



Welcome aboard to the Bellville ISD Family!!!! My name is Kim Spacek and I am the Payroll Coordinator at Bellville ISD. I am here to help you with all of your benefit and payroll related questions. Below I have listed some reminders and important notes.

Reminders.....

- Bring Social Security Card
- Request Service Records from previous School District (if applicable)
- Bring Voided Check or (Official Banking Information with account and routing)
- Enroll in Benefits – Bring Social Security Cards of all family members even if not enrolling in coverage
- All employees must enroll or decline benefits each year

Important Notes.....

- BISD offers \$10,000.00 worth of Life Insurance Coverage to all employees at no cost. (must name beneficiaries when enrolling /declining benefits)
- All employees must enroll or decline benefits
- BISD contributes \$225.00 to my medical coverage
- Complete information can be found about benefits at www.bellvilleisd.org then go to departments, business department, payroll, & benefits.
- Medical insurance plans will be available in late June after legislative sessions close.
- BISD is required by TRS to deduct 7.7% retirement for all TRS eligible positions

Should you have any additional questions, I can be reached at kspacek@bellvillbrahmas.org or 979-865-7008

Employee Number

E-VERIFY_____ **SOCIAL SECURITY ADM.**_____



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

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

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


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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write in This Space</p> 

Signature of Employee	Today's Date (mm/dd/yyyy)
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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
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Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Payroll Coordinator	
Last Name of Employer or Authorized Representative Spacek		First Name of Employer or Authorized Representative Kim	Employer's Business or Organization Name Bellville ISD	
Employer's Business or Organization Address (Street Number and Name) 518 S Matthews		City or Town Bellville	State TX	ZIP Code 77418

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative Kim Spacek
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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
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

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

Refer to the instructions for more information about acceptable receipts.

BELLVILLE INDEPENDENT SCHOOL DISTRICT
518 S. Mathews • Bellville, Texas 77418 • (979) 865.3133

PAYROLL DIRECT DEPOSIT
Authorization Agreement for Direct Deposits

I hereby authorize Bellville Independent School District to initiate credit entries to my

☐ Checking Account ☐ Savings Account (select one)

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the originator of ACH transactions to my account must comply with the provisions of U. S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____
(Appears between |: symbols on checks/deposit slips)

NOTE: Please attach a voided check for the above named account.

This authorization is to remain in full force and effect until Bellville ISD has received written notification from me of its termination in such time and in such manner as to afford Bellville ISD and DEPOSITORY a reasonable opportunity to act on the request.

Name _____ SS # _____

Date _____ Signature _____

Bill Gates 1500 Microsoft Avenue Bellville, Texas 77418		1196 DATE _____
PAY TO THE ORDER OF _____	\$ _____	
WHOP-TI-DO NATIONAL BANK		DOLLARS _____
: 3 1 4 9 7 4 6 9 9 : 3 9 0 2 6 3 4 1 2 2		1196

Routing Number _____ Account Number _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Updated June 27, 2011

BELLVILLE INDEPENDENT SCHOOL DISTRICT
EMPLOYEE EMERGENCY FORM

NAME: _____ DATE: _____

ADDRESS: _____ DATE OF BIRTH: _____

EMPLOYEE'S SPOUSE: _____ PHONE: _____

SPOUSE PLACE OF EMPLOYMENT: _____ PHONE: _____

NAME OF NEAREST RELATIVE: _____ PHONE: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

PERSON OTHER THAN NEAREST RELATIVE: _____ PHONE: _____

NAME OF PHYSICIAN: _____ PHONE: _____

NAME OF DENTIST: _____ PHONE: _____

IF THE ABOVE PHYSICIAN / DENTIST IS NOT AVAILABLE THE SCHOOL WILL USE ONE THAT IS AVAILABLE.

ARE YOU INTERESTED IN ENROLLING IN OUR HEALTH INSURANCE?

____ YES ____ NO

DOES THE EMPLOYEE HAVE OTHER HEALTH INSURANCE: ____ YES ____ NO

IF YES, NAME OF INSURANCE CO: _____ GROUP # _____

ANY KNOWN ALLERGIES:

DIABETES: ____ HEART DISEASE: ____ BLOOD TYPE: ____

EPILEPSY: ____ HIGH BLOOD PRESSURE: ____ OTHER PROBLEMS: _____

ANY OTHER PERTINENT HEALTH INFORMATION: _____

EMPLOYEE'S SIGNATURE

DATE

Texas Education Agency/Agencia de Educación de Texas
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal
de las Escuelas Públicas de Texas

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race.
 United States Federal Register (71 FR 44866)

Part 1. Ethnicity:

Is the person Hispanic/Latino? (Choose only one)

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

Part 2. Race:

What is the person's race? (Choose one or more)

- ☐ **American Indian or Alaska Native** - 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** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff name (please print)

(Parent/Guardian)/(Staff) signature

Student/Staff Identification number

Date

This space reserved for local school observer — upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

Race – choose one or more:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

Observer signature

Campus

Date

Texas Education Agency – March 2010

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad:

¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- ☐ **Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- ☐ **No Hispano/Latino**

Parte 2. Raza:

¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- ☐ **Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- ☐ **Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- ☐ **Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- ☐ **Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- ☐ **Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal (por favor use letra de imprenta)

Firma (Padre/Representante legal)/(Miembro de personal)

Número de Identificación del Estudiante/
Miembro del personal

Fecha

This space reserved for local school observer — upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

Race – choose one or more:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

Observer signature

Campus

Date

Texas Education Agency – March 2010

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

Employee Name _____ Employee ID# _____
Employer Name _____ Employer ID# _____

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

Windfall Elimination Provision

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

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee _____ Date _____

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

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

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

Employers must:

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

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

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

Employee's Withholding Certificate

OMB No. 1545-0074

2020

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

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

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

Step 2:
Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

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

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

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

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

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

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

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____

- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____

- 3** If line 1 is greater than line 2, subtract the line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____

- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____

- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

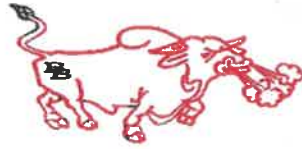
Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

THE FOLLOWING
CONTENT IS FOR
INFORMATION
ONLY, YOU DO
NOT NEED TO
PRINT AND
RETURN



BELLVILLE I.S.D. 2020-2021 PAYROLL DATES

*** CLOSE OUT DATES**
DUE IN PAYROLL OFFICE
BY 9:00 a.m.

August 24, 2020

September 28, 2020
October 26, 2020
November 23, 2020

DECEMBER 20, 2020

January 18, 2021
February 22, 2021
March 22, 2021
April 26, 2021
May 24, 2021
June 28, 2021
July 26, 2021

PAYCHECK ISSUE DATES

September 15, 2020

October 15, 2020
November 15, 2020
December 15, 2020

JANUARY 15, 2021

February 14, 2021
March 12, 2021
April 15, 2021
May 14, 2021
June 15, 2021
July 15, 2021
August 13, 2021

PAY PERIOD

July 27- August 21, 2020

August 22 – September 25, 2020
September 26 – October 23, 2020
October 24– November 20, 2020

NOVEMBER 23 – DECEMBER 18, 2020

December 19 – January 15, 2021
January 16 – February 19, 2021
February 20 – March 19, 2021
March 20 – April 23, 2021
April 24 – May 21, 2021
May 22 – June 25, 2021
June 26 – July 23, 2021

The close-out date is the last day to turn in Daily Report of Absentee personnel forms, bus mileage forms, substitute teacher forms, etc., to be paid on the upcoming payroll. Also payroll deduction changes must be made by this date.

Substitutes will be paid accordingly as stated above.

Kim Spacek
Payroll Coordinator
979-865-7008
03-23-2018


New Employee Logon

New User

Hold your Ctrl button and Click on the url below:

Note: may not copy full address, double check and finish typing if needed (in Chrome)

<https://your.domain.txeis.esc6.net:8443/EmployeePortal/app/login?distid=CCCDDD>



From the Logon page, click **New User**. The New User page will display prompting the user to enter the employee number (in the field social security number) **Only takes six digits**, date of birth, and zip code, **may be work or home zip**. If this information does not match what exists in the district's database for the employee, the user will not be able to create a user ID and password.

- If you are not a new user but have forgotten your password (that is, the employee number is currently associated with a security record user name and password), the **Forgot Password** button is displayed.

Please enter your social security number, date of birth, and zip and click Retrieve.

Social Security Number (no dashes)

Date of Birth (mm dd yyyy)

month day year

Zip Code

Retneve

- In the **Employee Number** field, type your employee number. Leading zeros are required (**six digits**).
- In the **Date of Birth** field, type your date of birth in the mm dd yyyy format.
- In the **Zip Code** field, type your zip code.
- Click .
- If you have never created a user ID and password, and you enter the information correctly, a second New User page is displayed.
- On the second page, the employee number/social security number, date of birth, zip code, last name, and first name are display only. This is the security record that will be attached to your record.

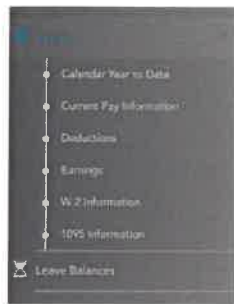
The screenshot shows a registration form titled "ASCENDER EMPLOYEE PORTAL". The form includes the following fields: Employee Number, Date of Birth, Zip Code, Last Name, First Name, a security instruction ("Please enter the security information and click the save button."), User Name, Password, Password Verification, Work E-mail (with the example "lbadger@esc6.net"), Home E-mail, Home E-mail Verification, Hint Question, and Hint Answer. The User Name and Password fields are highlighted in yellow. The Password field shows eight dots. The Hint Answer field has a clear button (X). A "Save" button is at the bottom.

- In the **User Name** field, type your user name.
 - It must be **six to eight characters** and must be unique within the district.
 - It is not case-sensitive.
 - It must be verified to be unique in the system before it is accepted.
 - It links the security information to the employee information via the employee number.
- In the **Password** field, type a password.
 - It must be **eight alphanumeric characters**.
 - It must have one uppercase letter, one lowercase letter, and one number.

- It is case-sensitive.
- It is encrypted in the database.
- In the **Password Verification** field, retype the password for verification and validation.
- In the **Work E-mail/Home E-mail** fields, type your e-mail addresses.
 - An existing e-mail address will be displayed, but cannot be modified.
 - If an e-mail address does not exist, one can be entered.
 - The e-mail address is used for the Forgot Password notification.
- In the **Work E-mail Verification** and **Home E-mail Verification** fields, retype your work and home e-mail addresses for verification.
- In the **Hint Question** field, type the question to be asked in the event that you forget your password. The hint question is displayed on the second Forgot Password page.
- In the **Hint Answer** field, type the answer to the hint question. The field is case-sensitive.
The hint question and hint answer are used for authenticating the user when the password is forgotten.
- Click **Save** to save the information.
Your user name, password, hint question, and hint answer are saved in an internal table.
- There is only one logon per user. An e-mail message will be sent to you confirming a new user was created.
- Received a message that failed to authenticate, yet it let me log in with new settings.



Inquiry expanded view.



Welcome to Region 6 ESC Employee Access Website. Click on Inquiry or Self-Service above to view or change your information.

Each option gives employee a view of payroll information.

On Calendar Year to Date it will even show a time stamp of current day and time you are looking plus last posted pay date. You can also see previous calendar year information.

The Current Pay Information give the employee information in the view that is typically seen on a pay stuff, EFT email.

The Deductions options shows what employee has chosen when first enrolled or after each year insurance renewal. It also shows what employee currently has selected on a W-4 (2019 or older) as far as Marital Status and Number of Exemptions.

Earnings option – not used at Region 6

W-2 and 1095 options – take you to employee electronic copy. There will be a consent to fill out when opening. Select Consent option, Save, then option of Print will be available.

W-2 Information

Please select a calendar year: 2019

Twelve Month Pay: \$2,944.50 - Withholding Tax: 4,793.00 - Payroll:

W-2 Electronic Consent

Custom message here

This confirms that you are participating in the electronic process and you are choosing to print your W-2 through Employee Access.

☐ Yes, I consent to electronic access. I agree to access my W-2 Form electronically as described above and print my W-2 Form. I do not need a printed copy furnished to me.

☐ No, I do not consent to electronic access. I am requesting a paper copy furnished to me.

Save Cancel

Employee Leave Balances:

This will show the leave available. Remember this will have a note referring to the balance are from 10th of previous month.

Leave Balances

Leave Balances are as of the 10th of the previous month.

Please select a frequency type: **Monthly**

Leave Type	Beginning Balance	Advanced / Earned	Pending Earned	Used	Pending Used	Available	Units
DOCTOR VISITS	0.000	0.000	0.000	1.000	0.000	7.000	DAYS
STATE PERSONAL DAYS	26.000	0.000	0.000	0.000	0.000	31.000	DAYS
LOCAL SICK <35 DAYS	3.000	7.000	0.000	0.000	0.000	10.000	DAYS
VACATION AFTER 5 YRS	2.500	15.000	0.000	2.000	0.000	15.500	DAYS

Leave Type: **ALL**

From Date of Leave: **mm-dd-yyyy**

To Date of Leave: **mm-dd-yyyy**

Retrieve

Employee Profile page includes sections for: *Most of this information can be updated by employee and saved. Save is at top of page.*

- Legal Name
- Marital Status
- Driver's License
- Restriction Codes
- Email
- Emergency Contact Information
- Mailing Address
- Phone Numbers

Relationship

Spouse

Spouse

Emergency Notes: text if no answer

text if no answer

Mailing Address

Current

New

Address

Street/P.O. Box

Apt

City

State

TX - TEXAS

TX - TEXAS

Zip

Zip+4

Phone Numbers

Current

New

Home

Cell

Business

ext.

ext.

Undo

Save

Can undo in each section. Save is at top of page for changes on sections Marital Status through

Will let you make changes on sections Marital Status through phone numbers

Anything below red note goes through Payroll/HR

Changes to this section require documentation to be sent to the payroll office before changes are approved. Make your changes in the new boxes and click on SAVE.

Sections: *Changes to this information made by Payroll/HR*

- W4 Marital Status Information
- Direct Deposit Bank Accounts

Changes on this screen require documentation to be sent to the payroll office before changes are approved. Make your changes in the new boxes and click on SAVE

Payroll Frequency: Monthly

W4 Marital Status Information

	Current	New
W4 Marital Status	S - Single	S - Single
Nbr of Exemptions	1	1
Filing Status		M - Married filing jointly
Multi Jobs		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Children under 17		0
Other dependents		0
Other Income		0.00
Deductions		0.00
Other Exemptions		0.00

Some fields will allow changes. Changes may be updated, but final approval is based on documentation turned into Payroll/HR

Update
Undo

Direct Deposit Bank Accounts

	Primary	Current	New
Bank Name			
Bank Acct Nbr			

Update
Undo
Delete

Online Enrollment Instructions

First Financial Group of America is happy to provide you with an on-line web based benefits communication system. Here you can enroll in or make changes to your Cafeteria Plan benefits. Below you will find the easy steps to make your benefit selections. If, during your enrollment, you experience technical difficulty or have trouble maneuvering through the enrollment process, please call our IT help desk line at **1-855-523-8422** 7:00AM-5:00PM Central Standard Time.

System Requirements:

Internet Explorer, 6.0 or above



Adobe Flash player, 5.0 or above



Acrobat Reader, 5.1 or above



The site is best viewed at high resolution
(at least 1024X768).

FFenroll
Enrollment made simple

Enrollment Site

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Benefits Department.

Enrollment Site Login:

Employee ID or Social Security Number:

Personal Identification Number (PIN):

System requirements:

- Internet Explorer, 6.0 or above
- Acrobat Reader, 5.1 or above
- Adobe Flash player, 5 or above

This site is best viewed at high resolution (at least 1024X768).

[Log on](#) [Forgot PIN?](#)

[Security Information](#) [Privacy Policy](#)

Administrative users: login to the [administrative site](#)

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- Point your web browser to <https://ffga.benselect.com/enroll>
- Login ID: your SSN or your Employee ID
- Personal Identification Number (PIN) is the last 4 digits of your SSN and the last 2 digits of the year you were born (this should be a 6 digit number) – You will be prompted to change your PIN. Please note that PIN is your password. Please remember this for future logins. Your PIN may be required on some applications for your electronic signature.

Please note: Rates and benefits reflected in these instructions are not reflective of your employers benefit plans and premiums. Please note that you are not finished until you see **CONGRATULATIONS!**

- You will arrive at the Welcome screen. Use the Navigation buttons the **Next** and **Back** buttons to navigate through the website
- Click **Next** to begin
- Update any **Personal Information** on the following screen (not shown)

First Financial Group of America
First in Service and Expertise

Group: First Financial Demo 2014
Name: MELISSA TESTING (654321)
By: Self-Enroll

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT

Next

Welcome to Your Benefit Enrollment for Plan Year 2015

At First Financial, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- First, review and update any personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click **Next** to begin.

Your Benefit Options

- [Medical](#)
- [Dental](#)
- [Vision](#)
- [Health Savings Account](#)
- [Medical Reimbursement](#)
- [Medical Reimbursement Debit Card](#)
- [Dependent Care Reimbursement](#)
- [Disability](#)
- [Accident](#)
- [Cancer](#)
- [Permanent Life](#)
- [Basic Group Term](#)
- [Employee Group Term](#)
- [Spouse Group Term](#)
- [Child Group Term](#)

Next Press **Next** to review personal information and begin enrollment.

Dependents – Enter all dependent information on this screen. Please enter dependent information on this screen even if you do not plan to cover any of them on your benefit options. This information is requested in the event you have a family status change during the year; so changes can be made with ease.

- Select the **Add** button to add any dependent not already listed
- Enter requested data for the dependent including **Legal name and middle initial** as it appears on the Social Security Card
- Click **Save**
- Continue the process until all dependents are in the system
- Click **Next**

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By: Self-Enroll

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Dependents

Click **Add** to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan.

Click the **Next** button when you are finished. Optional items are in *italics*.

No Dependent Information Available

Add

Deleting a dependent from this screen will not remove them from any benefit they are enrolled in. To remove them from the benefit you will need to re-enroll in that coverage.

Back Next

Please note: Rates and benefits reflected in these instructions are not reflective of your employers benefit plans and premiums. Please note that you are not finished until you see **CONGRATULATIONS!**

Benefit Summary Quick Enroll – This will allow you to re-enroll in your current benefit elections without reviewing them and waive benefits that you are not currently enrolled quickly. Some benefits cannot be **Quick Enrolled** (ex: medical expense reimbursement, group life insurance, etc). Each benefit plan will have different rules for Quick Enroll. Some plan will “carry over” from last year to the new plan year; some will require review and some will be able to be waived. Please see the different examples of Quick Enroll features you may see during enrollment. **Each plan has different enrollment rules. Read over each plan carefully prior to clicking Quick Enroll to ensure that is the election you wish to make for the new plan year.**

Carry Over Plans – if the benefit looks like this, it will “carry over” from what you had last year to the same this year. If you wish to **drop** or **change** the plan, click on **Review** and you will be taken to the plan to make the changes you wish to elect.

☒ Medical

[Review](#)

Plan Name: Medical HMO Coverage Level: Employee + Children

First Name	MI	Last Name	DOB	Sex	Relationship
Betsy	k	TEST	2/2/1981	F	Employee
Bear		TEST	1/3/2009	M	Child
TRACY		TEST	4/1/2012	F	Child

☒

You have completed enrollment in this plan. Your cost per pay period will be

\$600.00

Not Enrolled Plan – if the benefit looks like this, then the plan was not enrolled last year. If you do not want this benefit this year, **Quick Enroll** will keep the benefit waived. If you wish to **add** this benefit click on **Review** and you will be taken to the application screen to select the coverage level.

Health Savings Account

[Quick Enroll](#) [Review](#)



Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

Please note: Rates and benefits reflected in these instructions are not reflective of your employers benefit plans and premiums. Please note that you are not finished until you see **CONGRATULATIONS!**

Non Qualified Plans- there will be some plans that require you to elect another benefit in order for you to become eligible for this benefit. If you want to **add** this benefit, you must first elect the required benefit. (in this example, you must first enroll in the employee group term life and then you can add the spouse term life)



Spouse Group Term

[Review](#)



You must be enrolled in Employee Group Term to participate in Spouse Group Term.

Beneficiary Updates – if the plan indicates **No beneficiary on file** click on **Review** to update your beneficiary. You will need to **Unlock** the benefit to update the beneficiary.



Basic Group Term

[Review](#)

Benefit Amount	Cost
\$10,000.00	\$0.00

Beneficiary Information

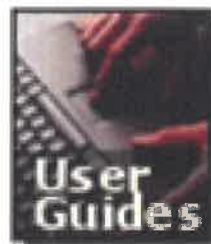
No beneficiary on file.



You have completed enrollment in this plan. Your cost per pay period will be


\$0.00

To view information on different plans – you can access different product brochures to learn more information about each insurance plan by clicking on the **Forms Icon** or the **Benefit Guide Icon** in the top right corner of the screen



Please note: Rates and benefits reflected in these instructions are not reflective of your employers benefit plans and premiums. Please note that you are not finished until you see **CONGRATULATIONS!**

If you do not use the **Quick Enroll** buttons on the **Benefit Summary Screen**, then you be prompted to go to each benefit screen and make your elections for each benefit plan. Once your benefit selections have been made for each plan; you should see one of the following icons next to each plan:


 Enrolled  Waived or Dropped  Not Eligible

Click on the **Next** button to **Review** benefits elections


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MY BENEFITS
SIGN & SUBMIT
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Next


Benefit Summary


Below is a list of your current benefit elections.
For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.


 **Medical** [Review](#)
Plan Name: Medical HMO Coverage Level: Employee + Children


First Name	MI	Last Name	DOB	Sex	Relationship
Betsy	k	TEST	2/2/1981	F	Employee
Ben		TEST	1/3/2009	M	Child
TRACY		TEST	4/1/2012	F	Child


 You have completed enrollment in this plan. Your cost per pay period will be **\$600.00**


 **Dental** [Review](#)
You were previously enrolled in Dental High Plan with level of coverage ES at a cost per pay period of \$25.00
You have elected to WAIVE coverage under this plan.


 **Vision** [Review](#)
You were previously enrolled in Vision Plan with level of coverage EC at a cost per pay period of \$16.00
You have elected to WAIVE coverage under this plan.


 **Health Savings Account** [Review](#)
You have elected to WAIVE coverage under this plan.

 **Medical Reimbursement** [Review](#)
You have elected an annual contribution: \$2,499.96

 You have completed enrollment in this plan. Your cost per pay period will be **\$208.33**

 **Medical Reimbursement Debit Card** [Review](#)
You have elected to WAIVE coverage under this plan.

 **Dependent Care Reimbursement** [Review](#)
You have elected an annual contribution: \$600.00

 You have completed enrollment in this plan. Your cost per pay period will be **\$50.00**

Please note: Rates and benefits reflected in these instructions are not reflective of your employers benefit plans and premiums. Please note that you are not finished until you see **CONGRATULATIONS!**

Sign and Submit

Once you have selected all of your benefits you will come to the **Sign and Submit** screen. The **Form Names** you need to electronically sign will be listed at the bottom of the page.

Click **Next**

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Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions per pay period for each plan.

- Are You Satisfied With Your Elections? If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes? If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left.

Benefit Plan	Description	Pre-tax Cost	Post-tax Cost
Medical	Medical HMO, EC	\$175.00	\$0.00
Dental	Waived		
Vision	Waived		
Health Savings Account	Waived		
Medical Reimbursement	\$2,499.96	\$208.33	\$0.00
Medical Reimbursement Debit Card	Waived		
Dependent Care Reimbursement	\$600	\$50.00	\$0.00
Disability	Waived		
Accident	AFA Accident ES	\$34.90	\$0.00
Cancer	Waived		
Permanent Life	Waived		
Basic Group Term	\$10,000	\$0.00	\$0.00
Employee Group Term	Waived		
Spouse Group Term	N/A		
Child Group Term	N/A		
Total		\$468.23	\$0.00

To complete your enrollment you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Revised
AFA Accident Outline Of Coverage	Not Reviewed	
AFA Accident Settlement	Not Reviewed	
Enrollment Confirmation	Unsigned	

Next

Your applications will appear as you click **Next**. Review each form carefully. Some applications must be printed and signed in ink and returned to your benefits office, please read the instructions at the bottom of the screen for directions on each application.

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT

Sign Forms Page

Benefit Confirmation / Deduction Authorization

First Financial Home Office

Employee: Betsy K. TEST
Employee ID: 000122
Hire Date: 10-03-2011
Gender: F
Home Phone: (840) 123-4567
Work Phone: (840) 555-8888
Address: 123 north main Sadler, TX 75111
Email: Test@ffga.com

Location: Home Office
Position: Staff
Full-time: Full-Time
Department: Teacher

Reason for Completing Form: Open Enrollment

Medical Plan	Option	Cost	Out of Pocket	Effective Date	Monthly Amount	Employee Cost	Employer Cost
Medical	Medical HMO	EC	ES	01/01/2015		175.00	0.00
Dental	Dropped						
Vision	Dropped						
Medical Reimbursement	FFGA Health Care/PSA	SO	IS	01/01/2015	2,500	208.33	0.00
Dependent Care Reimbursement	FFGA Dependent Care PSA	SO	IS	01/01/2015	600	50.00	0.00
Accident	AFA Accident	IS	IS	01/01/2015		34.90	0.00
Basic Group Term	Basic Life with ADD	SO	IS	01/01/2015	10,000		0.00
Total:						468.23	0.00

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rev. 04-11-2007

[Download Form](#) Page 1

Employee: By clicking the Sign Form button, I am electronically signing the form listed above.

Sign Form

Please note: Rates and benefits reflected in these instructions are not reflective of your employers benefit plans and premiums. Please note that you are not finished until you see CONGRATULATIONS!

Sign/Submit Complete

Congratulations!

Your enrollment is complete. Please note that you are not finished until you see **CONGRATULATIONS!**

- Review your benefit selections
- You can login and make changes anytime during open enrollment by going to <https://ffga.benselect.com/enroll>
- Call FFGA IT Help Desk for technical assistance:
1-855-523-8422
7:00am – 5:00pm
Monday –Friday
Central Standard Time

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT Logout

Sign/Submit Complete

Congratulations!

Your enrollments are now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. Scroll down to the bottom of this screen to view a list of your completed enrollment forms.

☒ **Medical**

Plan Name: Medical/HMO Coverage Level: Employee + Children

First Name	MI	Last Name	DOB	Sex	Relationship
Setay	k	TEST	2/2/1981	F	Employee
Ben		TEST	1/3/2009	M	Child
TRACY		TEST	4/1/2012	F	Child

☒ **Dental**

You have elected to WAIVE coverage under this plan.

☒ **Vision**

You have elected to WAIVE coverage under this plan.

☒ **Health Savings Account**

You have elected to WAIVE coverage under this plan.

☒ **Medical Reimbursement**

You have elected an annual contribution: \$2,499.56

☒ **Medical Reimbursement Debit Card**

You have elected to WAIVE coverage under this plan.

☒ **Dependent Care Reimbursement**

You have elected an annual contribution: \$600.00

☒ **Disability**

You have elected to WAIVE coverage under this plan.

You can print or save a copy of your enrollment confirmation and other applications by clicking on **Enrollment Confirmation** at the bottom of the page.
Click **Logout** – Your enroll is complete

Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print.

Press Logout to exit the website.

Form Name	Date Signed/Reviewed
AFA Accident Outline Of Coverage	5/12/2014
AFA Accident Brochure	5/12/2014
Enrollment Confirmation	5/12/2014

Logout



Notice to Employees: Requirements of the Affordable Care Act

As of January 1, 2014, the Affordable Care Act (ACA) requires you to have health insurance for yourself and your dependents. Some people are exempt from this requirement. To learn how to apply for an exemption see *Questions and Answers on the Individual Shared Responsibility Provision*, www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision. If you do not have health insurance and you are not exempt, you may be subject to a penalty (see <https://www.healthcare.gov/fees/fee-for-not-being-covered>).

Enrollment in TRS-ActiveCare satisfies the requirement to have health insurance. The TRS-ActiveCare Enrollment Guide explains who is eligible to enroll in ActiveCare.

Enrollment in another plan, such as through a spouse, parent, or association, also satisfies the requirement to have health insurance if the plan provides minimum essential coverage.

As an alternative to ActiveCare or another health insurance program, you may enroll in insurance through the Health Insurance Marketplace. In Texas, the Marketplace is a federal government program that will offer “one-stop shopping” to find and compare private health insurance options. Most individuals are eligible to enroll in insurance through the Marketplace. For information on the Marketplace, see www.healthcare.gov.

You may be eligible for a premium tax credit or other assistance toward insurance obtained through the Marketplace, depending on your household income. More information on the premium tax credit and other cost sharing provisions is available at www.healthcare.gov. Please note that the district will not contribute to premium costs if you enroll in insurance through the Marketplace. Also, you will lose the benefit of paying the premium with pre-tax income if you purchase insurance through the Marketplace.

You are encouraged to enroll in ActiveCare during open enrollment, if you are eligible or within the first 30 days of hire. You will not be able to enroll in ActiveCare after open enrollment unless you experience a special enrollment event. The district’s section 125 plan (cafeteria plan) does not permit you to drop insurance before the end of the plan year.

Additional information. If you have questions or concerns about the health insurance offered through the district, please contact: Kim Spacek, Payroll Coordinator Bellville ISD. Questions about the Marketplace and how the Affordable Care Act impacts you as an individual should be addressed to www.healthcare.gov or your personal attorney.

Basic Information About Health Care Offered By The District
(to be completed by the district)

If you decide to shop for coverage in the Marketplace, below is the employer information you will enter at www.HealthCare.gov to find out if you are eligible for a premium tax credit.

This information is numbered to correspond to the Marketplace application.

3. Employer name Bellville Independent School District		4. Employer Identification Number (EIN) 74-6000344	
5. Employer Address 518 South Mathews		6. Employer phone number (979) 865-3133	
7. City Bellville	8. State Texas	9. Zip code 77418	
10. Who can we contact about employee health coverage at this job? Business Department			
11. Phone number (if different from above)		12. Email address	

The district offers health coverage through TRS-ActiveCare to all eligible employees and their eligible dependents. Eligibility is described in the ActiveCare Enrollment Guide. The coverage offered by ActiveCare meets the minimum value standard and the cost of this coverage to you is intended to be affordable.

THE FOLLOWING
CONTENT IS FOR
INFORMATION
ONLY, YOU DO
NOT NEED TO
PRINT AND
RETURN