



2015 403(b) Plan Universal Availability Notice

Florida Atlantic University ("FAU") sponsors Florida Atlantic University 403(b) Plan (the "Plan"). Eligible employees of the University can voluntarily elect to defer a portion of their compensation to the Plan to supplement their retirement savings.

The Plan is in addition to the plans offered to eligible employees through the State of Florida Retirement System Pension or Investment Plan and the Optional Retirement System (ORP). Participation in the Plan does not reduce any FAU benefits based on salary, such as Pension, Life Insurance, Disability, or survivor benefits.

Eligibility: Generally, all employees of FAU who receive compensation reportable on a Form W-2 are eligible to participate in the Plan. This includes all SP, AMP, Faculty (including Adjunct Professors) and temporary (OPS) employees. Student workers are the only excluded group.

Contributions: An employee can elect to defer a portion of his or her compensation to the Plan on a pre-tax basis so that Federal Income Tax is deferred on the contributions and any earnings thereon until distributed from the Plan. Distributions are taxed as ordinary income for Federal tax purposes. Employees can invest their contributions to the Plan among the investment options offered by an approved vendor under the Plan. Employees are 100% vested in their accounts under the Plan at all times.

Contribution Limits: Annual contributions to the Plan, except for the employee mandatory 3% contribution, are limited per IRS regulations. The contribution limits for the 2015 calendar year are: \$18,000 for Basic Elective Contributions, or \$24,000 if over age 50.

Important Note: *If you are an OPS classified employee or Adjunct Professor, you were automatically enrolled in the FICA Alternative Plan. This could affect the amount of your Social Security benefits when you retire. You may also enroll in the FAU 403(b) Plan. Please see: http://www.fau.edu/hr/Benefits/FICA_Alternative_new.php for more information regarding the FICA Alternative Plan.*

To Enroll: Eligible employees may begin participating in the Plan at any time. To enroll in the Plan, an employee must complete both (i) an approved vendor's application to open an account and (ii) a Salary Reduction Agreement (SRA) to elect the contribution amount. **Please note:** Optional Retirement Plan participants (ORP) must first contribute the ORP maximum of 5.14% into the ORP, before opening and contributing to a separate 403(b) account. ORP participants changing their ORP contribution percentage also need to complete ORP form 16-A.

Non-ORP accounts are designated as a flat dollar amount. The SRA will apply only to amounts earned **after** enrolling in the Plan, and an employee's election under the SRA will continue until the SRA is modified or revoked by the employee. The SRA is available online by accessing: <http://www.fau.edu/hr/files/SalaryReductionForm.pdf>

To Modify a Deferral Election: Employees may increase, decrease or stop their contributions, or change the approved vendor to the Plan at any time. Access the Salary Reduction Agreement Form on the FAU website to make these changes.

Approved Vendors:

The current approved vendors under the Plan are:

VALIC	561-995-0302	www.valic.com
JEFFERSON NATIONAL	800-330-6115	www.gaboragency.com
ING	800-330-6115	www.gaboragency.com
SYMETRA	800-330-6115	www.gaboragency.com
MetLife Resources	561-756-2627	www.metliferesources.com
TIAA/CREF	866- 842-3357 ext. 7458	www.tiaa-creg.org
Fidelity Investments	800-343-0860	www.403b.com
T. Rowe Price	800-492-7670	www.troweprice.com

Employees should contact each vendor for information about the Plan investment options and services it offers.

More Information:

Contact Benefits & Retirement or one of the approved vendors directly with questions or for help enrolling in the Plan. A paper copy of this notice is also available at the FAU Human Resources Department, Administration Bldg, on the Boca Raton campus or email benefits@fau.edu.

This notice is provided as a source of information and does not constitute legal, tax, or other professional advice. If legal advice, tax advice, or other professional assistance is required, the services of a professional advisor should be sought. Every effort has been made to make this notice as thorough and accurate as possible. However, there are other legal documents, laws, and regulations that govern the operation of the Plan. It is understood that in the event of any conflict, the terms of the Plan document, applicable laws, and regulations will govern.

ACKNOWLEDGEMENT

I, _____, acknowledge that I have received:
Please print your name

- a) The Summary provisions of the FICA Alternative Plan, advising me of mandatory participation, and
- b). The Notice of Universal Availability of the Florida Atlantic University 403(b) Plan.

Employee Signature

Date

Received by Processing & Records:

Processing & Records Representative

Date

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• You are single and have only one job; or	}					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . But, 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 you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____				
	For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

..... Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2015
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$8,000	0
6,001 - 13,000	1	8,001 - 17,000	1
13,001 - 24,000	2	17,001 - 26,000	2
24,001 - 26,000	3	26,001 - 34,000	3
26,001 - 34,000	4	34,001 - 44,000	4
34,001 - 44,000	5	44,001 - 75,000	5
44,001 - 50,000	6	75,001 - 85,000	6
50,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
75,001 - 135,000	1,000	38,001 - 83,000	1,000
135,001 - 205,000	1,120	83,001 - 180,000	1,120
205,001 - 360,000	1,320	180,001 - 395,000	1,320
360,001 - 405,000	1,400	395,001 and over	1,580
405,001 and over	1,580		

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 who claims no withholding allowances; 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.



Workers' Compensation –New Claim Reporting

Effective January 1, 2014 all work related injuries or illnesses are to be reported to AmeriSys at the toll-free number 1-800-455-2079. If possible the employee is to be present for the call so the employee's injuries may be triaged and the appropriate medical care is provided.

If it is an emergency, call 911 to get immediate medical care for the injured employee, then call AmeriSys at 1-800-455-2079 to report the incident. To complete the required First Report of Injury or Illness, the following information will be required:

- Employee Name
- Employee Social Security Number
- Date of Incident (Injury or Illness)
- Time of Incident (Injury or Illness)
- Employee Home Address
- Employee Home Phone Number
- Employee Class Title
- Employee Date of Birth
- Employee Sex (Male or Female)
- Description of Accident
- Cause of Accident
- Part of Body Affected
- Name and Address of Agency or University (Primary Address)
- Date that Incident was Reported by Employee
- Employee Date of Employment
- Employee Salary
- Employee Work Address and Phone Number
- Employee Supervisor
- Supervisor Phone Number
- Place of Accident (Street, City, Zip)

Questions regarding work place injuries and Workers' Compensation may be directed to the Department of Human Resources, Employee Relations, tel: 561-297-0319, fax: 561-297-4220



Department of Financial Services

Division of Risk Management

State Employees' Workers' Compensation Claims

EFFECTIVE 1/1/14

IMMEDIATELY REPORT A JOB-RELATED INJURY

OR ILLNESS TO YOUR SUPERVISOR. TO REPORT
A CLAIM, CALL TOLL-FREE:

800.455.2079

Notice of Change:

Effective 1/1/14, AmeriSys is the new Workers' Compensation Medical Case Management Partner.

Report an On-The-Job Injury or Illness to 800-455-2079

To State of Florida Employees and Volunteers:

The Division of Risk Management has partnered with AmeriSys to provide medical case management for State of Florida employees and volunteers who have a work-related injury or illness. The partnership is **effective for dates of injury reported on or after January 1, 2014**. AmeriSys is a Medical Case Management Organization, a division of USIS, Inc., a wholly owned subsidiary of Brown & Brown Inc.

If you have a work-related injury or illness you should immediately report the incident to your supervisor. Your employer will immediately report the injury to AmeriSys at 800-455-2079.

AmeriSys provides 24/7/365 claim reporting through an Intake and Triage Unit. At the time the claim is reported, the intake coordinator will assist you in reporting your claim, and a triage nurse will orient you to the workers' compensation system and direct you to the most appropriate care for your injury.

What are your supervisor's responsibilities following an on-the-job injury or illness?

- In the case of a medical emergency, call 911 and then immediately contact AmeriSys at 800.455.2079 to report the claim.
- If the injury is not an emergency, the supervisor should immediately report the claim to AmeriSys. Whenever possible, please have the injured employee present with the supervisor when the claim is reported. The triage nurse will then be better able to assess medical needs and arrange for immediate medical treatment.

If you have any questions, please contact your Division Workers' Compensation Claims Manager or the Department Workers' Compensation Coordinator.

COMPLIANCE WITH FLORIDA STATUTE 119.01
State Policy on Public Records

Florida Statute 119.01 requires that all state, county, and municipal records be open for personal inspection and copying by any person with some restrictions. Providing access to public records is a duty of Florida Atlantic University per the statute. However, Florida Statute 119.071 allows for exemptions from the requirement under very specific conditions. Below you will see a summary of the specific reasons why an individual can request exemption from the public records law. Be advised that access to social security numbers is restricted even if you do not qualify for exemption. Please review the summary carefully to determine if you meet the requirements for exemption.

Summary of conditions and/or relationships that will allow us to maintain information revealing home address, telephone numbers, social security numbers, photographs, names and locations of childcare centers and or schools, or places of employment of spouses and children as confidential and not open to the public:

Active or former law enforcement personnel + spouses + children
Certified firefighters + spouses + children
Justices of the Supreme Court + spouses + children
District court of appeal judges + spouses + children
Circuit court judges + spouses + children
County court judges + spouses + children
Current or former state attorneys + spouses + children
Current or former Assistant state attorneys + spouses + children
Current or former Statewide Prosecutors + spouses + children
Current or former Assistant Statewide Prosecutors + spouses + children
Current or former HR Directors, Asst. Directors, Managers, or Asst. Managers + spouses + children
Current or former US Attorneys + spouses + children
Current or former Asst. US Attorneys + spouses + children
Judges of the US Court of Appeals+ spouses + children
US District Judges + spouses + children
US Magistrate Judges + spouses + children
Code enforcement Officers + spouses + children
Guardians Ad Litem + spouses + children
Any information revealing undercover personnel of any criminal justice agency

You can review the statute in it's entirety at the following website:

http://www.leg.state.fl.us/STATUTES/index.cfm?App_mode=Display_Statute&Search_String=&URL=0100-0199/0119/Sections/0119.071.html

If you meet any of the requirements for exemption please specify the exact condition or relationship which would allow you to be exempt from the open records law in the space provided. If you do not meet any of the requirements please indicate that this is the case and sign the form. Thank you for your assistance with this matter.

☐ I meet the requirements for exemption from the open records laws for the State of Florida because:_____.

☐ I do not meet the requirements for exemption from the open records laws for the State of Florida and I understand that my records, with the exception of the social security number, will be available for inspection per the parameters of Florida Statute 119.01.

Signature_____

Date:_____



DIRECT DEPOSIT AUTHORIZATION

ATTACH A VOIDED PERSONAL CHECK(S) with this form. For Savings account(s), attach verification of account number and ACH transit routing number from your financial institution. Failure to provide this information will cause 2-4 week delay in activation.

*SSN:	Z #:	Campus Telephone:	Home/Mobile Phone Number:
Last Name:		First Name:	

PRIMARY ACCOUNT: Start <input type="checkbox"/> -- NEW Change* <input type="checkbox"/> -- PREVIOUS			
Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving
Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :	Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :

ADDITIONAL ACCOUNT (2): Start <input type="checkbox"/> -- NEW Change* <input type="checkbox"/> -- PREVIOUS			
Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving Amount \$ 	Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving Amount \$
Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :	Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :

ADDITIONAL ACCOUNT (3): Start <input type="checkbox"/> -- NEW Change* <input type="checkbox"/> -- PREVIOUS			
Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving Amount \$ 	Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving Amount \$
Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :	Bank <u>Routing Number</u> :	Bank <u>Account Number</u> :

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS. *As per IRS Publication 15 and Florida State Statute 119.07 (5)(a)3., (5)(a)2., (5)(a)4., and (5)(a)9 your FEID or social security number is being requested to search and verify against Bank records. Use this form to start, add, or change Direct Deposit for all payroll payments received from Florida Atlantic University. Direct deposit activation may take 2- 4weeks.

All boxes must be completed. Do not leave any information blank.

1. Check **START** if you currently **do not have active direct deposit**.
2. Check **ADD** if you would like to **add an additional account**. Please specify the dollar amount to be deposited into the additional account.
3. Check **CHANGE** if you currently have direct deposit and wish to change your financial institution, your account number or the dollar amount of deposit into any additional account. The Current direct deposit may be stopped when a change request is received. While the change is being processed you may be paid by check.

Special Note 1: Direct Deposit may not be terminated without providing FAU with your new Account information.

Special Note 2: Please make sure your direct deposit has stopped before closing your account. Failure to do so may result in the funds being returned by the bank. This process will cause a 7-10 day delay in receiving a new/replacement check.

Special Note 3: Payroll wages may not be deposited into a commercial bank account.

Special Note 4: Direct Deposit will automatically be inactivated for terminated employees and employees that have not been paid in 6 months.

AGREEMENT:

I hereby authorize and request the Florida Atlantic University to initiate credit entries and, if necessary, debit entries in accordance with NACHA rules reversing credit entries made in error to my account(s) at the financial institutions(s) named. This Direct Deposit Agreement is to remain in effect until changed or withdrawn by : (a) me in writing with sufficient notice to FAU to allow adequate time to effect termination, (b) my death or legal incapacity, (c) the financial Institution(s), (d) FAU. I also understand that I must submit a new Direct Deposit Authorization Form if I change banks and/or accounts.

I understand that if I close my bank account without properly notifying the Payroll office, I will not receive a salary payment until my Bank returns the funds to the University.

Signature _____

Date _____

Routing: Please return this form to Payroll; Administration Bldg (10) Rooms148 or Fax 561-297-1062. Please note that due to a large number of faxes received daily, we cannot accept phone calls to verify if a fax has been received.



DEPARTMENT OF HUMAN RESOURCES

E-mail Acknowledgement Form

Please complete the information below so that Human Resources can set you up with an FAU E-mail account. Your account should be set up within your first week of employment once your employment documents are processed into the data system. Instructions for accessing your account can be found on "E-mail/System Access Instruction Sheet" included in your sign in documents.

Your E-mail address is very important to you because you will be receiving your electronic pay stub through an e-mail notification from the Payroll Office. These notifications are sent to you prior to each bi-weekly pay day.

If you have had a prior relationship with FAU as either a student or as an employee, you may already have an e-mail address set up. If that is the case, Human Resources will contact OIT Computer Help Desk at 1-561-297-3999 to have your previous e-mail address activated.

PLEASE PRINT CLEARLY

Name: _____
(Last) (First) (Middle Initial)

Please check one: ☐ OPS ☐ SP ☐ AMP ☐ Adjunct ☐ Faculty

Hiring Department: _____

Have you ever had an FAU e-mail account? ☐ No ☐ Yes
If yes, please provide e-mail address: _____
@fau.edu

PLEASE READ AND SIGN

I agree to abide by all Florida Atlantic University Office of Information Technology (OIT) Acceptable Use Policies (AUP). (The OIT AUP's can be found at:
<http://www.fau.edu/oit/about/files/techpolicies.pdf>)

Employee Signature: _____

Florida Retirement System (FRS) - Certification Form

This form is **not** an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE _____

DATE _____

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

☐ FRS Pension Plan (incl. DROP) ☐ FRS Investment Plan ☐ State University System Optional Retirement Program (SUSORP)

☐ State Community College Optional Retirement Program (SCCORP) ☐ Senior Management Service Optional Annuity Program (SMSOAP)

☐ Other _____

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

SIGNATURE _____

DATE _____

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

- If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE _____

DATE _____

Retiree Definition

You are considered retired if:

- You have received any benefits under the FRS Pension Plan (including DROP), or
- You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹ If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

² Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³ Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴ There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.

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	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form 1-551)</div> <div>3. Foreign passport that contains a temporary 1-551 stamp or temporary 1-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form 1-766)</div> <div>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<div><div>a. Foreign passport; and</div><div>b. Form 1-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(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.</div></div></div></div> <div>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form 1-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</div>		<div>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</div> <div>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</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</div> <div>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</div> <div>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</div> <div>5. Native American tribal document</div> <div>6. U.S. Citizen ID Card (Form 1-197)</div> <div>7. Identification Card for Use of Resident Citizen in the United States (Form 1-179)</div> <div>8. Employment authorization document issued by the Department of Homeland Security</div>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



FLORIDA ATLANTIC UNIVERSITY

Social Security Number Collection & Usage

In accordance with Section 119.071(5), Florida Statutes, this document denotes the purpose and legal authority for the collection, disclosure, and usage of social security numbers by Florida Atlantic University ("FAU" or "University"). FAU collects social security numbers (SSNs) only as specifically authorized by law or if imperative for the performance of our duties and responsibilities as prescribed by law. FAU takes appropriate measures to secure SSNs from unauthorized access and does not release SSNs to other parties except as authorized by law or as necessary for the fulfillment of our duties and responsibilities. FAU may assign unique student/employee identification numbers for use where practical. This unique ID number may be used for associated employment and educational purposes at FAU. In instances where the unique ID number is not sufficient, an SSN will be required for the legitimate business purposes as outlined below.

ADMISSIONS Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student SSNs to the Internal Revenue Service (IRS). This IRS requirement makes it necessary for FAU to collect the SSN of every student. If a student refuses to disclose his or her SSN for this purpose, he or she may be subject to IRS penalties.	Authorized by 26 USC §6050S
CONTROLLER'S OFFICE SSNs are required to issue a W-2 (Wage and Tax Statement) and direct deposit forms require use of SSNs to verify against bank records. The Controller's Office may use and/or request SSNs from vendors and/or students to facilitate direct pay of an honorarium in compliance with Financial Information Reporting, Tuition Payment Statements (1098T) and Miscellaneous Income (1099) or the completion of a W9 for Consultant Service. SSNs are also disclosed for collections purposes to authenticate identity.	Authorized by 26 USC §3402(f)(2)(A), 1441, 6109, 6050S and §119.071(5), F.S.
FINANCIAL AID <i>Non Veteran Students:</i> The Student Financial Aid Office uses SSNs in the application process for determining financial aid eligibility. The SSNs are used to identify students by the Florida Office of Student Financial Aid and the US Department of Education. SSNs are also used to transmit student data to ELM Resources, a third party agency that processes Federal Stafford loan data to lenders and guarantors on behalf of student applicants for loans. Every student must report his or her SSN on the FAFSA. If a SSN is not provided, the FAFSA will not be processed. Similarly, a student who does not have a SSN is not eligible to obtain a Federal Student Aid PIN.	Authorized by Title IV of the Higher Education Act of 1965, as amended (§§483 and 484) and 20 USC §1091
FINANCIAL AID <i>Veteran Students:</i> The Student Financial Aid Office uses SSNs in the Veteran Certification form to process the veteran students' VA benefits. If a SSN is not provided, the VA certification process will not be processed in the VA ONCE web system; The Veteran student will not receive his/her VA benefits.	38 U.S.C. sections 3684 and 3685; 38 CFR sections 21.4203, 21.4209, 21.7156, 21.7307, 21.7656, 21.7807, and 21.5200
<u>HARBOR BRANCH OCEANOGRAPHIC INSTITUTE</u> HBOI at FAU uses SSNs on the Federal Drug Testing Custody and Control Form for DOT-required drug test chain of custody.	Authorized by 49 CFR Part 40



FLORIDA ATLANTIC UNIVERSITY

<p>HUMAN RESOURCES</p> <p>SSNs are used for legitimate business purposes in compliance with completion and processing of the following forms: Federal 1-9 (Department of Homeland Security); Federal W4, W2, 1099 (Internal Revenue Service); Federal Social Security taxes (FICA); Processing and Distributing Federal W2 (Internal Revenue Service); Quarterly Unemployment Reports (FL Dept of Revenue); Florida Retirement Contribution reports (FL Dept of Revenue); Workers Comp Claims (FCCRM and Department of Labor); Direct Deposit Files (affiliate banks); 403b and 457b contribution reports; group health, life and dental coverage enrollment ; various supplemental insurance deduction reports. In addition, SSNs are collected in accordance with FCRA through a TPA in conducting pre- and post employment background investigations for prospective and promotion-eligible employees pursuing student, faculty, staff positions, and volunteer or courtesy appointments.</p>	<p>Tax-related uses are authorized by 26 USC §§3402, 3406, 1441 and 6109.</p> <p>Benefits-related uses are authorized by §119.071(5). F.S.</p> <p>Background/employment-related uses are authorized by 8 USC §1324(a) and 42 USC §653(a)</p>
<p>POLICE</p> <p>National and state law enforcement databases utilize SSNs as unique identifiers. Florida law authorizes state and local agencies to access criminal justice information systems. SSNs are used as the unique identifier that accommodates a key search. Absent fingerprints, an SSN is the most reliable to query and to input data. The Police Department's records management system also contains social security numbers for individuals listed on incident reports. SSNs are collected from individuals listed on incident reports as they are unique identifiers that are the most reliable way to retrieve information from the National and State law enforcement databases. SSNs are also used by traffic & parking services for accounts of unaffiliated personnel who are referred to accounts receivable.</p>	<p>Authorized by §119.071(5). F.S. and §943.0525, F.S.</p>
<p>PURCHASING</p> <p>The Purchasing department may request SSNs from vendors and/or students to facilitate direct pay of an honorarium in compliance with Financial Information Reporting or the completion of a W9 for Consultant Services.</p>	<p>Authorized by 26 USC §§3402, 3406, 1441, 6109 and §119.071(5). F.S.</p>
<p>REGISTRAR</p> <p>The University Registrar uses student SSNs on official transcripts and for business purposes in accordance with parameters outlined by the US Department of Education.</p>	<p>Authorized by §119.071(5). F.S.</p>
<p>UNIVERSITY ADVANCEMENT/ALUMNI AFFAIRS</p> <p>The Division of University Advancement/Alumni Affairs is staffed with University officials charged with advancing the mission and goals of the University through outreach initiatives, facilitating alumni relations and fundraising efforts. The Division has a need to access SSNs of University graduates for the sole purpose of locating "lost" alumni and confirming alumni identity and/or status (i.e. deceased) . Quarterly address screenings of segments of the database (primarily "lost" alumni) require use of the SSN to confirm identity.</p>	<p>Authorized by §119.071(5). F.S.</p>
<p>COLLEGES</p> <p>SSNs are used by certain colleges in student applications for professional licensure, for contact and/or access to K-12 students and facilities, for background checks and verification of academic degrees and qualifications , and for placement tracking pursuant to the Florida Education and Training Placement Information Program.</p>	<p>Authorized by 42 USC §666(a)(13). §456.013 (1)(a). F.S., §1012.32(2). §1012.465(2), §119.071(5). §1008.39; and 8 USC §1324(a) and 42 USC §653(a)</p>
<p>OTHER</p> <p>SSNs may be used in other components of the University to authenticate identity when no other means are available and such authentication is imperative for that component's duties and responsibilities.</p>	<p>Authorized by §119.071(5). F.S.</p>

Getting Started - Account Information

Welcome To FAU! There are many programs and systems used at FAU. Today we will get you started with the basic access information that all employees need. Your home department and/or Supervisor will discuss and assist you with additional access information you may need that is specific to your job. Please note: the access described below will not be available immediately. Your access is assigned automatically as your new hire paperwork is processed. We make every effort to have your paperwork processed within five business days from the day you complete your paperwork. You may begin checking the day following your orientation day using the directions provided below.

MyFAU

MyFAU is the University's web portal, a web-based tool that provides centralized access to e-mail, google apps, administrative services and information. With a single username and password you will gain access to all these services and more. In addition nearly every screen of information is fully customizable. You choose what you want to see and where you want to see it, making MyFAU a personalized portal to your unique needs at FAU.

To access MyFAU, use a web browser to go to ***<https://myfau.fau.edu>***. You can also access MyFAU through a link from the FAU home page under the Faculty & Staff tab. If you do not know your FAUNet ID, click on the link that says "What is my FAUNet ID". Follow the directions to get your FAUNet ID. The default password for new employees is ***au*** followed by your ***date of birth*** in MMDDYY format (EX: if you were born on January 1, 1998 your default password would be: *fau010198*). When you log in to MyFAU for the first time, you will be prompted to change your password as well as provide secret questions and answers. The secret questions and answers will enable you to reset your password on your own should you ever forget the current one.

E-Mail address

Your FAU e-mail address will be the FAUNet ID with the addition of @fau.edu. For example, if your FAUNet ID is SMITH234, your e-mail address is smith234@fau.edu. Your bi-weekly pay stub will be e-mailed to you at your FAU e-mail address on a bi-weekly basis. Make sure to check your Junk Mail box in case you are not receiving the emails.

You can access your email by logging in to MyFAU and clicking the Outlook icon. You can also configure your mobile device to receive FAU email. For instructions, please visit: <http://www.fau.edu/oit/email/>

FAU Self Service System

The FAU Self-Service system is a web-based secure self-service system that allows you to monitor your personal information as it is in the University's data system (Banner). You can use FAU Self-Service to verify your personal information such as emergency contact information, and current address. You can look up your deductions and benefits, pay information, pay stubs, tax forms, leave balances, and leave history. You can access the FAU Self Service System within MyFAU.

For more information, please visit Office of Information Technology's web site at www.fau.edu/oit

FLORIDA ATLANTIC UNIVERSITY
REGULATIONS, POLICIES, AND STATEMENT OF STEWARDSHIP

The Florida Atlantic University (FAU) Personnel Regulations, Personnel Policies, and Statement of Stewardship are located on the FAU website.

The FAU Penonnel Regulations are located at
<http://www.fau.edu/regulations/cha pter5/index/pho>.

This site is easily accessible from the FAU homepage at [v.rv..w.fau.edu](http://www.fau.edu), by clicking the University Regulations and Policies at the very bottom of the page.

The FAU Penonnel Policies are located at <http://W\lw.fau.edu/policies/index.php>.

This site is easily accessible from the FAU homepage at [v..ww.fau.edu](http://www.fau.edu), by clicking the University Regulations and Policies at the very bottom of the page.

Statement of Stewardship

<http://www.fau.edu/hr/files/Stewardshi p Document.docx>

It is the responsibility of each Florida Atlantic University employee to read and understand the contents of the Personnel Policies and Florida Atlantic University Regulations Section 5.012 Employee Standards and Disciplinary Procedures along with any other relevant Regulations. Any questions concerning this information should be discussed with the employee's supervisor or the Department of Human Resources.



Florida Statute 876.05 requires that all state and public employees of the State of Florida sign a loyalty oath. Please complete this document for your official personnel file.

LOYALTY OATH

I, _____ a resident of the State of _____,
(PRINT NAME)
and a citizen of _____, and being employed by the State of Florida
and a recipient of public funds as such employee or officer, do hereby solemnly swear or
affirm that I will support the Constitution of the United States and of the State of Florida.

Employee Signature

Date

NOTARY: (May be notarized by Hiring Department or the Division of Human Resources)

State of _____, County of _____.

The above named person who has sworn to and subscribed before me this _____ day of _____, 20____.

Personally Known _____ or Produced Identification _____

Type of Identification produced _____

Name of Notary

Signature of Notary

Notary Stamp



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

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 Oct. 2013 for coverage starting as early as Jan. 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 coverage offered by your employer, please visit myFlorida.com/myBenefits or call People First at 1-866-663-4735, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.

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 State of Florida	4. Employer Identification Number (EIN) 59-3458983	
5. Employer Address PO Box 5450	6. Employer Phone Number 1-850-921-4600	
7. City Tallahassee	8. State Florida	9. ZIP Code 32314
10. Who can we contact about employee health coverage at this job? People First Service Center, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.		
11. Phone Number (if different from above) 1-866-663-4735	12. Email Address N/A	

Part-time and full-time employees as defined in Section 110.123(2)(c) and (f), Florida Statutes, are eligible for health coverage under the State Group Insurance Program. Pursuant to this statute, you may become eligible for health coverage if you work an average of 30 hours or more each week over the defined measurement period. If you become eligible following the measurement period, you will be notified.

For details regarding the Program's terms of eligibility, including exceptions and dependent coverage, see the Benefits Guide for a summary program description at [myFlorida.com/myBenefits](https://myflorida.com/myBenefits).

Health plans offered under the Program meet 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** will guide you through the process.

**STATEMENT OF UNDERSTANDING
OF THE FAMILY EDUCATION RIGHTS AND
PRIVACY ACT (FERPA)
SECTION 1002.22, F.S.**

Federal Law 20 U.S.C. 1232g (FERPA) and Florida law, Section 1002.22, Florida Statutes, provide a right of privacy to students regarding their educational records. Florida law provides,

Right of Privacy - Every pupil or student shall have a right of privacy with respect to the educational records kept on him or her. Personally identifiable records or reports of a student and any personal information contained therein are confidential and exempt from section 119.07, the Florida public records law.

Under this law and FERPA an educational institution may not permit the release of such records, reports, or information contained in the records without the written consent of the student (or his or her parents if the student is a minor or dependent) to ANY individual, agency or organization. Under FERPA, education records are defined as records, files, documents and other materials that contain information directly related to a student and are maintained by an educational institution. This includes, but is not limited to, all academic information, grades, schedules, financial information, social security number, disciplinary records etc.

The only information, which may be released, is directory information unless the student has requested non-release of directory information. Generally, directory information is the information contained in the FAU directory, however, a more complete definition of directory information is as follows:

Directory information includes the student's name, address, telephone number if it is a listed number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student.

- I understand that in carrying out my employment duties at FAU, I may have access to educational records and information of students.
- I understand that disclosing this information without appropriate authorization is prohibited.
- I understand that I am required to seek the guidance of the Admissions Director, or the director of the department I am employed with or the University Attorneys office before releasing any educational records or any supporting documentation.
- I also understand that complying with these laws is a requirement of my employment, and that unauthorized disclosure of student educational records violates FAU's policy (PM #51) and may subject me to disciplinary action up to and including termination.

Date: _____

Employee Name _____ Ext _____
(Please Print) First Middle Last

Department: _____ Supervisor's Name and
Extension _____

Email: _____

Z Number: _____

Employee Signature: _____

2/2/12



EXEMPTION FROM PUBLIC RECORD DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE* OR THE SPOUSE OR CHILD, WHO IS EXEMPT FROM PUBLIC RECORD DISCLOSURE UNDER 119.07, FLORIDA STATUTES? ☐ Yes ☐ No

*Other covered jobs include: correctional and correctional probation officer, firefighter, certain judges, assistant state attorneys, state attorneys, assistant and state wide prosecutors, personnel of the Department of Revenue or local government whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [119.07.F.S.]

IF YOU ARE UNCERTAIN HOW TO ANSWER ANY OF THE FOLLOWING QUESTIONS, PLEASE VERIFY YOUR ANSWER BEFORE COMPLETING AND SIGNING THIS FORM.

BACKGROUND INFORMATION

SOCIAL SECURITY #:

HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A FELONY OR MISDEMEANOR?

☐ Yes ☐ No If "YES," what charges?

Where convicted? _____ Date: _____

HAVE YOU EVER PLED "NOLO CONTENDERE," NO CONTEST OR ENTERED A SIMILAR DISPOSITION TO A CRIME WHICH IS A FELONY OR A MISDEMEANOR? ☐ Yes ☐ No if "YES", what charges?

Where convicted? _____ Date: _____

HAVE YOU EVER BEEN PLACED ON PROBATION, ENROLLED IN A TRIAL DIVERSION PROGRAM, HAD PROSECUTION DEFERRED OR HAD THE ADJUDICATION OF GUILT FOR A CRIME WHICH IS A FELONY OR A MISDEMEANOR? ☐ Yes ☐ No If "YES," what charges?

Where convicted? _____ Date: _____

Note: A "YES" answer to these questions will not automatically bar you from consideration. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. Failure to answer truthfully will be grounds to refuse or terminate employment.

AUTHORIZATION AND CERTIFICATION

I am aware that any omission, falsifications, mistreatments, or misrepresentation to this employment Application may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida Atlantic University for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for employment are public records as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachment are true, correct, complete, and made in good faith.

Signature: _____ Date: _____

Equal Opportunity/Equal Access Institution



PAYROLL

NON-RESIDENT ALIEN DOCUMENTATION

Section I: Please complete the following identifying information

Date: _____

Print Name: _____

Social Security Number: _____ Z#: _____

Section II: Please specify which documents you are providing copies of for Payroll.

- | | | |
|---|------------------------------|-----------------------------|
| 1- VISA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2- Passport | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3- Certificate of Eligibility (J1, OPT) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4- Social Security Card | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5- Employment Authorization Card | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6- Form I-20 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7- Form I-94 (H1B VISA) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section II: Please answer the following questions.

1- When did you first arrive in the U.S.A.? _____

2- Please state your purpose for being in the U.S.A.



PERSONAL DATA SHEET

NAME: _____ **Prefix:** _____ **Suffix:** _____
First Middle Last

Home Address: _____ **City:** _____
State: _____ **Zip Code:** _____ **County:** _____ **Home Phone:** _____
Cell Phone: _____

If working for FAU outside of Florida, please indicate the City and State where you will be working:

City: _____ **State:** _____ **Zip Code:** _____

DATE OF BIRTH: _____ **GENDER:** ☐ Male ☐ Female

MARITAL STATUS: ☐ Single ☐ Married

HIGHEST DEGREE: ☐ High School ☐ Bachelor's ☐ Master's ☐ Doctoral **Indicate Year of highest degree:** _____

COUNTRY OF BIRTH: _____ **COUNTRY OF CITIZENSHIP:** _____

Please identify your **Ethnicity** by choosing ONE of the following:

☐ Hispanic or Latino

or

☐ Not Hispanic or Latino

Please identify your **Race** by choosing ONE or MORE of the following:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

EMERGENCY CONTACT INFORMATION:

Name: _____ **Relationship:** _____
First Last

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Phone Number(s): _____

All University property must be returned when employment ends. This includes but is not limited to: keys, office equipment, uniforms, credit cards, books, and reference materials. In addition, all monies owed to the University must be paid in full. If not returned or paid, the University reserves the right to withhold the value of any item not returned or money owed from final payout. This authorizes Florida Atlantic University's Payroll Department to deduct from the final paycheck monies owed to the Florida Atlantic University.

Signature: _____ **Date:** _____

Z number: _____



Department of Human Resources
777 Glades Road • Boca Raton, FL 33431
tel: 561.297.3057 fax: 561.297.3915

**Florida Atlantic University
Report of Outside Business or Professional Activity for FAU Employees Agreement**

As a new employee, I have been advised of FAU's **"Report of Outside Business or Professional Activity for FAU Employees"** requirements as well as the policy location and understand that as an employee of FAU and the State of Florida, I am required to report outside business activities, professional activities, conflicts of interest, or conflicts of commitment prior to commencement of such activities. In addition, **I am required to update reporting of any such activities, annually, commencing each new Fiscal Year.** I have also been advised that respective college/department/unit may have additional guidelines with additional policies and procedures for compliance.

Print Name

Signature

Date

Human Resources Representative

Date



Florida Atlantic University Security and Confidentiality Statement of Responsibility

Security and confidentiality of records, reports, and files are matters of critical importance to Florida Atlantic University (FAU). Access to such information is provided solely for use in the performance of assigned duties. Any other use is prohibited. The purpose of this statement is to clarify your responsibilities. Each individual who has access to information is expected to adhere to the security and confidentiality principles stated below.

As a person who has access to such information, you **will not**:

- Share your password with any person, or permit any other person to access information using your identity;
- Permit the unauthorized use of any information in records, reports, and files to which you have access;
- Seek personal benefit from information that you have acquired as a result of your access;
- Disclose the contents of any record, report, or file to any person, except in the conduct of assigned duties;
- Knowingly include a false, inaccurate, or misleading entry in any official record, report, or file;
- Knowingly destroy or alter information from any record, report, or file, except as authorized;
- Remove any record, report, or file from the office where it is maintained, except in the performance of your assigned duties;
- Cause or assist another person to violate these principles.

Violations of these principles may lead to disciplinary action consistent with applicable personnel policies. Violations can also lead to action under Florida Statutes pertaining to theft, alteration of public records, or other applicable sections.

By signing below, you are indicating you have read, understand and will comply with these principles. Be advised that the conditions of this security and confidentiality statement of responsibility remain in full effect for the duration of your employment with Florida Atlantic University. You will be required to renew this Statement of Responsibility as a rehire following any breaks in employment.

Employee Name (please print): _____

Employee Signature: _____

Date: _____

Z number: _____

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

Employee Name	_____	Employee ID#	_____
Employer Name	Florida Atlantic Univ.	Employer ID#	4960

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.

**FLORIDA ATLANTIC UNIVERSITY
REGULATIONS, POLICIES, AND STATEMENT OF STEWARDSHIP**

ACKNOWLEDGEMENT OF RECEIPT

I understand that the Florida Atlantic University Employee Standards and Disciplinary Procedures is exclusively an online publication as part of the University Regulations found at www.fau.edu/regulations/chapter5.

I understand that the FAU Personnel Policies is exclusively an online publication and can be found at <http://www.fau.edu/policies/index.php>

I understand that the FAU Statement of Stewardship can be found online at http://www.fau.edu/hr/files/Stewardship_Document.docx

I understand that it is my responsibility to read the contents of these documents and discuss any questions concerning this information with my supervisor or the Department of Human Resources.

This signed acknowledgement will become part of my official Personnel File maintained in the Department of Human Resources.

Print Name

Department Name

Class/Position Title

Date

Signature



VETERAN STATUS

NAME: _____ DATE: _____

Please check appropriate box(es):

- ☐ **Not a Veteran**
- ☐ Disabled Veteran (L & Q)
- ☐ Other Protected Veteran (M & R)
- ☐ Armed Forces Service Medal Veteran (N & S)
- ☐ Recently Separated Veteran (O & T)

Please specify date of separation from service _____

Military Reserve:

- ☐ Active Reserve
- ☐ Inactive Reserve
- ☐ Inactive Reserve Subject to Call Up

Definitions:

Disabled Veteran - means: (1) A veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veterans – means veterans who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

Armed Forces Service Medal Veteran – means a veteran who, while serving on active duty in the U.S. military, ground naval, or ar service, participated in a United States military operation for which an Armed Forces sercie medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209). More information available at <http://www.opm.gov/veterans.html/vgmedal2.asp>

Recently Separated Veterans – means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground naval or air service.



WORKERS' COMPENSATION ACKNOWLEDGEMENT

This is to acknowledge that I have received a copy of the procedures and my responsibilities as outlined on the forms titled "Reporting an on the Job Injury or Illness" and "Workers' Compensation – New Claim Reporting". I am aware that these procedures must be followed in the event of a work place injury.

Date_____

Employee Name_____

Employee Signature_____

HR Representative_____

					Permit # _____		
Z Number, Student ID # or DL/State	Name: Last		First	MI	Phone		
Mailing Address:			City	State	Zip Code		
Date Of Birth	Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Type	Vehicle Color	License Plate	Tag State
Decal Type Please Check ONE	Commuter <input type="radio"/> Adjunct <input type="radio"/>	Faculty or Staff <input type="radio"/> Motorcycle <input type="radio"/>		Office Use:			
<p>I hereby declare under penalty of revocation of all parking privileges that the above information is true and Correct. In addition, by my signature I understand and agree that in return for the privilege of parking on campus:</p> <p>1) I am responsible for any and all parking violations committed by anyone operating my vehicle and/or utilizing my permit.</p> <p>2) I assume any and all risk of damage to or loss of the vehicle and its contents. I understand that Florida Atlantic University makes no representation, expressed or implied, that the vehicle and its contents are safe, secure or protected from any loss and damage of any kind, resulting from any reason (including but not limited to damage or loss caused by weather, criminal act or the negligence of any person).</p> <p>3. By signing below, I authorize the Florida Atlantic University Payroll Department to deduct from my paycheck monies owed to Florida Atlantic University for past due citations, and applicable late fees, issued by Florida Atlantic University.</p>							
Signature _____				Date _____			

Classification	Permit Type	Fee (Includes Sales Tax)
Faculty or AMP	Red Hangtag	\$143
Staff (SP pay grade 21 and above)	Red Hangtag	\$143
Staff (SP pay grade 16-20)	Red Hangtag	\$105
Staff (SP pay grade 15 and below)	Red Hangtag	\$62

Permits are valid from August - August. Payment options are cash, check, credit or payroll deduction. Payroll deduction forms will be available during Orientation