

REGIONAL SCHOOL UNIT #34
Alton, Bradley and Old town
OLD TOWN, MAINE

TO: All Substitutes
FROM: Superintendent of Schools

All substitutes must be interviewed and approved by one of the administrators listed below in the area for which you are applying for substitute teaching. Please call for an appointment to be interviewed.

<u>ALTON ELEMENTARY SCHOOL</u> Cheryl Leonard, Principal	394-2331 22 Argyle Road, Alton
<u>VIOLA RAND SCHOOL – BRADLEY</u> Cheryl Leonard, Principal	827-7557 55 Highland Avenue, Bradley
<u>OLD TOWN ELEMENTARY SCHOOL</u> Jeanna Tuell, Principal Maggie Mitchell, Assistant Principal	827-1544 576 Stillwater Avenue, Old Town
<u>J.A. LEONARD MIDDLE SCHOOL</u> Gert Nesin, Principal Shane Barker, Assistant Principal	827-3900 156 Oak Street, Old Town
<u>OLD TOWN HIGH SCHOOL</u> Scott Gordon, Principal	827-3910 203 Stillwater Avenue, Old Town

TO: Superintendent of Schools
SUBJECT: Substitute Teacher

_____ has been interviewed by me on _____
Name (please print) *Date*

I am checking references in order to approve or disapprove the above named individual as a substitute with Regional School Unit #34. I will notify the Superintendent's Office and the substitute candidate of my decision as soon as possible.

Administrator Signature

Date

Central Office Use Only: _____ Fingerprint Expiration _____ ID rec'd
Additional Notes: _____

REGIONAL SCHOOL UNIT #34

156 Oak Street
Old Town, ME 04468
(207) 827-7171

APPLICATION FOR SUBSTITUTE TEACHING

THE REGIONAL SCHOOL UNIT #34 DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Please print neatly

Name _____ Date _____

Address _____ Phone _____

Email Address: _____

EDUCATION: Please provide transcripts, including grades, from all college(s)/university(s) attended. It is essential that this section be completed accurately.

College/University Attended	Degree Awarded (if any)	No. of Yrs. Attended	Grade Point Average
_____	_____	_____	_____
_____	_____	_____	_____

FINGERPRINTING: EDUCATIONAL APPROVAL/CERTIFICATION - Have you had your fingerprints taken as required by the Criminal History Record Check ? _____ yes/no?
If so, when and where? _____

YOU MUST PROVIDE A COPY OF YOUR CHRC (Fingerprints) CARD.

CERTIFICATION: List certification(s) you hold and provide copies of certification.

Type	State	Date Issued	Date of Expiration
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE: Please list previous teaching/substituting experience. Please attach a copy of your resume.

Grade/Subject	Position	Employer	Dates (from/to)
_____	_____	_____	_____
_____	_____	_____	_____

AREAS OF INTEREST:

1. Please indicate grade levels(s) at which you are interested in substituting:

PK-2 _____ 3-5 _____ 6-8 _____ 9-12 _____ Special Education _____

2. If you are interested in substituting at the elementary level and have a specialty area, please circle the area(s)

Art _____ Music _____ Physical Education _____ Other _____

3. If you are interested in substituting at the junior high or high school level, please indicate the specific subject areas:

REFERENCES: Please provide three references who are not related to you who are familiar with your work as a teacher, substitute or who know of your experience working with youth.

Name	Address	Telephone

BACKGROUND:

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes No

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes No

Has your contract in a prior position ever been non-renewed? Yes No

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes ☐ No ☐

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes No

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes No

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)?

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state?

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes No

If you have answered YES to any of the previous questions, provide full details below including, with respect to court actions, the date, offense in question, and the address of the court involved. Attach additional sheets if necessary. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

SIGNATURE:

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Regional School Unit #34 contacts in connection with my employment application to fully provide the Regional School Unit #34 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Regional School Unit #34 its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

Signature/Date

APPLICATION FOR SUBSTITUTE TEACHING POSITION CHECK LIST: The completed employment application cannot be evaluated unless all of the following materials have been provided:

- ☐ Application form fully completed
 - ☐ Copies of Transcript(s)
 - ☐ Copy of Maine Certification(s)
 - ☐ Copy of resume
 - ☐ YES to any of the questions in the Background section explained
 - ☐ Application signed
-

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE REGIONAL SCHOOL UNIT #34. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.

NOTE: EMPLOYMENT CANNOT BE FINALIZED UNTIL THE APPLICANT HAS COMPLETED REQUIREMENTS FOR COMPLETE BACKGROUND CHECKS AND FINGERPRINTING AS REQUIRED BY MAINE STATE STATUTE.

REGIONAL SCHOOL UNIT 34
ALTON, BRADLEY and OLD TOWN
156 OAK STREET, OLD TOWN, MAINE 04468
ANNUAL REASONABLE ASSURANCE FORM
SCHOOL YEAR 2022-23

Both Question 1 and 2 must be answered for this form to be complete!

1. FINGERPRINTS

I understand that in order to be employed by RSU 34, I need to be fully certified with fingerprints through the Maine Department of Education. I have/will provide RSU #34 with a copy of my CHRC approval status. I also understand that if I fail to remain fully certified with fingerprints, my employment may be terminated. My signature below indicates that I have had my fingerprints done with the Maine DOE and I am in compliance with State Law.

Print Name _____

Signed _____

Date _____

My signature below indicates that I HAVE NOT yet been fully certified with fingerprints through the Maine Department of Education. My offer of employment with RSU #34 is conditional on CHRC approval. I understand that if fingerprint approval is not completed with the Maine DOE, in compliance with State Law, I may be terminated within 30 days of the date signed below.

Print Name _____

Signed _____

Date _____

ANNUAL

2. REASONABLE ASSURANCE

I hereby acknowledge that I have been given written reasonable assurance that I will be allowed to perform my services both immediately before and immediately following these vacation periods or holiday recesses unless this reasonable assurance is revoked in writing:

HOLIDAY	November 23 – November 25, 2022
HOLIDAY	December 22, 2022 – January 2, 2023
HOLIDAY	February 20 – February 24, 2023
HOLIDAY	April 17 – April 21, 2023
VACATION	FROM CLOSE OF SCHOOL IN JUNE 2023 – OPENING OF SCHOOL IN AUGUST 2023

Print Name _____

Signed _____

Date _____

**Please return this signed form to the Superintendent's Office
or by mail to: 156 Oak Street, Old Town, Maine 04468 (Attn: Central Office Clerk)**

If you have any questions, please call us at 827-7171 x4

Employee's Withholding Certificate

OMB No. 1545-0074

2022

▶ **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.**

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

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

Step 2:
Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

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

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

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

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

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

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

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

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

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

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

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

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

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

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$25,900 if you're married filing jointly or qualifying widow(er)	}
{	• \$19,400 if you're head of household	}
{	• \$12,950 if you're single or married filing separately	}

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Widow(er)

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

Single or Married Filing Separately

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

Head of Household

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

**FORM
W-4ME****MAINE**
Employee's Withholding Allowance Certificate

1. Type or print your first name _____ M.I. _____ Last name _____		2. Your social security number _____
Home address (number and street or rural route) _____		3. <input type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at higher single rate <small>Note: If married but legally separated, or spouse is a nonresident alien, check the single box.</small>
City or town _____	State _____ ZIP code _____	
4. Total number of allowances you are claiming from line E of the personal allowances worksheet below..... 4.		
5. Additional amount, if any, you want withheld from your paycheck..... 5.		\$ _____
6. If you do not want any state income tax withheld, check the appropriate box that applies to you (you must qualify - see instructions below). By signing below, you certify that you qualify for the exemption that you select:		
a. You claimed "Exempt" on your federal Form W-4		6a. <input type="checkbox"/>
b. You completed federal Form W-4P and checked the box on line 1		6b. <input type="checkbox"/>
c. You are a resident employee with no Maine tax liability in prior and current years		6c. <input type="checkbox"/>
d. You are a recipient of periodic retirement payments with no tax liability in prior and current years.....		6d. <input type="checkbox"/>
e. Your spouse is a member of the military assigned to a location in Maine and you qualify for exemption under the Military Spouse's Residency Relief Act. You must attach supporting documents. See instructions.....		6e. <input type="checkbox"/>

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances or the exemption claimed on this certificate.

EMPLOYEE'S/PAYEE'S SIGNATURE

(Form is not valid
unless you sign it.)

Date

TO BE COMPLETED BY EMPLOYER/PAYER (see Instructions)

7. Employer/Payer Name and Address (Employer/Payer: Complete lines 7, 8, 9, and 10 only if sending to Maine Revenue Services) _____	8. Identification Number _____
9. Employer/Payer Contact Person: _____	10. Contact Person's Phone Number: () -

----- Cut here and give the certificate above to your employer. Keep the part below for your records. -----

Personal Allowances Worksheet - for line 4 above

A. Enter "1" for yourself if no one else can claim you as a dependent.	A. _____
B. Enter "1" for your spouse if you will file as married filing jointly. You may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help avoid having too little tax withheld).....	B. _____
C. Enter "1" if you will be filing as Head of Household.	C. _____
D. Enter the number of children and dependents eligible for the federal child tax credit or the federal credit for other dependents... D.	_____
E. Add lines A through D. (Maximum number of allowances you may claim).....	E. _____

Employee/Payee Instructions

Purpose: Complete Form W-4ME so your employer/payer can withhold the correct Maine income tax from your pay. Because your tax situation may change, you may want to recalculate your withholding each year.

Line 4. If you qualify for one of the Maine exemptions from withholding, complete lines 1, 2, 3 and 6, and sign the form. Otherwise, complete the Personal Allowances worksheet above. You may claim fewer allowances than you are entitled to, but you must file a Personal Withholding Allowance Variance Certificate to obtain permission from the State Tax Assessor if you want to claim more allowances than allowed on line E above.

Box 3. Select the marital status that applies to you. You must select the same marital status you selected on your federal Form W-4, except that married individuals have the option of withholding at the higher single rate and if you selected married filing separately on your federal Form W-4, you should select single. Nonresident aliens are required to check the single box regardless of actual marital status.

Line 6. Exemptions from withholding:

Line 6a. You may check this box if you claimed "Exempt" on your federal Form W-4. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6b. You may check this box if you completed federal Form W-4P and put a check in the box on line 1. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6c. You may elect this exemption if you are a resident employee receiving wages and you meet both of the following conditions:

1. You had **no** Maine income tax liability last year, **and**
2. You reasonably expect to have **no** Maine income tax liability this year.

This exemption will expire at the end of the year and you must complete a new Form W-4ME for next year or you will be subject to Maine withholding at the maximum rate.

Line 6d. You may elect this exemption if you receive periodic retirement payments pursuant to IRC § 3405, you had no Maine income tax liability in the prior year and you reasonably expect you will have no Maine income tax liability this year. This election will remain in effect until you complete a new Form W-4ME.

Instructions continued on next page

Line 6e. If you are the spouse of a member of the military, you may claim exemption from Maine withholding if you meet the following requirements:

1. Your spouse is a member of the military located in Maine in compliance with military orders.
2. You are in Maine solely to be with your spouse.
3. You and your spouse have the same domicile in a state other than Maine.
4. You attach a copy of your spouse's latest Leave and Earning Statement reflecting an assignment location in Maine.

5. You present your military ID to your employer. The ID must identify you as a military spouse.

Your exemption will expire at the end of the calendar year during which you submit Form W-4ME claiming the exemption, at which time you must complete and submit a new Maine Form W-4ME for the new year.

Note: You may be subject to penalty if you do not have sufficient withholding to meet your Maine income tax liability.

Notice to Employers and Other Payers

Maine law requires employers and other persons to withhold money from certain payments, most commonly wages, retirement payments and gambling winnings, and remit to Maine Revenue Services for application against the Maine income tax liability of employees and other payees. The amount of withholding must be calculated according to the provisions of Rule No. 803 (See www.maine.gov/revenue/rules) and must constitute a reasonable estimate of Maine income tax due on the receipt of the payment. Amounts withheld must be paid over to Maine Revenue Services on a periodic basis as provided by Title 36 M.R.S. Chapter 827 (§§ 5250 - 5255-B) and Rule No. 803 (18-125 C.M.R., ch. 803).

Employer/Payer Information for Completing Form W-4ME

An employer/payer is required to submit a copy of Form W-4ME, along with a copy of any supporting information provided by the employee/payee, to Maine Revenue Services if:

- A. The employer/payer is required to submit a copy of federal Form W-4 to the Internal Revenue Service either by written notice or by published guidance as required by federal regulation 26 CFR 31.3402(f)(2)-1(g); or
- B. An employee performing personal services in Maine furnishes a Form W-4ME to the employer containing a non-Maine address and, for any reason, claims no Maine income tax is to be withheld. This submission is not required if the employer reasonably expects that the employee will earn annual Maine-source income of less than \$5,000 or if the employee is a nonresident working in Maine for no more than 12 days for the calendar year and is, therefore, exempt from Maine income tax withholding.

Submit copies of Form W-4ME directly to the MRS Withholding Unit separately from any other tax filing.

Employers/Payers must complete lines 7 through 10 only if required to submit a copy of Form W-4ME to Maine Revenue Services.

- ✓ Line 7 Enter employer/payer name and business address.
- ✓ Line 8 Enter employer/payer federal identification number (EIN and/or SSN).
- ✓ Line 9 Enter employer/payer contact person who can answer questions about withholding (i.e. human resources person, company officer, accountant, etc.).
- ✓ Line 10 Enter employer/payer contact person's phone number.

Important Information for Employers/Payers

Missing or invalid Forms W-4, W-4P or W-4ME. If any of the circumstances below occur, the employer or payer must withhold as if the employee or payee were single and claiming no allowances. Maine income tax must be withheld at this rate until such time that the employee or payee provides a valid Form W-4ME.

- (1) The employee/payee has not provided a valid, signed Form W-4ME;
- (2) The employee's/payee's Form W-4 or W-4P is determined to be invalid for purposes of federal withholding;
- (3) The Assessor notifies the employer/payer that the employee's/payee's Form W-4ME is invalid; or
- (4) The employee's/payee's Personal Withholding Allowance Variance Certificate has expired, a new variance certificate has not been approved and submitted to the employer/payer and the payee has not provided the payer with a valid Form W-4ME.

Exemptions from withholding Form W-4ME, line 6. Generally, employers/payers must withhold from payments subject to Maine income tax unless an exemption is claimed on line 6.

Federal exemption from withholding (lines 6a and 6b). An employee/payee who is exempt from federal income tax withholding is also exempt from Maine income tax withholding. This includes recipients of periodic retirement payments who are exempt from federal income tax withholding. The employee/payee must check the applicable box on line 6. An employee/payee exempt from federal withholding that wants Maine withholding must leave line 6 blank.

Resident employee exemption from Maine withholding (line 6c). A resident employee who is subject to federal income tax withholding is exempt from Maine income tax withholding if the employee had no Maine tax liability for the prior year and expects to have no Maine tax liability for the current year. The exemption on line 6c expires at the end of each year. If the employee fails to submit a new Form W-4ME for the next calendar year, the employer must begin withholding at the single rate with no allowances.

Withholding from payments to nonresident employees. An employee who is exempt from Maine income tax because of the nontaxable thresholds applicable to nonresidents is not required to complete and submit Form W-4ME; however, an employee becomes subject to Maine income tax withholding immediately upon exceeding a threshold at any time during the year. Because all income earned in Maine is taxable by Maine once a threshold is exceeded, employers should work with affected employees to ensure that Maine withholding is adequate to cover Maine income tax liability for the year. This may require the employee submitting a new Form W-4ME with the employer.

Withholding exemption for periodic retirement payments (line 6d). Recipients of periodic retirement payments as defined by IRC § 3405 that are subject to federal income tax withholding are exempt from Maine income tax withholding if the recipient certifies (by checking the box on line 6d) that he or she had no Maine income tax liability for the prior year and expects to have no Maine income tax liability for the current year. The exemption remains in effect until the recipient submits an updated Form W-4ME.

Exemptions under the Military Spouse's Residency Relief Act (MSRRA). If the box on line 6e is checked, the employer must:

- (1) Ensure that a copy of the military member's Leave and Earnings Statement (LES) is attached, and verify that the assignment location entered on the LES is a location in Maine; and
- (2) Review the employee's military ID to ensure that the date on the ID is not more than four years prior to the date on the employee's Form W-4ME, and that the ID denotes the employee as a current military spouse.

An exemption claimed on line 6e expires at the end of the calendar year. If the employee does not submit a new Maine Form W-4ME, the employer must begin withholding for the first pay period in the following year at the maximum rate (single with one allowance).

See the employee instructions for line 6e above for more information about this exemption.

NOTE: Direct Deposit takes 2 payrolls to become effective. Please remember that your first paycheck will NOT be Direct Deposited and you will need to pick it up in person.

Regional School Union #34

**ALTON, BRADLEY and OLD TOWN
156 Oak Street, Old Town, ME 04468
TEL: (207)827-7171**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize RSU #34, hereinafter called COMPANY, to initiate credit Entries and to initiate, if necessary, debit Entries and adjustments for any credit Entries in error to my (our) Checking or Savings account indicated below and the financial institution named below, hereinafter called BANK, to credit and/or debit the same to such account. RSU #34 will never list my BANK account number or my full SSN on the advice slip. I understand by offering my personal (non RSU #34) email address below that RSU #34 is not responsible for the unsecured delivery of my advice slips.

EMPLOYEE NAME _____ SSN _____
(Please Print)

EMAIL ADDRESS: _____
(for delivery of advice slips)

BANK NAME _____ BANK LOCATION _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

Please attach copy of voided check or deposit slip for account number verification purposes

CHECKING _____ SAVINGS _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

DATE _____ SIGNED X _____

SAMPLE CHECK

JOHN DOE
JANE DOE
123 Elm Street
Home Town, XX 99818

1045

55-999/299

19

PAY TO THE
ORDER OF _____ \$ _____

Dollars

Bank Name

FOR _____

I: 099909999 I:

II 23 45678 9 II

1045

Transit Routing/
ABA Number (9 Digits)

Account Number

Check
Number

REGIONAL SCHOOL UNIT #34
Alton, Bradley and Old Town
OLD TOWN, MAINE

Date: _____

Name: _____

Please check one:

_____ I am presently a member of the Maine State Retirement System
fill out the enclosed form for RSU #34 reporting to MPERS

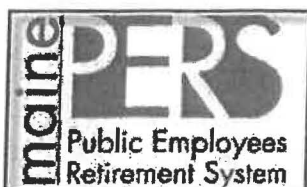
_____ I am a former member of the Maine State Retirement System now retired
leave the enclosed MPERS form blank

_____ I am not a member of the Maine State Retirement System
fill out the enclosed MPERS form and indicate that you wish to join

_____ I do not wish to be a member of the Maine State Retirement System*
fill out the enclosed MPERS form and indicate that you wish to opt out - this
option is for Substitute Teachers ONLY (*please see the note at the bottom of
the page*)

Notice to Substitute Teachers:

As of September 20, 2007, membership in MSRS is not mandatory for substitute teachers. If you are already a member as a substitute teacher elsewhere, you may opt out at any time. ***If you opt out here at the RSU #34, you MUST remember to notify your other employers of this decision so that they can stop your MSRS deductions on their payrolls.** You may also choose to have your past MSRS substitute teacher contributions refunded to you from MSRS. Should you decide to apply for a refund, we can provide you with contact information for MSRS as you must complete the process directly through them. You may choose to rejoin MSRS in the future as a substitute teacher but you are limited to two opt out/rejoin cycles.



P.O. Box 349
 Augusta, ME 04332-0349
 Telephone: (207) 512-3100
 Toll-free: 1-800-451-9800
 Fax: (207) 512-3101
 TTY: (207) 512-3102

APPLICATION FOR MEMBERSHIP

TO BE COMPLETED BY EMPLOYEE

Member's Name: _____
 (Prefix) (First) (MI) (Last) (Suffix)

Social Security Number: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female E-mail Address: _____

Mailing Address: _____
 (Street/ PO Box) (City/Town) (State) (ZIP)

- ☐ I wish to join the Maine Public Employees Retirement System and understand that my application and membership are governed by MainePERS laws and rules. I agree to deductions from my compensation at the rate required by MainePERS law for the plan in which I am participating. I hereby certify that all of the statements on this application are true and correct to the best of my knowledge and belief.
- ☐ FOR THOSE WITH OPTIONAL MEMBERSHIP ONLY. I do not wish to join the Maine Public Employees Retirement System and understand that the opportunity to enroll at any future date will be subject to MainePERS laws and rules.
- ☐ I am a MainePERS retiree returning to work with an employer participating in the same plan from which I retired.

TO BE COMPLETED BY EMPLOYER

Employer Location Code: TS034 Employer Location Name: RSU #34

Membership Start Date (mm/dd/yyyy): _____ If PLD eligibility is based on hours, total hours worked: in the last 12 consecutive months: _____
 in the last 18 consecutive months: _____

Title of Position: _____ Position Class Code: _____

Plan Class: _____ Personnel Status Code: _____ Rate Schedule: _____

(See the MainePERS payroll manual for explanation of codes.)

Employee is paid: ☐ by Calendar Year (Jan-Dec) ☐ by Fiscal Year (July-June) ☐ by School Year (Sept-Aug) ☐ by School Year (Aug-July)

Is employee electing not to enroll at this time? ☐ Yes ☐ No If "Yes" check ONE of the boxes in a - i explaining on what basis the employee declined membership or is electing not to enroll

- ☐ a. Substitute teacher member
- ☐ b. Elected or appointed official
- ☐ c. Maine Community College System employee electing to participate in an alternative plan provided by MCCS
- ☐ d. Maine National Guard member who has been on active State service for more than 5 consecutive days after 7/30/2004
- ☐ e. PLD employee in a position covered by a Social Security Section 218 agreement
- ☐ f. Non-PST employee of a PLD electing to participate in an employer provided defined contribution or deferred compensation plan(s) that meets the requirements of 5 MRSA §18252-B
- ☐ g. Chief administrative officer of a PLD
- ☐ h. PLD employee in the Consolidated Plan who is not subject to the Municipal Public Employees Labor Relations Law
- ☐ i. Current employee of an entity on the date that it becomes a PLD

If your PLD has joined the defined contribution (401(a)) and/or deferred compensation (457) plan(s) offered through the PLD Consolidated Plan, does this employee participate in either of those plans? ☐ Yes ☐ No

The above information relating to present employment is true and correct to the best of my knowledge.

 Certifying Official Signature

 Date

 Print/ Typed Name

 Phone

 E-mail

NOTE: In accordance with the Personal Privacy Protection Law, you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain member records. The records are necessary to determine eligibility for and calculation of benefits. Failure to provide information may result in ineligibility for benefits. The System may provide certain information to your employer.

PLEASE RETAIN A COPY FOR YOUR RECORDS

Form #CL-0102
 Rev. 1/16

Regional School Unit #34 Confidentiality Agreement

I, _____, hereby agree to preserve the confidentiality of any and all student and/or staff information or records that I view or have access to during my time within any or all schools in Regional School Unit #34. I understand that information and records may be confidential by virtue of state student records laws (20-A MRSA 6001 *et seq*), state personnel records law (20-A MRSA 6101 *et seq*), The Family Educational Rights and Privacy Act (FERPA – 20 U.S. 1232g), The Individuals With Disabilities Act (IDEA), as well as other laws and protections. Under these privacy laws, I may not disclose information about either employees or students in the RSU #34 School System, unless I am certain that a provision of the law allows disclosure in particular circumstances.

If in doubt about the confidentiality of any record or my ability to legally disclose information, I agree to consult with an official of RSU #34 before disclosing any student or employee information.

This agreement is given in consideration for RSU #34's agreement to allow me access to School Department premises as an employee, temporary employee, contracted service provider, volunteer or student observer. I understand that in the event of a violation by me of the terms, conditions or other requirements in this Confidentiality Agreement I will be responsible for any and all costs or damages incurred by RSU #34 as a result of the violation.

I have read and understand the above and agree to maintain the confidentiality of all student and employee information and records.

Signed: _____

Printed Name: _____

Date: _____



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

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

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

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

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

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

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

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

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

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

Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

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

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: 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 alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		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
		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		
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				

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

Refer to the instructions for more information about acceptable receipts.

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

RSU #34 Superintendent's Office
156 Oak Street Old Town, Maine 04468
207-827-7171

State Fingerprinting Requirements

All employees of school systems and persons employed by others on behalf of school systems who are not certified or authorized will be required to obtain a Criminal History Record Check (CHRC) approval from the Maine Department of Education based on fingerprints.

Attached are the instructions on how to apply online.

Your Responsibility: You must provide RSU #34 with proof of your certification. The State DOES NOT provide the school district with copies of these approvals. It is your responsibility to provide this office with a copy. If you have any questions please contact the Superintendent's Office at 827-7171 or email holly.burns@rsu34.org.

*For job specific certification, please contact the RSU #34 Certification Office for requirements. You can also consult your Ed Tech handbook or the online Maine DOE certification website.

ACCORDING TO THE STATE OF MAINE, in order to continue employment in an approval category after the eight-week period, the individual must be fingerprinted at an approved fingerprint site during the eight-week temporary approval period.

If you have been fingerprinted with Maine DOE, within the last 5 years, you will need the renewal application only.

See the Central Office Clerk for more information
RSU #34
156 Oak Street Superintendent's Office
Old Town, Maine 04468
207-827-7171 ext. 4

Approval is not intended to reflect the individual's qualifications or ability to perform the job assigned. All school personnel requiring a Criminal History Record Check approval will be issued a temporary approval card, valid for eight weeks upon submission of an approval application and \$15 to the Certification Office. In order to continue employment in an approval category after the eight-week period, the individual must be fingerprinted at an approved fingerprint site during the eight-week temporary approval period. You must have your fingerprints taken at a Maine approved fingerprint site. Fingerprints taken for other purposes and at other places (such as your local police station, military facility, government office, bank) will not be accepted.

Additional Fingerprinting Information

- From the fingerprint, state and federal criminal history record checks will be conducted. The results of the state and federal criminal history record checks will be forwarded to the Maine DOE to be used for the issuance or denial of approvals. This information is confidential and cannot be shared with a school system, professional organization such as the Maine Education Association, or anyone else. There will be procedures in place by which an individual may access the information received by the Maine DOE, but no one else may have access to this information. The Maine State Bureau of Identification will retain the fingerprints in an electronic civil file to be used for renewal purposes.
- If you have applied for the CHRC approval and if you are eligible, you will receive your approval after we receive the results of the criminal history record check from the FBI and the Maine State Police. However, additional time is needed to review criminal conviction information.
- If you are not eligible, you will receive notification in writing.



Maine Educator Information System (MEIS)

Education Positions Requiring Background Check Only

How to Apply Online

- 1.) Log in to your MEIS account at
https://www.mymainecertification.com/SSO_PROD/Default.aspx.
- 2.) Your landing page will contain this box:



- 3.) Click on "EDU – Educator". For the purposes of this application, please consider yourself an educator if you are seeking employment in Maine schools. This includes bus drivers, janitors, lunch staff, etc.
- 4.) The next screen will be regarding FERPA. You will need to answer the questions in your account, but can also select "I agree."
- 5.) The next screen will contain tiles that look like this:



View Your Credentials Here

Your credentials are available online. You will be able to see all your current and prior credentials, received documents, and degrees on file.



View Correspondence Here

Click here to view Correspondence. Co
This includes all historical letters sent s



Apply for Your New Maine Credential Here

Click here to apply for a new Maine credential. Most applications can be submitted electronically. All online applications require a credit card payment.



Click Here to Upload Documents

Click here to upload documents to MD
MDOE instead of being mailed. Ensure
start the upload process by clicking the

- 6.) Please select "Apply for Your New Maine Credential Here". Even if you are renewing your CHRC (background check) it is still considered a new credential.
- 7.) The next screen provides an overview of the process and is considered Step 1. There are 15 steps to the initial application, but many of them are skipped over because you are only applying for a CHRC. If you come to any step that asks you to upload information you don't have, just select the "Next" button.



Maine Educator Information System (MEIS)

8.) Step 2 – Verify your information.

Add Credential Wizard - Step 2 of 15

NEO Staff ID:

First Name:

Middle Name:

Last Name:

Former Name:

Suffix:

Gender:

Birth Date: MM/DD/YYYY

Ethnicity:

[Cancel](#) [Previous Step](#) [Next](#)

9.) Step 3 – Verify your address.

Add Credential Wizard - Step 3 of 15

Mailing Address:

City:

Country Code: United States

State Code: Maine

Zip Code:

Zip Plus4:

[Cancel](#) [Previous Step](#) [Next](#)

10.) Step 4 – Verify your contact information.

Add Credential Wizard - Step 4 of 15

Home Phone: () - -

Cell Phone: () - -

Email Address:

[Cancel](#) [Previous Step](#) [Next](#)

11.) Step 5 – Please select “No bachelor’s degree”, as a CHRC does not require one. Even if you do have a BA please select you do not because you are only seeking a CHRC background check.



Maine Educator Information System (MEIS)

Add Credential Wizard - Step 5 of 15

Later in this wizard you will have the opportunity to upload transcripts for all colleges attended.

Please indicate below if you have earned Bachelor's Degree This will determine which endorsements you may apply for

- ☐ No Bachelor Degree: I have NOT earned a Bachelor Degree at an accredited college or university
- ☐ Bachelor Degree: I have earned a Bachelor Degree at an accredited college or university
- ☐ Emergency Certification: I am applying for Emergency Certification

[Cancel](#) [Previous Step](#) [Next](#)

12.) Step 6 – Add CHRC to the cart (Non Teaching Approval). The associated fee will only be \$15. If the fee is anything different, the wrong item has been selected.

Adding New Credentials to Your Cart

Add New Credentials to Your Cart

Use the "Add Credentials to Cart" button to select the desired Maine credentials for your application. If your selected certificate has multiple endorsements you will be prompted to select one or more endorsements. You may add endorsements of different certificates (Administrator, Specialist, Teacher) by selecting the "Add Credentials to Cart" button multiple times. The Clearance application (CHRC/Fingerprinting) and Emergency application (CHRC/Fingerprinting) are combined with Administrator/Specialist/Teacher applications. Please keep in mind that if you are applying for Emergency Certification, you can remove selected endorsements by selecting "Remove Endorsement".

Once you have selected all the desired credentials, click the "Add Credentials to Cart" button.

Your Selected Credentials

Your Selected Credentials: Press Next Below

[Cancel](#) [Next](#)

Endorsement Selection

Select the type of credential you would like to apply for below.

☒ Non Teaching Approval: Examples include coach, custodian, bus driver, secretary, etc.

☐ Educational Technician: This is the Maine paraprofessional certification

☐ Career and Technical Education (CTE): Examples include Carpentry, Automotive Mechanic, Business and Marketing, etc.

[Cancel](#) [Next](#)

[Cancel](#) [Previous Step](#) [Next](#)

13.) Step 7 – On this screen please doublecheck that the fee is \$15.

Credential/Endorsement Selection Fee Review

This is your final chance to review the credentials you are applying for.

You have selected the endorsements below for initial application. This screen shows a summary of your fees. You may adjust your endorsement choices made in previous steps by selecting or deselecting the checkbox next to each endorsement. Please note the following initial application fees:

Administrator Endorsements: \$200 Each
Education Specialist Endorsements: \$100 Each
Teacher Endorsements: \$100 For the First, \$35 for Subsequent
Education Technician Certificate: \$25
CHRC Approval: \$15

Please use the check box next to each credential/endorsement to adjust your application choices and then select "Next".

If you would like to add additional endorsements please use the previous button to back up to the previous step.

PLEASE NOTE: CHRC Approvals, Educational Technicians, and Career and Technical Education credentials do not require a Bachelor's Degree. All other credentials require a transcript showing the degree and date conferred. If this is not already on file you must upload it as part of the online application process. If your application requires a Bachelor's Degree and the degree is not already on file, and a degree transcript is not uploaded as part of the application process, then your application will not be reviewed until one is submitted, and your fees will not be refunded.

Credential/Endorsement Selection

Your Selected Credentials: Use the check boxes to select/deselect credentials

Include	Class	Type	Endorsement	Grade	Amount
<input checked="" type="checkbox"/>	Teacher Certificate	Teaching	Gifted/Talented - GRADES K-12	GRADES K-12	100

Total Application Amount: \$100



Maine Educator Information System (MEIS)

14.) Step 8 – Please complete the three required areas.

Add Credential Wizard - Step 8 of 15

Update Your Education History and Experience

Your Education History and Education Work Experience

Your Selected Educational History [Add Education History](#)

Your Selected Education Work Experience [Add Education Experience](#)

Have you earned HS Diploma or GED? Yes ☐ No ☐

Years of College Please Note: You only need to enter years of college OR number of college credits

Number of College Credits Please Note: You only need to enter years of college OR number of college credits

[Cancel](#) [Previous Step](#) [Next](#)

15.) Step 9 – Please complete all background questions.

Please answer the following required questions.

Yes	No	Question
<input type="radio"/>	<input type="radio"/>	1.) Have you ever had any professional certificate or license revoked or suspended or voluntarily surrendered it?
<input type="radio"/>	<input type="radio"/>	2.) Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
<input type="radio"/>	<input type="radio"/>	3.) Have you ever been convicted of any misdemeanor or felony offense no matter the age? (this would include OUI's)
<input type="radio"/>	<input type="radio"/>	4.) Have you ever been substantiated by any states health and human services department for child abuse, either sexual or physical?
<input type="radio"/>	<input type="radio"/>	5.) Are you required to register as a sex offender in any state?
<input type="radio"/>	<input type="radio"/>	6.) Do you currently have any outstanding criminal charges or warrants of arrest pending against you in this state or another state or country?
<input type="radio"/>	<input type="radio"/>	7.) Have you ever been investigated by an employer for inappropriate conduct or left a position while an investigation was pending, or to stop an investigation from moving forward?

Explanation: Required if any answer is marked Yes above.

☐ Click the check box to confirm and agree to the following statements.

I understand that this application contains no misrepresentations or falsehoods. I understand that misrepresentations or falsehoods may be cause for denial or revocation of my educational credential. I understand that I must notify the Commissioner of the Maine Department of Education in writing within 30 days if in the future the answers to any of these questions change.

16.) Step 10, 11, and 12 will either not appear or you can just select “next” and skip them. (Our MEIS system is customized to each individual’s file and may look different depending if you already hold a credential with us)



Maine Educator Information System (MEIS)

17.) Please upload any additional information you would like to provide. If there is nothing you would like to provide, just select "Next".

Upload Additional Documentation

You may now upload additional documentation that may be required for your application. Uploaded forms must be provided in Adobe Portable Document Format (PDF).

Alert!! - Many of you have been using the upload feature and uploading transcripts. Please note that those transcripts that are sent digitally from a college/university often must be opened right away on our end or the transcript appears blank when opened. Please be sure to print, scan, and save as a PDF prior to upload into the MEIS system. This will allow us to process faster and avoid additional transcript fees for you. Thank you for your help with this.

Document	Description	Page Count	Create Info
No Results To Display			

Upload Additional Document Details

To upload any missing additional required documentation please select the type of document that you are uploading. After selecting the document type, please select the Browse button and then select your scanned PDF file. After selecting your file click the Upload Additional Documents button to upload it to your official record.

Document Type: Contract Hours

Choose File No file chosen

Upload Additional Documents

Once you have uploaded all documents click on the Next button.

Cancel	Previous Step	Next
------------------------	-------------------------------	----------------------

18.) Step 13 – Please enter credit card information. The credit card address is the physical address that is associated with your credit card account.

Add Credential Wizard - Step 13 of 15	
ID:	
Credit Card Number:	
Expiration Date:	(Example: 08/2025)
Verification Code:	
<small>Please provide the name on the credit card. You must also provide the billing address for the credit card being used and this address must match the address on the credit card statement (the holder of the credit card's address, not the bank's address)</small>	
First Name on Credit Card	
Last Name on Credit Card	
Credit Card Address:	
Credit Card City:	
Credit Card Zip:	
Total Application Fee: \$35.00	
Cancel	Previous Step Next



Maine Educator Information System (MEIS)

- 19.) Step 14 – Verify all information on screen is correct before submitting. When ready, select “Submit Application”.
- 20.) Step 15 – Confirmation and explanation of next steps. Once you have your fingerprints taken at an IdentoGO location, it takes 2-3 business days for the Department of Education to receive the results. If the background check results are clear, the CHRC will be issued right away. It will take longer to process if anything appears on the background check.

We are no longer mailing credentials. You will need to log back into your MEIS account and you will be able to see if your CHRC has been issued. If a school is requiring a print out, please select “Control -P” and you will be able to print the screen that verifies the credentials you hold.

If you have not yet registered for an appointment with IdentoGO, please visit the following website to set up a date and time at your local site:

<https://www.maine.gov/doe/cert/fingerprinting>



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Regional School Unit #34		4. Employer Identification Number (EIN) 26-4776473	
5. Employer address 156 Oak St		6. Employer phone number 207-827-7171	
7. City Old Town	8. State Maine	9. ZIP code 04468	
10. Who can we contact about employee health coverage at this job? Carrie Smart – Administrative Assistant			
11. Phone number (if different from above)		12. Email address Carrie.smart@rsu34.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Full time employees

Teachers who work less than full time shall receive a prorated benefit

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Per employee contracts

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ **Yes** (Go to question 15) ☐ **No** (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Regional School Unit #34
Old Town, Maine

I, _____ elect not to take
print name

insurance coverage under the School Board's Health Insurance plan. I will receive a \$1,000.00 taxable payment in lieu of the insurance plan. I understand that in order to receive this payment I will need to provide my current health insurance information. I also understand that I must keep my health insurance active for the remainder of the school year.

Insurance Company Name: _____ Group #: _____

Policy Holder Name: _____ Policy #: _____

Date _____

Signature

MEA Health Plans Member Enrollment/Member Change Form



Section 1: Employer information

Company name			Group no. (if existing group)	
Address		City	State	ZIP code
Date of hire (MM/DD/YYYY)	Date of rehire (if applicable) (MM/DD/YYYY)	Date eligible (MM/DD/YYYY)	No. hours worked per week	

Date of hire/rehire: The first day the individual performs services for wages or any other form of compensation is the Date of hire/rehire.

Section 2: Member/applicant information

Current Anthem Blue Cross and Blue Shield (Anthem) contract no., if any	Last name	First name	M.I.
Home address no., street or P.O. Box and apt. no.		City	State ZIP code
Home phone	Work phone	Email address	Please check one <input type="checkbox"/> Other: _____ <input type="checkbox"/> Active employee <input type="checkbox"/> Retired employee <input type="checkbox"/> COBRA

Section 3: Reason for member enrollment — Please check the reason below and date if required.

<input type="checkbox"/> Annual enrollment	<input type="checkbox"/> New group (Initial enrollment)	<input type="checkbox"/> COBRA — start date: _____ COBRA — event date: _____
<input type="checkbox"/> New hire	<input type="checkbox"/> Portability or qualifying life event	<input type="checkbox"/> Retiree — date of retirement: _____ <input type="checkbox"/> Other: _____

Section 4: Change status — Please check type and date of change below.

<input type="checkbox"/> Name change	<input type="checkbox"/> Add dependent	<input type="checkbox"/> Delete dependent	<input type="checkbox"/> Address change	<input type="checkbox"/> PCP change	Date of change (MM/DD/YYYY)
Reason for change <input type="checkbox"/> Adoption <input type="checkbox"/> Annual enrollment <input type="checkbox"/> Birth <input type="checkbox"/> Court order <input type="checkbox"/> Court order changing custody <input type="checkbox"/> Covered by Medicaid <input type="checkbox"/> Covered by other insurance <input type="checkbox"/> Death <input type="checkbox"/> Discharge from the military <input type="checkbox"/> Divorce <input type="checkbox"/> Entrance to the military <input type="checkbox"/> Involuntary loss of coverage <input type="checkbox"/> Involuntary loss of Medicaid <input type="checkbox"/> Marriage <input type="checkbox"/> Other: _____					

Section 5: Membership choices

<input type="checkbox"/> Standard	<input type="checkbox"/> Choice Plus	<input type="checkbox"/> Standard \$500 Plan	<input type="checkbox"/> Standard \$1,000 Plan
-----------------------------------	--------------------------------------	--	--

Notice: There are hospitals, health care facilities, physicians or other health care providers who are not included in this plan's network. Your financial responsibilities for payment of covered services may differ if you use a network provider or a non-network provider. Please refer to the online provider directory available at anthem.com to determine if a particular provider is in the network, or contact Customer Service for assistance.

Section 6: Member information — List only dependents you wish to enroll, delete or change.

You may apply to cover your legal spouse, domestic partner (a completed Affidavit of Domestic Partnership must also be attached to this application) and children/stepchildren to age 26.

Name(s) of person(s) (Last name, first name, M.I.)	Sex	Has other insurance?	If disabled, when?	Social Security no. ¹ (required)	Date of birth (MM/DD/YYYY)	Primary Care Physician (PCP) ² (See below for instructions)	Current patient
Self	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				Name _____ PCP no. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Legal spouse <input type="checkbox"/> Domestic partner	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				Name _____ PCP no. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				Name _____ PCP no. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				Name _____ PCP no. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				Name _____ PCP no. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Anthem is required by the Internal Revenue Service to collect this information.

² If applying for Choice Plus, each member must fill in PCP information. For current listing of valid PCPs, go to the HMO Choice network at anthem.com. If applying for Standard, do not complete this section.

Section 6: Member information (continued) – List only dependents you wish to enroll, delete or change.Are you or any family members currently claiming Workers' Compensation Medical Benefits? ☐ Yes ☐ No

If yes, name of claimant: _____

Section 7: Prior coverage information – This section must be completed.Have you or any other family member had health insurance coverage in the 90 days prior to your date of hire or the effective date of your new policy? ☐ Yes ☐ No

If yes, please complete the following:

	Self	Legal spouse/ Domestic partner	Dependents		
			1	2	3
Name of insurance company					
Certificate (policy) no.					
Date coverage began					
Date coverage ended or is coverage still in effect?					

Section 8: Medicare beneficiaries informationIs anyone listed on this application currently eligible for Medicare? ☐ Yes ☐ No

If yes, please complete the following for each person to be covered who is eligible for or covered by Medicare.

Name(s) of Medicare beneficiaries	Health insurance claim no.	Medicare Part A effective date	Medicare Part B effective date	Medicare Part D effective date	Check all reasons you qualified for Medicare
					<input type="checkbox"/> Age 65 <input type="checkbox"/> Disability <input type="checkbox"/> ESRD
					<input type="checkbox"/> Age 65 <input type="checkbox"/> Disability <input type="checkbox"/> ESRD
					<input type="checkbox"/> Age 65 <input type="checkbox"/> Disability <input type="checkbox"/> ESRD
					<input type="checkbox"/> Age 65 <input type="checkbox"/> Disability <input type="checkbox"/> ESRD

Section 9: Applicants – Only complete this section if you are requesting coverage.

I am requesting coverage for myself and all dependents listed and authorize my employer to deduct any required contributions for this insurance from my earnings. All statements and answers I have given are true and complete. I understand it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits. I understand all benefits are subject to conditions stated in the *Group Agreement* and *Certificate of Coverage*. I understand that each family member's care must be provided or arranged by his/her Primary Care Physician (PCP) (does not apply to Standard) except as described in my *Certificate of Coverage*.

I'm signing here because I want to get information about my benefits by email or electronically. This may include my certificate or evidence of coverage, explanation of benefits statements, required notices and helpful or personalized information to get the most out of my plan, so I will make sure Anthem has my most up to date email. These electronic communications may include specific details about me and my plan. I know I can change my mind at any time or request a free copy of specific materials by mail. I'll just contact Anthem to do either.

W-9 Certification Language: I certify each Social Security number listed on this application is correct.**My signature on this application constitutes my approval and authorization for Anthem to enforce its subrogation rights for my claims on a just and equitable basis.**

Applicant signature X	Print name	Date (MM/DD/YYYY)
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Section 10: No coverage – Complete this section if you do not want coverage.I do not wish to enroll in a plan. Please check one: ☐ I have other coverage **OR** ☐ I do not have any other coverage

I understand that the opportunity to enroll at any future date will be subject to the regulations of Anthem.

Applicant signature X	Print name	Date (MM/DD/YYYY)
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For questions about MEA Choice Plus or MEA Standard,
please call 1-800-527-7706, or in the Portland area, 1-207-822-8282.
All questions need to be completed before this application can be processed.