I hereby release the district, its personnel, and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the Greater Clark County Schools Corporation information system, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

Employee Name (Print)

School/Office

Employee Signature

Date

Mail Reports to:

Indiana New Hire Reporting Center
P.O. Box 3006
Dublin, OH 43016

[Clear Form](#)

Employer Information

Federal ID Number:

351151414

Employer Name

Greater Clark County Schools

Employer Address *(income withholding address)*

2112 Utica-Sellersburg Road

Employer City

Jeffersonville

State

IN

Zip

47130

Contact First Name

Tricia

Contact Last Name

Helton

Phone Number

(812) 288-4802

Fax Number

(812) 288-4880

Email Address

phelton@gccschools.com

Employee Information

Social Security Number

Is Health Insurance Available? *(optional)*

yes ☐

no ☐

Employee First Name

MI

Employee Last Name

Employee Address

Employee City

State

Zip

Start Date

Date of Birth *(optional)*



Administration Building
2112 Utica-Sellersburg Road
Jeffersonville, IN 47130

HUMAN RESOURCES

Phone: (812) 283-0701
Fax: (812) 288-4880

Greater Clark County Schools
Confidential Emergency Information Sheet

Name: _____ Phone Number: _____

Address: _____

Person Able to Make Emergency Decisions: _____

Relationship: _____ Phone Number: _____

Address: _____

Place of Employment: _____ Phone Number: _____

Second Emergency Contact: _____

Relationship: _____ Phone Number: _____

Doctor (optional): _____ Phone Number: _____

Other Information you feel would be important in a medical emergency: _____

Confidential Information sheets will be kept in the employee personnel file.



ENROLLMENT FORM

TRF (Hybrid): _____ TRF (MyChoice): _____

PERF (Hybrid): _____ PERF (MyChoice): _____

PERSONAL INFORMATION (please print clearly using black or blue ink)	
NAME: _____	SOCIAL SECURITY NUMBER: _____
ADDRESS: _____	APT: _____
CITY: _____	STATE: _____ ZIP CODE: _____
DAY PHONE: _____	EVENING PHONE: _____
EMAIL: _____	
DATE OF BIRTH: ____/____/____	PENSION ID: _____

Greater Clark County Schools will assist eligible employees in enrolling in the INPRS retirement system, however, employees must contact INPRS directly to designate beneficiaries.

GREATER CLARK COUNTY SCHOOLS

EMPLOYEE INFORMATION

My signature below acknowledges that I have been advised Greater Clark County Schools policies, procedures, and Employee Handbook are available online at www.gccschools.com. My signature also acknowledges that I understand and accept that it is my responsibility to read these documents. Questions concerning the information in this brochure may be addressed to a building supervisor, the Human Resources Office, or the General Legal Counsel for Greater Clark County Schools.

Signature

Date

Printed Name

Job Position/Location



Administration Building
2112 Utica-Sellersburg Road
Jeffersonville, IN 47130

HUMAN RESOURCES

Phone: (812) 283-0701
Fax: (812) 288-4880

Release of Social Security Number for Employment Purposes

Federal law requires that each employee, regardless of employment status, provide Greater Clark County Schools with his/her social security number for payroll and tax recording purposes. Social security numbers must also be released at times for reporting data related to an employee's benefits. Greater Clark County Schools recognizes the importance of confidentiality with regard to social security numbers. The release of your social security number will not occur without your knowledge unless required by court order, or in compliance with state or federal law.

I have read and understand the "Release of Social Security Number for Employment Purposes" statement above and agree to the release of my social security number for purposes of employment and benefit administration business related to my employment with Greater Clark County Schools.

Employee Printed Name

Employee Signature

Date Signed

Witness: _____

Title: _____

Greater Clark County Schools

(A FULLY ELECTRONIC INSTITUTION)

Authorization Agreement For Direct Deposit (ACH Service)

Name	Social Security Number
------	------------------------

I hereby authorize my employer, Greater Clark County Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY"; to credit and/or debit the same to such account:

Primary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number_____
Routing/ABA Number (9 Digits)	Amount to deposit equals NET PAY.

Optional Secondary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number_____
Routing/ABA Number (9 Digits)	Amount to deposit equals fixed amount. \$ _____

This authority is to remain in full force and effect until Greater Clark County Schools has received A NEW DIRECT DEPOSIT FORM IN SUCH TIME AND IN SUCH MANNER as to afford Greater Clark County Schools and DEPOSITORY a reasonable opportunity to act on it.

Date	Signature
------	-----------

FOR EACH ABOVE NAMED

CHECKING ACCOUNT - ATTACH A VOIDED BLANK CHECK

SAVINGS ACCOUNT - ATTACH ON BANK LETTERHEAD ACCOUNT INFORMATION

Greater Clark County Schools

(A FULLY ELECTRONIC INSTITUTION)

Authorization Agreement For Direct Deposit (ACH Service)

Name	Social Security Number
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Primary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number_____
Routing/ABA Number (9 Digits)	Amount to deposit equals NET PAY.

Optional Secondary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number_____
Routing/ABA Number (9 Digits)	Amount to deposit equals fixed amount. \$ _____

This authority is to remain in full force and effect until Greater Clark County Schools has received A NEW DIRECT DEPOSIT FORM IN SUCH TIME AND IN SUCH MANNER as to afford Greater Clark County Schools and DEPOSITORY a reasonable opportunity to act on it.

Date	Signature
------	-----------

FOR EACH ABOVE NAMED

CHECKING ACCOUNT - ATTACH A VOIDED BLANK CHECK

SAVINGS ACCOUNT - ATTACH ON BANK LETTERHEAD ACCOUNT INFORMATION



Administration Building
2112 Utica-Sellersburg Road
Jeffersonville, IN 47130

HUMAN RESOURCES

Phone: (812) 283-0701
Fax: (812) 288-4880

Name: _____

Position: _____

Location: _____

Congratulations on your employment with Greater Clark County Schools! We are very excited you have made the decision to join our team! Employees will be evaluated at least one time by his/her supervisor and/or administrator during the 90 day orientation period. To be a successful employee, you are reminded it is important to establish good attendance, satisfactory work performance, and complete compliance with all policies. Employees missing more than 3 days during the orientation period and/or receiving an inadequate score on their evaluation may be dismissed. At the close of the training period the Supervisor/Administrator will recommend to the Human Resources continuation of regular employment or dismissal.

Your orientation period ends: _____

Please sign this memo of understanding and return to Human Resources. Your signature indicates that you understand the district's policy concerning the orientation period.

Signature of Employee

Date

What you need to know:

- **Are you eligible?** Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- **Your premiums and benefits may vary.** Actual premiums and benefit amounts will be calculated by OneAmerica and may change upon reaching certain ages, according to contract terms, and are subject to change. Volumes and benefit amounts shown may be subject to reductions due to age.
- **Enroll timely for guaranteed issue coverage.** You may be eligible for coverage without having to answer any health questions if you enroll during the initial enrollment period when benefits are first offered by OneAmerica®, or if you enroll as a newly hired employee within 31 days after any applicable waiting period.
- **Enrolling later requires approval.** If you decline coverage now, you will lose your only chance to apply for group insurance coverage without having to first undergo medical underwriting. If you decide to enroll later, you will need to submit a Statement of Insurability form for review. OneAmerica will then decide to approve or deny your coverage based on your health history. You may not be approved for any type of coverage at a later date if you have any current or future medical conditions.

What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit www.employeebenefits.aul.com to find the Notices and Limitations, G-14320 (05 NonPrudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.
- **Submit your enrollment form.** Please return your completed enrollment form to your employer.

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica company. Not available in all states or may vary by state.

Group Enrollment Form

American United Life Insurance Company®
a ONEAMERICA® company
One American Square, P.O. Box 6123
Indianapolis, IN 46206-6123
(800) 553-5318
www.employeebenefits.aul.com



Applicant's Full Legal Name:		Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired	
Applicant's Social Security Number:	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant's State of Residence:	Applicant's Residential Zip Code:	Employer: Greater Clark County Schools	
Applicant's Telephone Number: (normal business hours): () - - -	Applicant's E-mail Address:		Employed Full-Time: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Are you authorized to work and reside in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COVERAGE BEING APPLIED FOR: Apply for or decline each coverage listed below. Not checking a box or boxes will be considered a declination of that coverage.

Benefit Amount / Option Requested

Worksite Short Term Disability	Option _____ <input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Employee Voluntary Term Life & AD&D	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Spouse Voluntary Term Life & AD&D	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Child Voluntary Term Life & AD&D	Option _____ <input type="checkbox"/> Elect	<input type="checkbox"/> Decline

*If spouse is included in dependent coverage: Name _____ Date of birth _____.

NOTE: Coverage is only offered and available to eligible Dependents who are authorized to reside in the United States.

For AUL Term Life Coverages, identify your Beneficiary Designation to ensure proceeds can be paid according to your wishes.

Name of Primary Beneficiary:	Percentage:	Relationship:	SSN/Date of Birth:
Name of Contingent Beneficiary:	Percentage:	Relationship:	SSN/Date of Birth:

- I hereby apply for the requested group life and/or disability insurance coverage for which I and my dependents, if any, are eligible and available under AUL's policy. I understand receipt of any coverage greater than the guaranteed issue amount or application for coverage after the approved enrollment period first requires medical underwriting and written approval by AUL.
 - I authorize my employer to deduct from my wages the amount of premium required for the amount of coverage approved by AUL, including any premium increases due to age bracket or salary changes when applicable. Premium payments greater than the amount of premium owed will not result in additional coverage under AUL's policy.
 - The undersigned represents any information or documents provided to AUL by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.
- The undersigned understands and agrees 1. any insurance coverage or benefit are contingent upon any statements made to AUL as being complete and correct and 2. benefits under any group life or disability insurance policy will be paid only if AUL or its third party administrator decides in its discretion the applicant is entitled to them. The undersigned have read, understand, and retained the notices, limitations, and exclusions for his/her records.**
- 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: _____ **Date:** _____

MUST BE COMPLETED BY THE EMPLOYER	Group Policy #: 00617984-0000-000	Class # :	Employer: Greater Clark County Schools	Occupation:	Employer's State: IN
	Salary: _____ Mode: [] Hourly [] Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly [] Annually			Date Hired Full Time:	
F/T Requirements (hours, days, weeks, etc.): _____					

Worksite Short Term Disability Option 1

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$6,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period

14 days injury / 14 days sickness

Maximum Benefit Duration

11 weeks

Pre-Existing Condition Period

12 months / 12 months

Payroll Deduction Illustration: 2 Times Per Month

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$3,600	\$200	\$1.24	\$1.24	\$1.24	\$1.24	\$1.24	\$1.24	\$1.24	\$1.24	\$1.24	\$1.24	\$1.24	\$1.24
\$5,400	\$300	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85
\$7,200	\$400	\$2.47	\$2.47	\$2.47	\$2.47	\$2.47	\$2.47	\$2.47	\$2.47	\$2.47	\$2.47	\$2.47	\$2.47
\$9,000	\$500	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09
\$10,799	\$600	\$3.70	\$3.70	\$3.70	\$3.70	\$3.70	\$3.70	\$3.70	\$3.70	\$3.70	\$3.70	\$3.70	\$3.70
\$12,599	\$700	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32
\$14,399	\$800	\$4.94	\$4.94	\$4.94	\$4.94	\$4.94	\$4.94	\$4.94	\$4.94	\$4.94	\$4.94	\$4.94	\$4.94
\$16,199	\$900	\$5.56	\$5.56	\$5.56	\$5.56	\$5.56	\$5.56	\$5.56	\$5.56	\$5.56	\$5.56	\$5.56	\$5.56
\$17,999	\$1,000	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17
\$19,799	\$1,100	\$6.79	\$6.79	\$6.79	\$6.79	\$6.79	\$6.79	\$6.79	\$6.79	\$6.79	\$6.79	\$6.79	\$6.79
\$21,599	\$1,200	\$7.41	\$7.41	\$7.41	\$7.41	\$7.41	\$7.41	\$7.41	\$7.41	\$7.41	\$7.41	\$7.41	\$7.41
\$23,399	\$1,300	\$8.02	\$8.02	\$8.02	\$8.02	\$8.02	\$8.02	\$8.02	\$8.02	\$8.02	\$8.02	\$8.02	\$8.02
\$25,199	\$1,400	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64
\$26,999	\$1,500	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26
\$28,799	\$1,600	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87
\$30,598	\$1,700	\$10.49	\$10.49	\$10.49	\$10.49	\$10.49	\$10.49	\$10.49	\$10.49	\$10.49	\$10.49	\$10.49	\$10.49
\$32,398	\$1,800	\$11.11	\$11.11	\$11.11	\$11.11	\$11.11	\$11.11	\$11.11	\$11.11	\$11.11	\$11.11	\$11.11	\$11.11
\$34,198	\$1,900	\$11.73	\$11.73	\$11.73	\$11.73	\$11.73	\$11.73	\$11.73	\$11.73	\$11.73	\$11.73	\$11.73	\$11.73
\$35,998	\$2,000	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34
\$37,798	\$2,100	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96
\$39,598	\$2,200	\$13.58	\$13.58	\$13.58	\$13.58	\$13.58	\$13.58	\$13.58	\$13.58	\$13.58	\$13.58	\$13.58	\$13.58
\$41,398	\$2,300	\$14.19	\$14.19	\$14.19	\$14.19	\$14.19	\$14.19	\$14.19	\$14.19	\$14.19	\$14.19	\$14.19	\$14.19
\$43,198	\$2,400	\$14.81	\$14.81	\$14.81	\$14.81	\$14.81	\$14.81	\$14.81	\$14.81	\$14.81	\$14.81	\$14.81	\$14.81
\$44,998	\$2,500	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43
\$46,798	\$2,600	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04
\$48,598	\$2,700	\$16.66	\$16.66	\$16.66	\$16.66	\$16.66	\$16.66	\$16.66	\$16.66	\$16.66	\$16.66	\$16.66	\$16.66
\$50,397	\$2,800	\$17.28	\$17.28	\$17.28	\$17.28	\$17.28	\$17.28	\$17.28	\$17.28	\$17.28	\$17.28	\$17.28	\$17.28
\$52,197	\$2,900	\$17.90	\$17.90	\$17.90	\$17.90	\$17.90	\$17.90	\$17.90	\$17.90	\$17.90	\$17.90	\$17.90	\$17.90
\$53,997	\$3,000	\$18.51	\$18.51	\$18.51	\$18.51	\$18.51	\$18.51	\$18.51	\$18.51	\$18.51	\$18.51	\$18.51	\$18.51
\$55,797	\$3,100	\$19.13	\$19.13	\$19.13	\$19.13	\$19.13	\$19.13	\$19.13	\$19.13	\$19.13	\$19.13	\$19.13	\$19.13
\$57,597	\$3,200	\$19.75	\$19.75	\$19.75	\$19.75	\$19.75	\$19.75	\$19.75	\$19.75	\$19.75	\$19.75	\$19.75	\$19.75
\$59,397	\$3,300	\$20.36	\$20.36	\$20.36	\$20.36	\$20.36	\$20.36	\$20.36	\$20.36	\$20.36	\$20.36	\$20.36	\$20.36
\$61,197	\$3,400	\$20.98	\$20.98	\$20.98	\$20.98	\$20.98	\$20.98	\$20.98	\$20.98	\$20.98	\$20.98	\$20.98	\$20.98
\$62,997	\$3,500	\$21.60	\$21.60	\$21.60	\$21.60	\$21.60	\$21.60	\$21.60	\$21.60	\$21.60	\$21.60	\$21.60	\$21.60
\$64,797	\$3,600	\$22.21	\$22.21	\$22.21	\$22.21	\$22.21	\$22.21	\$22.21	\$22.21	\$22.21	\$22.21	\$22.21	\$22.21

Note: Premiums are based on your age as of 01/01 and amount of coverage chosen.

OneAmerica® is the marketing name for the companies of OneAmerica.

Worksite Short Term Disability Option 1

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$6,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period

14 days injury / 14 days sickness

Maximum Benefit Duration

11 weeks

Pre-Existing Condition Period

12 months / 12 months

Payroll Deduction Illustration: 2 Times Per Month

If your annual salary is at least:	You may select a monthly benefit of:												
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$66,597	\$3,700	\$22.83	\$22.83	\$22.83	\$22.83	\$22.83	\$22.83	\$22.83	\$22.83	\$22.83	\$22.83	\$22.83	\$22.83
\$68,397	\$3,800	\$23.45	\$23.45	\$23.45	\$23.45	\$23.45	\$23.45	\$23.45	\$23.45	\$23.45	\$23.45	\$23.45	\$23.45
\$70,196	\$3,900	\$24.07	\$24.07	\$24.07	\$24.07	\$24.07	\$24.07	\$24.07	\$24.07	\$24.07	\$24.07	\$24.07	\$24.07
\$71,996	\$4,000	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68
\$73,796	\$4,100	\$25.30	\$25.30	\$25.30	\$25.30	\$25.30	\$25.30	\$25.30	\$25.30	\$25.30	\$25.30	\$25.30	\$25.30
\$75,596	\$4,200	\$25.92	\$25.92	\$25.92	\$25.92	\$25.92	\$25.92	\$25.92	\$25.92	\$25.92	\$25.92	\$25.92	\$25.92
\$77,396	\$4,300	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53
\$79,196	\$4,400	\$27.15	\$27.15	\$27.15	\$27.15	\$27.15	\$27.15	\$27.15	\$27.15	\$27.15	\$27.15	\$27.15	\$27.15
\$80,996	\$4,500	\$27.77	\$27.77	\$27.77	\$27.77	\$27.77	\$27.77	\$27.77	\$27.77	\$27.77	\$27.77	\$27.77	\$27.77
\$82,796	\$4,600	\$28.38	\$28.38	\$28.38	\$28.38	\$28.38	\$28.38	\$28.38	\$28.38	\$28.38	\$28.38	\$28.38	\$28.38
\$84,596	\$4,700	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00
\$86,396	\$4,800	\$29.62	\$29.62	\$29.62	\$29.62	\$29.62	\$29.62	\$29.62	\$29.62	\$29.62	\$29.62	\$29.62	\$29.62
\$88,196	\$4,900	\$30.24	\$30.24	\$30.24	\$30.24	\$30.24	\$30.24	\$30.24	\$30.24	\$30.24	\$30.24	\$30.24	\$30.24
\$89,996	\$5,000	\$30.85	\$30.85	\$30.85	\$30.85	\$30.85	\$30.85	\$30.85	\$30.85	\$30.85	\$30.85	\$30.85	\$30.85
\$91,795	\$5,100	\$31.47	\$31.47	\$31.47	\$31.47	\$31.47	\$31.47	\$31.47	\$31.47	\$31.47	\$31.47	\$31.47	\$31.47
\$93,595	\$5,200	\$32.09	\$32.09	\$32.09	\$32.09	\$32.09	\$32.09	\$32.09	\$32.09	\$32.09	\$32.09	\$32.09	\$32.09
\$95,395	\$5,300	\$32.70	\$32.70	\$32.70	\$32.70	\$32.70	\$32.70	\$32.70	\$32.70	\$32.70	\$32.70	\$32.70	\$32.70
\$97,195	\$5,400	\$33.32	\$33.32	\$33.32	\$33.32	\$33.32	\$33.32	\$33.32	\$33.32	\$33.32	\$33.32	\$33.32	\$33.32
\$98,995	\$5,500	\$33.94	\$33.94	\$33.94	\$33.94	\$33.94	\$33.94	\$33.94	\$33.94	\$33.94	\$33.94	\$33.94	\$33.94
\$100,795	\$5,600	\$34.55	\$34.55	\$34.55	\$34.55	\$34.55	\$34.55	\$34.55	\$34.55	\$34.55	\$34.55	\$34.55	\$34.55
\$102,595	\$5,700	\$35.17	\$35.17	\$35.17	\$35.17	\$35.17	\$35.17	\$35.17	\$35.17	\$35.17	\$35.17	\$35.17	\$35.17
\$104,395	\$5,800	\$35.79	\$35.79	\$35.79	\$35.79	\$35.79	\$35.79	\$35.79	\$35.79	\$35.79	\$35.79	\$35.79	\$35.79
\$106,195	\$5,900	\$36.41	\$36.41	\$36.41	\$36.41	\$36.41	\$36.41	\$36.41	\$36.41	\$36.41	\$36.41	\$36.41	\$36.41
\$107,995	\$6,000	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02

Note: Premiums are based on your age as of 01/01 and amount of coverage chosen.

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Worksite Short Term Disability Option 2

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$6,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period

30 days injury / 30 days sickness

Maximum Benefit Duration

9 weeks

Pre-Existing Condition Period

12 months / 12 months

Payroll Deduction Illustration: 2 Times Per Month

If your annual salary is at least:	You may select a monthly benefit of:												
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$3,600	\$200	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72
\$5,400	\$300	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08
\$7,200	\$400	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44
\$9,000	\$500	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80
\$10,799	\$600	\$2.15	\$2.15	\$2.15	\$2.15	\$2.15	\$2.15	\$2.15	\$2.15	\$2.15	\$2.15	\$2.15	\$2.15
\$12,599	\$700	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51
\$14,399	\$800	\$2.87	\$2.87	\$2.87	\$2.87	\$2.87	\$2.87	\$2.87	\$2.87	\$2.87	\$2.87	\$2.87	\$2.87
\$16,199	\$900	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23
\$17,999	\$1,000	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59
\$19,799	\$1,100	\$3.95	\$3.95	\$3.95	\$3.95	\$3.95	\$3.95	\$3.95	\$3.95	\$3.95	\$3.95	\$3.95	\$3.95
\$21,599	\$1,200	\$4.30	\$4.30	\$4.30	\$4.30	\$4.30	\$4.30	\$4.30	\$4.30	\$4.30	\$4.30	\$4.30	\$4.30
\$23,399	\$1,300	\$4.66	\$4.66	\$4.66	\$4.66	\$4.66	\$4.66	\$4.66	\$4.66	\$4.66	\$4.66	\$4.66	\$4.66
\$25,199	\$1,400	\$5.02	\$5.02	\$5.02	\$5.02	\$5.02	\$5.02	\$5.02	\$5.02	\$5.02	\$5.02	\$5.02	\$5.02
\$26,999	\$1,500	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38
\$28,799	\$1,600	\$5.74	\$5.74	\$5.74	\$5.74	\$5.74	\$5.74	\$5.74	\$5.74	\$5.74	\$5.74	\$5.74	\$5.74
\$30,598	\$1,700	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10
\$32,398	\$1,800	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46
\$34,198	\$1,900	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81	\$6.81
\$35,998	\$2,000	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17
\$37,798	\$2,100	\$7.53	\$7.53	\$7.53	\$7.53	\$7.53	\$7.53	\$7.53	\$7.53	\$7.53	\$7.53	\$7.53	\$7.53
\$39,598	\$2,200	\$7.89	\$7.89	\$7.89	\$7.89	\$7.89	\$7.89	\$7.89	\$7.89	\$7.89	\$7.89	\$7.89	\$7.89
\$41,398	\$2,300	\$8.25	\$8.25	\$8.25	\$8.25	\$8.25	\$8.25	\$8.25	\$8.25	\$8.25	\$8.25	\$8.25	\$8.25
\$43,198	\$2,400	\$8.61	\$8.61	\$8.61	\$8.61	\$8.61	\$8.61	\$8.61	\$8.61	\$8.61	\$8.61	\$8.61	\$8.61
\$44,998	\$2,500	\$8.97	\$8.97	\$8.97	\$8.97	\$8.97	\$8.97	\$8.97	\$8.97	\$8.97	\$8.97	\$8.97	\$8.97
\$46,798	\$2,600	\$9.32	\$9.32	\$9.32	\$9.32	\$9.32	\$9.32	\$9.32	\$9.32	\$9.32	\$9.32	\$9.32	\$9.32
\$48,598	\$2,700	\$9.68	\$9.68	\$9.68	\$9.68	\$9.68	\$9.68	\$9.68	\$9.68	\$9.68	\$9.68	\$9.68	\$9.68
\$50,397	\$2,800	\$10.04	\$10.04	\$10.04	\$10.04	\$10.04	\$10.04	\$10.04	\$10.04	\$10.04	\$10.04	\$10.04	\$10.04
\$52,197	\$2,900	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40
\$53,997	\$3,000	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76
\$55,797	\$3,100	\$11.12	\$11.12	\$11.12	\$11.12	\$11.12	\$11.12	\$11.12	\$11.12	\$11.12	\$11.12	\$11.12	\$11.12
\$57,597	\$3,200	\$11.47	\$11.47	\$11.47	\$11.47	\$11.47	\$11.47	\$11.47	\$11.47	\$11.47	\$11.47	\$11.47	\$11.47
\$59,397	\$3,300	\$11.83	\$11.83	\$11.83	\$11.83	\$11.83	\$11.83	\$11.83	\$11.83	\$11.83	\$11.83	\$11.83	\$11.83
\$61,197	\$3,400	\$12.19	\$12.19	\$12.19	\$12.19	\$12.19	\$12.19	\$12.19	\$12.19	\$12.19	\$12.19	\$12.19	\$12.19
\$62,997	\$3,500	\$12.55	\$12.55	\$12.55	\$12.55	\$12.55	\$12.55	\$12.55	\$12.55	\$12.55	\$12.55	\$12.55	\$12.55
\$64,797	\$3,600	\$12.91	\$12.91	\$12.91	\$12.91	\$12.91	\$12.91	\$12.91	\$12.91	\$12.91	\$12.91	\$12.91	\$12.91

Note: Premiums are based on your age as of 01/01 and amount of coverage chosen.

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Worksite Short Term Disability Option 2

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$6,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period

30 days injury / 30 days sickness

Maximum Benefit Duration

9 weeks

Pre-Existing Condition Period

12 months / 12 months

Payroll Deduction Illustration: 2 Times Per Month

If your annual salary is at least:	You may select a monthly benefit of:												
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$66,597	\$3,700	\$13.27	\$13.27	\$13.27	\$13.27	\$13.27	\$13.27	\$13.27	\$13.27	\$13.27	\$13.27	\$13.27	\$13.27
\$68,397	\$3,800	\$13.63	\$13.63	\$13.63	\$13.63	\$13.63	\$13.63	\$13.63	\$13.63	\$13.63	\$13.63	\$13.63	\$13.63
\$70,196	\$3,900	\$13.98	\$13.98	\$13.98	\$13.98	\$13.98	\$13.98	\$13.98	\$13.98	\$13.98	\$13.98	\$13.98	\$13.98
\$71,996	\$4,000	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34
\$73,796	\$4,100	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70
\$75,596	\$4,200	\$15.06	\$15.06	\$15.06	\$15.06	\$15.06	\$15.06	\$15.06	\$15.06	\$15.06	\$15.06	\$15.06	\$15.06
\$77,396	\$4,300	\$15.42	\$15.42	\$15.42	\$15.42	\$15.42	\$15.42	\$15.42	\$15.42	\$15.42	\$15.42	\$15.42	\$15.42
\$79,196	\$4,400	\$15.78	\$15.78	\$15.78	\$15.78	\$15.78	\$15.78	\$15.78	\$15.78	\$15.78	\$15.78	\$15.78	\$15.78
\$80,996	\$4,500	\$16.14	\$16.14	\$16.14	\$16.14	\$16.14	\$16.14	\$16.14	\$16.14	\$16.14	\$16.14	\$16.14	\$16.14
\$82,796	\$4,600	\$16.49	\$16.49	\$16.49	\$16.49	\$16.49	\$16.49	\$16.49	\$16.49	\$16.49	\$16.49	\$16.49	\$16.49
\$84,596	\$4,700	\$16.85	\$16.85	\$16.85	\$16.85	\$16.85	\$16.85	\$16.85	\$16.85	\$16.85	\$16.85	\$16.85	\$16.85
\$86,396	\$4,800	\$17.21	\$17.21	\$17.21	\$17.21	\$17.21	\$17.21	\$17.21	\$17.21	\$17.21	\$17.21	\$17.21	\$17.21
\$88,196	\$4,900	\$17.57	\$17.57	\$17.57	\$17.57	\$17.57	\$17.57	\$17.57	\$17.57	\$17.57	\$17.57	\$17.57	\$17.57
\$89,996	\$5,000	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93
\$91,795	\$5,100	\$18.29	\$18.29	\$18.29	\$18.29	\$18.29	\$18.29	\$18.29	\$18.29	\$18.29	\$18.29	\$18.29	\$18.29
\$93,595	\$5,200	\$18.64	\$18.64	\$18.64	\$18.64	\$18.64	\$18.64	\$18.64	\$18.64	\$18.64	\$18.64	\$18.64	\$18.64
\$95,395	\$5,300	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00
\$97,195	\$5,400	\$19.36	\$19.36	\$19.36	\$19.36	\$19.36	\$19.36	\$19.36	\$19.36	\$19.36	\$19.36	\$19.36	\$19.36
\$98,995	\$5,500	\$19.72	\$19.72	\$19.72	\$19.72	\$19.72	\$19.72	\$19.72	\$19.72	\$19.72	\$19.72	\$19.72	\$19.72
\$100,795	\$5,600	\$20.08	\$20.08	\$20.08	\$20.08	\$20.08	\$20.08	\$20.08	\$20.08	\$20.08	\$20.08	\$20.08	\$20.08
\$102,595	\$5,700	\$20.44	\$20.44	\$20.44	\$20.44	\$20.44	\$20.44	\$20.44	\$20.44	\$20.44	\$20.44	\$20.44	\$20.44
\$104,395	\$5,800	\$20.80	\$20.80	\$20.80	\$20.80	\$20.80	\$20.80	\$20.80	\$20.80	\$20.80	\$20.80	\$20.80	\$20.80
\$106,195	\$5,900	\$21.15	\$21.15	\$21.15	\$21.15	\$21.15	\$21.15	\$21.15	\$21.15	\$21.15	\$21.15	\$21.15	\$21.15
\$107,995	\$6,000	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51

Note: Premiums are based on your age as of 01/01 and amount of coverage chosen.

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Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$10,000.

Payroll Deduction Illustration: 2 Times Per Month Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$10,000	\$0.40	\$0.40	\$0.40	\$0.45	\$0.50	\$0.80	\$1.15	\$1.65	\$2.40	\$3.00	\$4.65	\$12.10	\$12.10
\$20,000	\$0.80	\$0.80	\$0.80	\$0.90	\$1.00	\$1.60	\$2.30	\$3.30	\$4.80	\$6.00	\$9.30	\$24.20	\$24.20
\$30,000	\$1.20	\$1.20	\$1.20	\$1.35	\$1.50	\$2.40	\$3.45	\$4.95	\$7.20	\$9.00	\$13.95	\$36.30	\$36.30
\$40,000	\$1.60	\$1.60	\$1.60	\$1.80	\$2.00	\$3.20	\$4.60	\$6.60	\$9.60	\$12.00	\$18.60	\$48.40	\$48.40
\$50,000	\$2.00	\$2.00	\$2.00	\$2.25	\$2.50	\$4.00	\$5.75	\$8.25	\$12.00	\$15.00	\$23.25	\$60.50	\$60.50
\$60,000	\$2.40	\$2.40	\$2.40	\$2.70	\$3.00	\$4.80	\$6.90	\$9.90	\$14.40	\$18.00	\$27.90	\$72.60	\$72.60
\$70,000	\$2.80	\$2.80	\$2.80	\$3.15	\$3.50	\$5.60	\$8.05	\$11.55	\$16.80	\$21.00	\$32.55	\$84.70	\$84.70
\$80,000	\$3.20	\$3.20	\$3.20	\$3.60	\$4.00	\$6.40	\$9.20	\$13.20	\$19.20	\$24.00	\$37.20	\$96.80	\$96.80
\$90,000	\$3.60	\$3.60	\$3.60	\$4.05	\$4.50	\$7.20	\$10.35	\$14.85	\$21.60	\$27.00	\$41.85	\$108.90	\$108.90
\$100,000	\$4.00	\$4.00	\$4.00	\$4.50	\$5.00	\$8.00	\$11.50	\$16.50	\$24.00	\$30.00	\$46.50	\$121.00	\$121.00
\$110,000	\$4.40	\$4.40	\$4.40	\$4.95	\$5.50	\$8.80	\$12.65	\$18.15	\$26.40	\$33.00	\$51.15	\$133.10	\$133.10
\$120,000	\$4.80	\$4.80	\$4.80	\$5.40	\$6.00	\$9.60	\$13.80	\$19.80	\$28.80	\$36.00	\$55.80	\$145.20	\$145.20
\$130,000	\$5.20	\$5.20	\$5.20	\$5.85	\$6.50	\$10.40	\$14.95	\$21.45	\$31.20	\$39.00	\$60.45	\$157.30	\$157.30
\$140,000	\$5.60	\$5.60	\$5.60	\$6.30	\$7.00	\$11.20	\$16.10	\$23.10	\$33.60	\$42.00	\$65.10	\$169.40	\$169.40
\$150,000	\$6.00	\$6.00	\$6.00	\$6.75	\$7.50	\$12.00	\$17.25	\$24.75	\$36.00	\$45.00	\$69.75	\$181.50	\$181.50

The amounts below require Statement of Insurability form

\$160,000	\$6.40	\$6.40	\$6.40	\$7.20	\$8.00	\$12.80	\$18.40	\$26.40	\$38.40	\$48.00	\$74.40	\$193.60	\$193.60
\$170,000	\$6.80	\$6.80	\$6.80	\$7.65	\$8.50	\$13.60	\$19.55	\$28.05	\$40.80	\$51.00	\$79.05	\$205.70	\$205.70
\$180,000	\$7.20	\$7.20	\$7.20	\$8.10	\$9.00	\$14.40	\$20.70	\$29.70	\$43.20	\$54.00	\$83.70	\$217.80	\$217.80
\$190,000	\$7.60	\$7.60	\$7.60	\$8.55	\$9.50	\$15.20	\$21.85	\$31.35	\$45.60	\$57.00	\$88.35	\$229.90	\$229.90
\$200,000	\$8.00	\$8.00	\$8.00	\$9.00	\$10.00	\$16.00	\$23.00	\$33.00	\$48.00	\$60.00	\$93.00	\$242.00	\$242.00
\$210,000	\$8.40	\$8.40	\$8.40	\$9.45	\$10.50	\$16.80	\$24.15	\$34.65	\$50.40	\$63.00	\$97.65	\$254.10	\$254.10
\$220,000	\$8.80	\$8.80	\$8.80	\$9.90	\$11.00	\$17.60	\$25.30	\$36.30	\$52.80	\$66.00	\$102.30	\$266.20	\$266.20
\$230,000	\$9.20	\$9.20	\$9.20	\$10.35	\$11.50	\$18.40	\$26.45	\$37.95	\$55.20	\$69.00	\$106.95	\$278.30	\$278.30
\$240,000	\$9.60	\$9.60	\$9.60	\$10.80	\$12.00	\$19.20	\$27.60	\$39.60	\$57.60	\$72.00	\$111.60	\$290.40	\$290.40
\$250,000	\$10.00	\$10.00	\$10.00	\$11.25	\$12.50	\$20.00	\$28.75	\$41.25	\$60.00	\$75.00	\$116.25	\$302.50	\$302.50
\$260,000	\$10.40	\$10.40	\$10.40	\$11.70	\$13.00	\$20.80	\$29.90	\$42.90	\$62.40	\$78.00	\$120.90	\$314.60	\$314.60
\$270,000	\$10.80	\$10.80	\$10.80	\$12.15	\$13.50	\$21.60	\$31.05	\$44.55	\$64.80	\$81.00	\$125.55	\$326.70	\$326.70
\$280,000	\$11.20	\$11.20	\$11.20	\$12.60	\$14.00	\$22.40	\$32.20	\$46.20	\$67.20	\$84.00	\$130.20	\$338.80	\$338.80
\$290,000	\$11.60	\$11.60	\$11.60	\$13.05	\$14.50	\$23.20	\$33.35	\$47.85	\$69.60	\$87.00	\$134.85	\$350.90	\$350.90
\$300,000	\$12.00	\$12.00	\$12.00	\$13.50	\$15.00	\$24.00	\$34.50	\$49.50	\$72.00	\$90.00	\$139.50	\$363.00	\$363.00
\$310,000	\$12.40	\$12.40	\$12.40	\$13.95	\$15.50	\$24.80	\$35.65	\$51.15	\$74.40	\$93.00	\$144.15	\$375.10	\$375.10
\$320,000	\$12.80	\$12.80	\$12.80	\$14.40	\$16.00	\$25.60	\$36.80	\$52.80	\$76.80	\$96.00	\$148.80	\$387.20	\$387.20
\$330,000	\$13.20	\$13.20	\$13.20	\$14.85	\$16.50	\$26.40	\$37.95	\$54.45	\$79.20	\$99.00	\$153.45	\$399.30	\$399.30
\$340,000	\$13.60	\$13.60	\$13.60	\$15.30	\$17.00	\$27.20	\$39.10	\$56.10	\$81.60	\$102.00	\$158.10	\$411.40	\$411.40
\$350,000	\$14.00	\$14.00	\$14.00	\$15.75	\$17.50	\$28.00	\$40.25	\$57.75	\$84.00	\$105.00	\$162.75	\$423.50	\$423.50
\$360,000	\$14.40	\$14.40	\$14.40	\$16.20	\$18.00	\$28.80	\$41.40	\$59.40	\$86.40	\$108.00	\$167.40	\$435.60	\$435.60
\$370,000	\$14.80	\$14.80	\$14.80	\$16.65	\$18.50	\$29.60	\$42.55	\$61.05	\$88.80	\$111.00	\$172.05	\$447.70	\$447.70
\$380,000	\$15.20	\$15.20	\$15.20	\$17.10	\$19.00	\$30.40	\$43.70	\$62.70	\$91.20	\$114.00	\$176.70	\$459.80	\$459.80

Note: Premiums are based on your age as of 01/01 and amount of coverage chosen.

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Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$10,000.

Payroll Deduction Illustration: 2 Times Per Month Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$390,000	\$15.60	\$15.60	\$15.60	\$17.55	\$19.50	\$31.20	\$44.85	\$64.35	\$93.60	\$117.00	\$181.35	\$471.90	\$471.90
\$400,000	\$16.00	\$16.00	\$16.00	\$18.00	\$20.00	\$32.00	\$46.00	\$66.00	\$96.00	\$120.00	\$186.00	\$484.00	\$484.00
\$410,000	\$16.40	\$16.40	\$16.40	\$18.45	\$20.50	\$32.80	\$47.15	\$67.65	\$98.40	\$123.00	\$190.65	\$496.10	\$496.10
\$420,000	\$16.80	\$16.80	\$16.80	\$18.90	\$21.00	\$33.60	\$48.30	\$69.30	\$100.80	\$126.00	\$195.30	\$508.20	\$508.20
\$430,000	\$17.20	\$17.20	\$17.20	\$19.35	\$21.50	\$34.40	\$49.45	\$70.95	\$103.20	\$129.00	\$199.95	\$520.30	\$520.30
\$440,000	\$17.60	\$17.60	\$17.60	\$19.80	\$22.00	\$35.20	\$50.60	\$72.60	\$105.60	\$132.00	\$204.60	\$532.40	\$532.40
\$450,000	\$18.00	\$18.00	\$18.00	\$20.25	\$22.50	\$36.00	\$51.75	\$74.25	\$108.00	\$135.00	\$209.25	\$544.50	\$544.50
\$460,000	\$18.40	\$18.40	\$18.40	\$20.70	\$23.00	\$36.80	\$52.90	\$75.90	\$110.40	\$138.00	\$213.90	\$556.60	\$556.60
\$470,000	\$18.80	\$18.80	\$18.80	\$21.15	\$23.50	\$37.60	\$54.05	\$77.55	\$112.80	\$141.00	\$218.55	\$568.70	\$568.70
\$480,000	\$19.20	\$19.20	\$19.20	\$21.60	\$24.00	\$38.40	\$55.20	\$79.20	\$115.20	\$144.00	\$223.20	\$580.80	\$580.80
\$490,000	\$19.60	\$19.60	\$19.60	\$22.05	\$24.50	\$39.20	\$56.35	\$80.85	\$117.60	\$147.00	\$227.85	\$592.90	\$592.90
\$500,000	\$20.00	\$20.00	\$20.00	\$22.50	\$25.00	\$40.00	\$57.50	\$82.50	\$120.00	\$150.00	\$232.50	\$605.00	\$605.00

Note: Premiums are based on your age as of 01/01 and amount of coverage chosen.

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