



Administration Building  
2112 Utica-Sellersburg Road  
Jeffersonville, IN 47130

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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
<p><b>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.</b></p>	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 <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , 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)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> 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.</p>		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 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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*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 <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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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 (Family Name)	First Name (Given Name)	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> )
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**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> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	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> )
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**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> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	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> )
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**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> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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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](mailto:aforsee@gccschools.com). If you would like to turn in your revised form, please send to Whitney Connell at [wconnell@gccschools.com](mailto:wconnell@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.

**2025**

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial _____	Last name _____	<b>(b)</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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	<b>(c)</b> <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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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](http://www.irs.gov/W4App) for the 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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

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

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 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 2025 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 17, 2026.

**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](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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. Submit a separate Form W-4 for each job.

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 2025 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2025 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
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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.



Form WH-4  
State Form 48845  
(R10 / 8-23)

State of Indiana  
**Employee's Withholding Exemption and County Status Certificate**  
This form is for the employer's records. Do not send this form to the Department of Revenue.  
The completed form should be returned to your employer.

Full Name \_\_\_\_\_ Social Security Number or ITIN \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Indiana County of Residence as of January 1: \_\_\_\_\_ (See instructions)

Indiana County of Principal Employment as of January 1: \_\_\_\_\_ (See instructions)

Check this box if the changes to the counties are effective for the next calendar year. (See instructions)

**How to Claim Your Withholding Exemptions**

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" ..... \_\_\_\_\_  
**Nonresident aliens** must skip lines 2 through 8. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" ..... \_\_\_\_\_

3. You are allowed one (1) exemption for each dependent. Enter number claimed..... \_\_\_\_\_

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or  
(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older  or blind  Spouse is 65 or older  or blind

Enter the total number of boxes checked..... \_\_\_\_\_

5. Add lines 1, 2, 3, and 4. Enter the total here .....

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) .....

7. You are entitled to claim an additional exemption for each qualifying dependent claimed for the first time (see instructions) .....

8. You are entitled to claim an additional exemption for each adopted qualifying dependent (see instructions) .....

9. Enter the amount of additional state withholding (if any) you want withheld each pay period ..... \$ \_\_\_\_\_

10. Enter the amount of additional county withholding (if any) you want withheld each pay period ..... \$ \_\_\_\_\_

I hereby declare that to the best of my knowledge the above statements are true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter 'not applicable' on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar year. Please check the box if you are requesting a change to a county of residence or work for the next calendar year.

**Nonresident alien limitation.** A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 9. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from [www.irs.gov](http://www.irs.gov) for information about these tests).

All other employees should complete lines 1 through 8.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$4,400 gross income during the tax year (unless the person is your child and either (1) is under age 19 or (2) is under age 24 and a full-time student at a qualified educational institution during at least 5 months of the tax year).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter, foster child, and/or child for whom you are a legal guardian. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Line 7 - First-time Claimed Additional Exemption. If an additional dependent exemption on Line 6 is being claimed for one or more children for the first time, enter the number of children for whom you are claiming. This exemption is good only for the calendar year in which the WH-4 claiming the exemption is submitted. If you claim this in multiple tax years, you **MUST** submit a new WH-4 each year for which this exemption is claimed. Do not claim this exemption if the child was eligible for the additional dependent exemption in any previous year, regardless of whether the exemption was claimed. This includes instances where the child was eligible for the additional dependent exemption before 2023. This also includes instances where the child was eligible to be claimed for the additional dependent exemption by another individual.

Line 8 - Additional Adopted Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on lines 3 and 6 and have been adopted by you or your spouse. The dependent child must be a son, stepson, daughter, or stepdaughter. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Lines 9 & 10 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) a dependent no longer qualifies for an additional dependent or an adopted dependent exemption.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.

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





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 (certified staff members only): \_\_\_\_\_

TRF MyChoice: \_\_\_\_\_

PERF (classified staff members only): \_\_\_\_\_

PERF MyChoice: \_\_\_\_\_

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

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](http://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
------	------------------------

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

## 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

## STATEMENT OF DEGREE & EXPERIENCE

I \_\_\_\_\_, HEREBY CLAIM TO HAVE (CIRCLE ONE): BACHELORS, MASTERS, SPECIALIST, OR DOCTORAL DEGREE, AND \_\_\_\_\_ YEARS OF EXPERIENCE AS LISTED BELOW. PLEASE LIST MILITARY EXPERIENCE IF APPLICABLE.

### CERTIFIED YEARS OF EXPERIENCE

SCHOOL NAME	ADDRESS	SCHOOL YEAR(S)

I UNDERSTAND THAT I MUST COMPLETE “VERIFICATION OF TEACHING EXPERIENCE” FORM(S). I FURTHER UNDERSTAND THAT MY SALARY WILL BE ADJUSTED UPON RECEIPT BY GCCS OF WRITTEN CERTIFICATION OF MY PREVIOUS TEACHING EXPERIENCE BY AN OFFICER OF THE PREVIOUS SCHOOL DISTRICT(S).

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE





Administration Building  
2112 Utica-Sellersburg Road  
Jeffersonville, IN 47130

---

### School Personnel Number

For the Department of Education, State of Indiana, please provide the following:

Please list the initial post secondary institution in which you received your education to become a licensed teacher and content area of initial license (see attached list for two digit codes).

\_\_\_\_\_  
Two digit code

\_\_\_\_\_  
Institution Name/Campus

\_\_\_\_\_  
Two digit code

\_\_\_\_\_  
Content Area description

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

SPN: \_\_\_\_\_

If known – please provide Indiana School Personnel Number; otherwise we will search/create a number and it will be sent to you at a later date.

## School Personnel Number Reference Section

Post-Secondary Institutions:

46	Ancilla College	28	Indiana Wesleyan University
01	Anderson College	44	Ivy Tech
02	Ball State University	24	Manchester College
03	Bethel College	25	Marian University
04	Butler University	49	Martin University
05	Calumet College	57	Moraine Valley College
60	Central Christian College of Kansas	27	Oakland City College
06	DePauw University	28	Purdue University/Calumet
07	Earlham College	98	Purdue University/North Central
99	Foreign Country	29	Purdue University/West Lafayette
09	Franklin College	50	Rose-Hulman Institute of Technology
10	Goshen College	32	Saint Joseph's College
11	Grace College	33	Saint Mary's College/Notre Dame
12	Hanover College	34	Saint Mary of the Woods College
47	Holy Cross College	66	Southwestern Michigan College
13	Huntington College	36	Taylor University
15	Indiana University	37	Trine University
48	Indiana Tech	38	University of Evansville
17	Indiana University/Bloomington	14	University of Indianapolis
42	Indiana University/East	39	University of Notre Dame
20	Indiana University/Kokomo	31	University of Saint Francis
21	Indiana University/Northwest	16	University of Southern Indiana
43	Indiana University/Purdue University/Columbus	40	Valparaiso University
18	Indiana University/Purdue University/Fort Wayne	95	Vincennes University
19	Indiana University/Purdue University/Indianapolis	41	Wabash College
22	Indiana University/South Bend	00	Not Applicable
23	Indiana University/Southeast	97	Other

Content Area:

01	Special Education Elementary Level	02	Preschool, Early Childhood, Elementary Primary, Elementary Intermediate ad Elementary Education
03	Fine Arts, Library/Media, Reading, ENL, Health and PE Elementary Level	04	Middle School/High School Math
05	Middle School/High School Science	06	Middle School/High School Social Studies
07	Middle School/High School Language Arts, Reading	08	Middle School/High School World Language
09	Middle School/ High School Fine Arts, ENL, Library Media, Health and PE	10	Middle School/High School Special Education
11	Career and Technical Education	12	Special Education (all grades)
13	PE (all grades)	14	Library/Media (all grades)
15	Fine Arts (all grades)	16	ENL (all grades)
99	Other		

## 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](http://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.employeenefits.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**

<b>Worksite Short Term Disability</b>	Option _____ <input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
<b>Employee Voluntary Term Life &amp; AD&amp;D</b>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
<b>Spouse Voluntary Term Life &amp; AD&amp;D</b>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
<b>Child Voluntary Term Life &amp; AD&amp;D</b>	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:** \_\_\_\_\_

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



### 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:	Payroll Deduction Illustration: 2 Times Per Month											
		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.

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## 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.

<b>Elimination Period</b>	<b>Maximum Benefit Duration</b>	<b>Pre-Existing Condition Period</b>
14 days injury / 14 days sickness	11 weeks	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:	Age Group											
		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.

OneAmerica<sup>®</sup> is the marketing name for the companies of OneAmerica.







## 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.

<b>Elimination Period</b>	<b>Maximum Benefit Duration</b>	<b>Pre-Existing Condition Period</b>
30 days injury / 30 days sickness	9 weeks	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:	Age Group											
		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

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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

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