



## Employee Personal Information Form

Employee type: \_\_\_Classified \_\_\_Student \_\_\_Volunteer \_\_\_PT Faculty \_\_\_FT Faculty \_\_\_Exempt \_\_\_PT Hourly

Department Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

### YOUR PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary Phone number: \_\_\_\_\_ Secondary Phone number: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_

Relationship to self: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### EMPLOYEE SIGNATURE REQUIRED

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR HUMAN RESOURCES OFFICE USE ONLY

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

ACA\_\_\_\_\_

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** 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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

#### Line F. Credit for other dependents.

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
		▶ Whether you're 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.		<b>2019</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$			
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b>			
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
<b>8</b> Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		<b>9</b> First date of employment		<b>10</b> Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### **Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### **Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

**Personal Allowances Worksheet** (Keep for your records.)

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	_____
<b>D</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </div> } . . . . .	<b>D</b>	_____
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>		
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>		
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .		
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	_____

For accuracy,  
complete all  
worksheets  
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul> </div> </div> } . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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** \$ \_\_\_\_\_

<b>Table 1</b>				<b>Table 2</b>			
<b>Married Filing Jointly</b>		<b>All Others</b>		<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**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 aren't required to provide the information requested on a form that's 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.



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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **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	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<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. <i>(See instructions)</i>  <i>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.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	

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 08/31/2019

**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.")*

<b>Employee Info from Section</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-----------------------------------	-------------------------	-------------------------	------	--------------------------------

<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if		Expiration Date (if		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if				
Document Title				
Issuing				
Document				
Expiration Date (if				

**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		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			City or Town	State	ZIP Code



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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

<b>Employee Name from Section 1:</b>	Last Name <i>(Family Name)</i>	First Name <i>(Given Name)</i>	Middle Initial
--------------------------------------	--------------------------------	--------------------------------	----------------

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

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

**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 <i>(if any)</i> <i>(mm/dd/yyyy)</i>
----------------	-----------------	---

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented 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 <i>(mm/dd/yyyy)</i>	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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the 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.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

## Employee Demographic Data Form

Government agencies require periodic reports on the gender, ethnic origin, and veteran status of employees. Persons hired or already employed by the college are required to provide the information below. This information will be treated as confidential and will be available only to authorized personnel.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ ☐ FEMALE ☐ MALE

### ETHNICITY/HISPANIC ORIGIN

ARE YOU OF HISPANIC ORIGIN? ☐ yes (717) ☐ no (999)

Hispanic origin includes all persons having origins in Mexico, Puerto Rico, Cuba, Central or South America, or other countries of Spanish culture, regardless of race. It does not include persons from Portuguese speaking cultures such as Portugal or Brazil. The Spanish/Hispanic/Latino question is about ethnicity, not race.

### RACE INFORMATION (CHECK ALL THAT APPLY)

☐ AMERICAN INDIAN (597) or ☐ ALASKAN NATIVE (015)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ ASIAN (621)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ NATIVE HAWAIIAN (653) or ☐ Other PACIFIC ISLANDER (681)

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ WHITE/CAUCASIAN (800)

A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ BLACK/AFRICAN-AMERICAN (870)

A person having origins in any of the Black racial groups of Africa.

### VETERAN STATUS (CHECK ALL THAT APPLY)

☐ NOT A VETERAN

☐ VIETNAM-ERA VETERAN (VV)

☐ NON VIETNAM-ERA VETERAN (OV)

☐ SPOUSE OF DECEASED VETERAN (SV)

☐ DISABLED VETERAN (% OF DISABILITY \_\_\_\_\_) (DV) (DO)

DATES OF SERVICE: \_\_\_\_\_

**Vietnam-era Veteran:** A person who served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.

**Disabled Veteran:** A person entitled to disability compensation under laws administered by the U.S. Department of Veterans Affairs for disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment handicap, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

### DISABILITY INFORMATION

☐ YES ☐ NO Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, or learning?

**Disability definition:** For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means.

I certify that this information is true and accurate to the best of my knowledge.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN COMPLETED FORM TO HUMAN RESOURCES



# Retirement Status Verification

Employers can use this form to document the retirement status of all new employees, as required by RCW 41.50.139.

Contact Information for  
Employer Support Services at DRS  
360.664.7200, option 2  
800.547.6657, option 6, option 2  
[employersupport@drs.wa.gov](mailto:employersupport@drs.wa.gov)

## Employer Instructions

RCW 41.50.139 requires employers to obtain, in writing, the retirement status of all new employees. Employers can document retirement status through their own processes or by using this DRS form. If using this form, follow these instructions:

- Ask the employee to complete and sign the Employee Information section below.
- Use Member Reporting Verification (MRV) to review the employee's retirement status.
- Record the results in the Employer Verification section below.
- Determine whether the employee retired using the 2008 Early Retirement Factors. ☐ Yes ☐ No  
**If yes, contact DRS Employer Support Services (ESS) immediately.**
- Use Retiree Return to Work (RRTW) Reporting Charts to review reporting instructions as necessary.
- Sign and date this form.
- Retain this form for 60 years.

Employee Information		Employer Verification
Employee Name (Last, First, Middle)	Social Security Number	
Are you a retiree of one of Washington state's retirement systems? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a retiree of a separate retirement plan covered by the city of Seattle, Spokane or Tacoma? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Are you currently employed by another public employer and contributing to a Washington state retirement system? That is, will you be working at the same time for two public employers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Employee Signature	Date	

## Employer Comments (optional)

Please enter any additional comments here. If you need more room, use the back of this form and check this box: ☐

## Employer Signature

I have verified the information above using MRV or by contacting a DRS representative. I acknowledge that failure to properly report a retiree to DRS can result in a liability to the employer.

Employer Signature	Date
--------------------	------



## Affordable Care Act

### Worksheet A-0: ACA employee status

#### Worksheet Reminders:

- This worksheet helps determine if an employee meets the federal definition of full-time for reporting purposes.
- An "employee" in any of the definitions of employee types below, is anyone paid for service. In addition to the PEBB definition of an employee, this includes others paid for service, such as students or board members.

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Employee Email Address: (optional) \_\_\_\_\_

Federal Reporting Requirements (Affordable Care Act)	
<p>The Affordable Care Act (ACA) requires employers to determine the anticipated average hours of service of new and returning employees and employees who experience a change in employment status. The employer may be required to enter the ACA code into the system of record or PAY1, based on the method chosen by your agency. When determining the ACA code, consider the employee's anticipated average hours of service over the next 12 months. See the <i>ACA Employee Status Code Instructions</i> on the PersPay website for more information.</p>	
Type of Employee	ACA Codes
<p><b>Employee:</b> A new or returning employee who does not meet the definition of "educational organization" or "seasonal" employee. (Employer must assume the employee will be employed for the next 12 months, even if hired to work less than 12 months).</p>	<p><b>Y1</b> = 130 or more hrs/mo</p> <p><b>N1</b> = Less than 130 hrs/mo</p>
<p><b>Educational Organization Employee:</b> A new or returning employee employed by an educational organization (e.g., primary, secondary, preparatory and high schools, colleges and universities). (Employer must assume the employee will be employed for the next 12 months, even if hired to work less than 12 months).</p>	<p><b>Y2</b> = 130 or more hrs/mo</p> <p><b>N2</b> = Less than 130 hrs/mo</p>
<p><b>Seasonal:</b> A new or returning employee anticipated to work on a seasonal basis (specific time of the year) for 6 months or less, who does not meet the definition of "educational organization employee." (Consider the next 12-month period, including months with zero hours of pay status, when calculating average hours/month. If the season is more than 6 months, calculate the ACA code according to "employee" type above).</p>	<p><b>Y3</b> = 130 or more hrs/mo</p> <p><b>N3</b> = Less than 130 hrs/mo</p>
ACA Employee Status	
Enter the ACA code that best describes the employee.	ACA Code
<p><b>The ACA definition of full-time does not determine eligibility for PEBB benefits.</b></p>	



## ABOUT YOUR PAYROLL FUNDS

Bellevue Community College Payroll Office: 425-640-1492

Edmonds Community College Human Resources Office: 425-640-1400

1. Employees have 2 options for receiving their payroll funds:  
Direct Deposit (electronic funds transfer, EFT)  
OR  
Focus Card (Visa prepaid card)
2. You will receive a paper check the first payroll after submission of the Payment Authorization Form.  
This check will be mailed to your home address via the U.S. Postal Service.
3. Some banks may post your automatic payroll deposit later than the hour the bank opens. Consult with your bank for the time of day your funds will be available to you.
4. **It is the employee's responsibility to notify the payroll office of any bank or account information changes that occur. Failure to do so may result in a delayed payment to the employee of up to 5 days after the pay date.**
5. The Employee Earnings & Leave Web application will also show whether a Focus debit card or a direct deposit was created for each payroll run. You can access your payroll information via the Employee Earning & Leave Web application: <https://transact.edcc.edu/empearnlv/>



## The Affordable Care Act (ACA) Notice of Health Insurance Marketplace/Coverage Options and Your Public Employees Benefits Board (PEBB) Benefits

### General Information

Beginning in 2014, most individuals will be required to have health insurance coverage. There will be a new way to buy health insurance through the new health insurance Marketplace, also known as the Health Benefit Exchange. Washington Healthplanfinder is the Marketplace serving Washington residents. This notice provides basic information about the Marketplace as well as PEBB benefits offered by your employer and is intended to assist you in evaluating options for you and your family.

#### 1. What is the Health Insurance Marketplace?

Under the ACA, every state must have a health insurance Marketplace to help people buy health insurance. The Marketplace offers assistance to help you find and compare medical health insurance options offered by private companies. The Marketplace will also help you find out if you qualify for premium tax credits or other financial assistance.

#### 2. When does open enrollment begin?

Open enrollment for the Marketplace begins November 1, 2016 for coverage starting January 1, 2017.

#### 3. 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 you are not eligible for PEBB medical plan enrollment as an employee. The amount of premium savings in the Marketplace depends on your household income.

#### 4. Does being eligible for an employer contribution for PEBB medical coverage affect eligibility for premium savings through the Healthplanfinder? Yes.

- **Employees eligible for employer contribution:**

*All **eligible** state employees receive an employer contribution for PEBB medical plan enrollment and are not allowed to waive PEBB medical coverage to enroll in coverage through the Marketplace. All or a portion of this contribution may be excluded from income for Federal and State income tax purposes. These employees should remain enrolled in their PEBB medical plan.*

*State employees who are eligible to receive an employer contribution cannot use the employer contribution to purchase coverage through the Marketplace, and will not be eligible for a premium tax credit if they purchase coverage through the Marketplace.*

However, if the cost of a PEBB health plan to cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or does not meet the “minimum value” standard set by the ACA, you may be eligible for a tax credit or other financial assistance.

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.

- **Employees not eligible for employer contribution:**

Employees who are not eligible for the employer contribution for PEBB medical plan enrollment should consider applying for health benefits in the new Marketplace as they may qualify for a premium tax credit or other financial assistance. Your payments for coverage through the Marketplace are made on an after-tax basis.

## 5. How do I get additional information about the Marketplace?

The Marketplace simplifies your search for health coverage by gathering the options available in your area in one place. You can compare plans based on price, benefits, quality, and other features important to you before you make a choice.

Visit [www.healthcare.gov](http://www.healthcare.gov) (with a live chat option) or also get help by phone, or in person.

Call 1-800-318-2596, 24 hours a day, 7 days a week. (TTY: 1-855-889-4325).

## 6. How do I contact the Washington Healthplanfinder?

For help with your *Washington Healthplanfinder* application or to get answers about coverage, call our Customer Support Center. Help is available in 175 languages. Language and disability accommodations are provided at no cost.

**Toll-free:** 1-855-923-4633

**TTY:** 1-855-627-9604

**Hours:** 8 a.m. to 8 p.m. Monday – Friday

**Email:** [customersupport@wabhexchange.org](mailto:customersupport@wabhexchange.org)

## 7. How do I get more information about PEBB benefits?

For more information about PEBB health plans offered by your employer, please check the Certificate of Coverage for your plan, or contact your benefits office.

You can also find complete information about PEBB benefits at the PEBB website:

[www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb)

### Information about PEBB 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 Edmonds Community College		4. Employer Identification Number (EIN) 910825212
5. Employer address 20000 68 <sup>th</sup> Ave West		6. Employer phone number (425)640-1077
7. City Lynnwood	8. State WA	9. ZIP code 98036-5999
10. Who can we contact about employee health coverage at this job? Debbie Lau (employees with last names N-Z, all PTF) Denise Olson (employees with last names A-M, all Hourly)		
11. Phone number (if different from above) (425) 640-1077 (425) 640-1069		12. Email address <a href="mailto:dlau@edcc.edu">dlau@edcc.edu</a> <a href="mailto:Denise.Olson@edcc.edu">Denise.Olson@edcc.edu</a>

Information about health coverage offered by this employer:

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

- ☐ All employees.
- ☒ **Some employees.**

**Eligible employees are described in Washington Administrative Code 182-12-114:**

**(1)(a) An employee** is eligible if he or she works an average of at least eighty hours per month and works for at least eight hours in each month for more than six consecutive months.

(i) Upon employment: An employee is eligible from the date of employment if the employing agency anticipates the employee will work according to the criteria in (a) of this subsection.

**(2)(a) Seasonal employees** are eligible if he or she works an average of at least eighty hours per month and works for at least eight hours in each month of the season. A season is any recurring, cyclical period of work at a specific time of year that lasts three to eleven months.

(b) Determining eligibility.

(i) Upon employment: A seasonal employee is eligible from the date of employment if the employing agency anticipates that he or she will work according to the criteria in (a) of this subsection.

(ii) Upon revision of anticipated work pattern. If an employing agency revises an employee's anticipated work hours such that the employee meets the eligibility criteria in (a) of this subsection, the employee becomes eligible when the revision is made.

(iii) Based on work pattern. An employee who is determined to be ineligible for benefits, but later works an average of at least eighty hours per month and works for at least eight hours in each month and works for more than six consecutive months, becomes eligible the first of the month following a six-month averaging period.

(c) Stacking of hours. As long as the work is within one state agency, employees may "stack" or combine hours worked in more than one position or job to establish eligibility and maintain the employer contribution toward insurance coverage. Employees must notify their employing agency if they believe they are eligible through stacking. Stacking includes work situations in which:

(i) The employee works two or more positions or jobs at the same time (concurrent stacking);

(ii) The employee moves from one position or job to another (consecutive stacking); or

(iii) The employee combines hours from a seasonal position or job to hours from a nonseasonal position or job. An employee who establishes eligibility by stacking hours from a seasonal position or job with hours from a nonseasonal position or job shall maintain the employer contribution toward insurance coverage under WAC 182-12-131(1).

**(3)(a) Faculty "Half-time"** means one-half of the full-time academic workload as determined by each institution, except that half-time for community and technical college faculty employees is governed by RCW 28B.50.489.

Note: A change to the definition of full time, for community and technical college faculty, based on a collective bargaining agreement may affect an employee's eligibility for PEBB benefits. If eligibility is lost, COBRA coverage is available as described in WAC 182-12-146.

(i) Upon employment: Faculty who the employing agency anticipates will work half-time or more for the entire instructional year, or equivalent nine-month period, are eligible from the date of employment.

(ii) For faculty hired on quarter/semester to quarter/semester basis: Faculty who the employing agency anticipates will not work for the entire instructional year, or equivalent nine-month period, are eligible at the beginning of the second consecutive quarter or semester of employment in which he or she is anticipated to work, or has actually worked, half-time or more. Spring and fall are considered consecutive quarters/semesters when first establishing eligibility for faculty that work less than half-time during the summer quarter/semester.

(iii) Upon revision of anticipated work pattern: Faculty who receive additional workload after the beginning of the anticipated work period (quarter, semester, or instructional year), such that their workload meets the eligibility criteria of (a)(i) or (ii) of this subsection become eligible when the revision is made.

(b) Stacking. Faculty may establish eligibility and maintain the employer contribution toward insurance coverage by working as faculty for more than one institution of higher education. Faculty workloads may only be stacked with other faculty workloads to establish eligibility under this section or maintain eligibility under WAC 182-12-131(3). When a faculty works for more than

one institution of higher education, the faculty must notify his or her employing agencies that he or she works at more than one institution and may be eligible through stacking

**(4)(a) Elected and full-time appointed officials** of the legislative and executive branches of state government are eligible for PEBB benefits on the date his or her term begins. All other elected and full-time appointed officials of the legislative and executive branches of state government are eligible on the date their terms begin or the date they take the oath of office, whichever occurs first.

**(5)(a) Justices and judges are eligible** for PEBB benefits on the date they take the oath of office.

- **With respect to dependents:**

☒ **We do offer coverage.**

☐ We do not offer coverage.

**Eligible dependents are described in Washington Administrative Code 182-12-260:**

**(1) Lawful spouse.**

**(2) Domestic partner.** (a) Effective January 1, 2010, a state registered domestic partner, as defined in RCW 26.60.020(1). (b) A domestic partner who was qualified under PEBB eligibility criteria as a domestic partner before January 1, 2010, and was continuously enrolled under the subscriber in a PEBB health plan or life insurance.

**(3) Children.** Children are eligible up to age twenty-six except as described in subsection (i) of this section. Children are defined as the subscriber's:

(a) Children as defined in RCW 26.26.101 establishment of parent-child relationship;

(b) Biological children;

(c) Stepchildren. The stepchild's relationship to a subscriber (and eligibility as a PEBB dependent) ends, for purposes of this rule, on the same date the subscriber's legal relationship with the spouse or domestic partner ends through divorce, annulment, dissolution, termination, or death;

(d) Legally adopted children;

(e) Children for whom the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption of the child;

(f) Children of the subscriber's state registered domestic partner;

(g) Children specified in a court order or divorce decree;

(h) Extended dependents in the legal custody or legal guardianship of the subscriber, the subscriber's spouse, or subscriber's state registered domestic partner. The legal responsibility is demonstrated by a valid court order and the child's official residence with the custodian or guardian. "Children" does not include foster children for whom support payments are made to the subscriber through the state department of social and health services foster care program; and

(i) Children of any age with a disability. Effective January 1, 2011, children of any age with a disability, mental illness, or intellectual or other developmental disability, who are incapable of self-support, provided such condition occurs before age twenty-six. Periodic certification is required.

**(4) Parents.**

(a) Parents covered under PEBB medical before July 1, 1990, may continue enrollment on a self-pay basis as long as:

(i) The parent maintains continuous enrollment in PEBB medical;

(ii) The parent qualifies under the Internal Revenue Code as a dependent of the subscriber;

(iii) The subscriber continues enrollment in PEBB insurance coverage; and

(iv) The parent is not covered by any other group medical plan.

(b) Parents eligible under this subsection may be enrolled with a different health plan than that selected by the subscriber. Parents may not add additional dependents to their insurance 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.