

TOWN OF WALPOLE

20 PLUS HRS/WK NEW HIRE INFORMATION EMPLOYMENT PACKAGE

Employee Name

Date of Hire

All new hires are required to review and complete the documents listed below. Please contact Human Resources at 508-660-7292 to schedule your new employee orientation PRIOR to your start date. Complete all documentation, anything that you are unsure of leave blank and we will complete when you meet with HR. Please bring the following to your scheduled appointment. Thank you.

- | | | |
|-----------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------|
| W-4 Federal Tax Withholding form | <input type="checkbox"/> | |
| M-4 Mass State Tax Withholding form | <input type="checkbox"/> | |
| Employee Information Form | <input type="checkbox"/> | |
| Norfolk County Retirement Form (NCR) | <input type="checkbox"/> | Submit copy of birth certificate |
| Form 1945 - Social Security Protection Act | <input type="checkbox"/> | Submit signature page only |
| Form I-9 - Employment Eligibility Verification Form | <input type="checkbox"/> | Please submit copy of ID from List of Acceptable Documentation; one from list A OR one from list B & C |
| Direct Deposit | <input type="checkbox"/> | Submit a voided check and/or savings account deposit slip or a bank authorization letter. |
| Drug & Alcohol Policy | <input type="checkbox"/> | Submit signature page only |
| State Ethics Law - Conflict of Interest | <input type="checkbox"/> | Submit signature page only |
| Declination of Health Insurance Coverage | <input type="checkbox"/> | Complete only if you are not enrolling onto the town's offered medical insurance |
| Union Application for Membership (if applicable) | <input type="checkbox"/> | |
| Policies & Procedure Acknowledgement of Receipt | <input type="checkbox"/> | |

Health, dental, vision and life insurance benefits and options

Enrollment form for any of the following:

- | | | |
|------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------|
| Cafeteria 125 Plan | <input type="checkbox"/> | |
| Blue Cross Blue Shield | <input type="checkbox"/> | Family coverage-copy of official marriage certificate and birth certificates of dependent children |
| BCBS Dental | <input type="checkbox"/> | |
| Blue 20/20 Vision | <input type="checkbox"/> | |
| Basic Life | <input type="checkbox"/> | |
| Voluntary Life | <input type="checkbox"/> | |

I have received the health, dental and life insurance benefits information and understand that in order to receive coverage I must provide the enrollment forms within 30 days of hire date. My signature as follows, negative notice, i.e. I do not wish coverage, if the Town has not received the enrollment forms from me within 30 days of date of hire.

ACKNOWLEDGED:

Signature of Employee

Date