

## NORTH EAST SCHOOL DISTRICT

### Payroll

50 East Division Street  
North East, Pennsylvania 16428  
(814) 725-8671 Ext. 3901

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Welcome to NESD!

Attached you will find the paperwork necessary so that you can be added into the payroll system of the North East School District.

Please complete these forms and return them at your earliest convenience to:

North East School District  
Administration Office  
Attn: Chelsey Ricketts  
50 East Division Street  
North East, PA 16428

**Also, please include a copy of two (2) forms of identification, such as your driver's license or passport, and a copy of your social security card. Your social security number will need verified by your social security card.**

Please expect a call from American Fidelity, our Section 125 Administrator/Compliance.

If you have any questions, please feel free to contact me at 725-8671, Ext. 3901.

Thank you!

Chelsey Ricketts  
Payroll/Personnel

# NORTH EAST SCHOOL DISTRICT

## 2024 - 2025

### PAYROLL SCHEDULE

Administration, Confidential & Other Twelve-Month Employees

26 Pays July 12, 2024 - June 27, 2025

Professional and Other Employees (Less than Twelve Months)

26 Pays September 6, 2024 - August 22, 2025

Pay Date		Bi-Weekly Work Period	Paysheets Due to Bus. Office
07/12/24	Friday	06/17 to 06/30	Monday 07/01
07/26/24	Friday	07/01 to 07/14	Monday 07/15
08/09/24	Friday	07/15 to 07/28	Monday 07/29
08/23/24	Friday	07/29 to 08/11	Monday 08/12
09/06/24	Friday	08/12 to 08/25	Monday 08/26
09/20/24	Friday	08/26 to 09/08	Monday 09/09
10/04/24	Friday	09/09 to 09/22	Monday 09/23
10/18/24	Friday	09/23 to 10/06	Monday 10/07
11/01/24	Friday	10/07 to 10/20	Monday 10/21
11/15/24	Friday	10/21 to 11/03	Monday 11/04
11/29/24	Friday	11/04 to 11/17	Monday 11/18
12/13/24	Friday	11/18 to 12/01	Tuesday 12/03
12/27/24	Friday	12/02 to 12/15	Friday 12/13
01/10/25	Friday	12/16 to 12/29	Friday 12/20
01/24/25	Friday	12/30 to 01/12	Monday 01/13
02/07/25	Friday	01/13 to 01/26	Monday 01/27
02/21/25	Friday	01/27 to 02/09	Monday 02/10
03/07/25	Friday	02/10 to 02/23	Monday 02/24
03/21/25	Friday	02/24 to 03/09	Monday 03/10
04/04/25	Friday	03/10 to 03/23	Monday 03/24
04/18/25	Friday	03/24 to 04/06	Monday 04/07
05/02/25	Friday	04/07 to 04/20	Monday 04/21
05/16/25	Friday	04/21 to 05/04	Monday 05/05
05/30/25	Friday	05/05 to 05/18	Monday 05/19
06/13/25	Friday	05/19 to 06/01	Monday 06/02
06/27/25	Friday	06/02 to 06/15	Monday 06/16
07/11/25	Friday	06/16 to 06/29	Monday 06/30
07/25/25	Friday	06/30 to 07/13	Monday 07/14
08/08/25	Friday	07/14 to 07/27	Monday 07/28
08/22/25	Friday	07/28 to 08/10	Monday 08/11

# NORTH EAST SCHOOL DISTRICT

## 2024-2025 School Calendar **REVISED 12-2024 DUE TO SNOW DAYS**



Month	M	T	W	T	F	Days T/S	Month	M	T	W	T	F	Days T/S
<b>July 2024</b>	1	2	3	4	5		<b>January 2025</b>	6	7	8	9	10	
	15	16	17	18	19			13	14	15	16	17	Days T/S
	22	23	24	25	26			20	21	22	23	24	
	29	30	31					27	28	29	30	31	22/21
<b>August 2024</b>				1	2		<b>February 2025</b>	3	4	5	6	7	
	5	6	7	8	9			10	11	12	13	14	
	12	13	14	15	16			17	18	19	20	21	19/18
	19	20	21	22	23			24	25	26	27	28	20/19
	26	27	28	29	30								
						9/4	<b>March 2025</b>	3	4	5	6	7	
<b>September 2024</b>	2	3	4	5	6			10	11	12	13	14	
	9	10	11	12	13			17	18	19	20	21	
	16	17	18	19	20			24	25	26	27	28	20/20
	23	24	25	26	27			31					21/21
	30					20/20	<b>April 2025</b>		1	2	3	4	
<b>October 2024</b>	7	8	9	10	11			7	8	9	10	11	
	14	15	16	17	18			14	15	16	17	18	
	21	22	23	24	25			21	22	23	24	25	17/17
	28	29	30	31		23/23		28	29	30			18/18
<b>November 2024</b>					1		<b>May 2025</b>				1	2	
	4	5	6	7	8			5	6	7	8	9	
	11	12	13	14	15			12	13	14	15	16	21/21
	18	19	20	21	22			19	20	21	22	23	
	25	26	27	28	29	18/18		26	27	28	29	30	31 - GRAD
<b>December 2024</b>	2	3	4	5	6		<b>June 2025</b>	2	3	4	5	6	
	9	10	11	12	13			9	10	11	12	13	
	16	17	18	19	20			16	17	18	19	20	
	23	24	25	26	27	14/14		23	24	25	26	27	5/4
	30	31				10/10		30					6/5
Students 180 / Teachers 188													

- No School for Students	- Vacation Days	- Half Day Dismissals	T/S = Teacher Days/Student Days
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Black - In-Service / Purple - Work Day

Snow/Emergency Make-up Days:	Makeup days for school closings will be used in the following order: February 17, March 14, April 14, and June 6, 2025		
	If any teacher in-service day becomes a make-up day for instruction, teacher in-service day(s) will be made up after the last day of school.		
<u>August</u> 19 – Teacher Work Day 20, 21, 22 & 26 – Staff In-Service Days 21 & 26 – Meet the Teacher (Schedule at right) 27 – First Day of School for Students  <u>September</u> 2 – Labor Day/Schools Closed  <u>October</u> 11 – In-Service / No School for Students (Act 80) 14 – In-Service / No School for Students (Act 80) 29 – End of 1 <sup>st</sup> Marking Period  <u>November</u> 7 & 8 – Half Day PM Dismissals for Parent/Teacher Conferences 27 – 29 – Thanksgiving Break /Schools Closed  <u>December</u> 2 – Last day of Thanksgiving Break 3,4,5,6 – SNOW DAYS 23 – 31 – Winter Break / Schools Closed	<u>January</u> 1 – New Year’s Day / Schools Closed 20 – Tchr. Work Day / No School K-11 /Sr. Hybrid 23 – End of 2 <sup>nd</sup> Marking Period  <u>February</u> 14 – In-Service / No School for Students 17 – Snow Makeup – School In Session  <u>March</u> 14 – Snow Makeup – School in Session (No ECTS) 28 – End of 3 <sup>rd</sup> Marking Period  <u>April</u> (ECTS in Session April 14 & 15) 14 – In-Service / No School for Students (Act 80) 15 – 18 – Spring Break / Schools Closed 14, 15, 16 – Senior hybrid days  <u>May</u> 26 – Memorial Day – Schools Closed 31 – Saturday GRADUATION / Rain date Sun 6/1  <u>June</u> (June 5 is the last day for ECTS Students) 6 – Half Day Dismissal / Last Student Day K-11 9 – In-Service for Teachers	<b>MEET THE TEACHER</b> <b>4:30 – 6:00 p.m.:</b>  Aug. 21: NEMS and NEHS  Aug. 26: NEES	<u><b>5 Hybrid days for Seniors Only:</b></u>  • January 20, 2025 • February 14, 2025 • April 14, 15, 16, 2025
<b>STANDARDIZED TESTING DATES:</b>			
Keystone Winter Wave 1 Keystone Winter Wave 2		Dec. 4- 18, 2024 Jan. 6 - 17, 2025	
PSSAs English Language Arts (3-8)		April 21 – 25, 2025	
PSSAs Math & Science (3-8) and Make-ups		April 28 – May 2, 2025	
Keystone Spring		May 12 – 23, 2025	
Keystone Summer		July 28 – Aug. 1, 2025	

**Employee's Withholding Certificate**

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.

**2025**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	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 <b>only one</b> of the following. (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b> (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b> (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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . <input type="checkbox"/>
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**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

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

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://www.irs.gov/FormW4).

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**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](http://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 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

<ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul>	}	. . . . .
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**2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories 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 Surviving Spouse**

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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the **Instructions**.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification** on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment  
(mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Ricketts, Chelsey Payroll & Benefits			
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	
North East School District		50 E. Division St. North East, PA 16428	

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.



## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<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 an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <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 individual's status or parole 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               <p style="margin-left: 20px;">For examples, see <b>Section 7</b> and <b>Section 13</b> of the M-274 on <a href="https://uscis.gov/I-9-central">uscis.gov/I-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<b>Acceptable Receipts</b> May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



## RESIDENCY CERTIFICATION FORM

### Local Earned Income Tax Withholding

#### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at [dced.pa.gov/Act32](http://dced.pa.gov/Act32) to determine PSD codes, EIT rates, and tax collector contact information.

#### EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		TOTAL RESIDENT EIT RATE	

#### EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
NORTH EAST SCHOOL DISTRICT			2 5 1 2 0 0 3 0 2	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	PHONE NUMBER	
NORTH EAST	PA	16428	(814) 725-8671	
MUNICIPALITY (City, Borough or Township)				
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		WORK LOCATION NON-RESIDENT EIT RATE	
ERIE				

#### CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES, and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

[dced.pa.gov/Act32](http://dced.pa.gov/Act32)

**NORTH EAST SCHOOL DISTRICT**  
**DRUG-FREE WORKPLACE POLICY**  
**EMPLOYEE SUMMARY**

**Prohibited Drug Activity**

The North East School District prohibits the unlawful manufacture, distribution, dispensation, sales, possession or use of any drug by its employees in its workplace. Each District employee agrees, as a condition of employment, to abide by this policy and to notify his or her supervisor no later than five days after any conviction under a criminal drug statute for a violation that occurred in the workplace.

**Sanctions**

Any District employee who violates the District's policy or who is convicted under a criminal drug statute for a violation occurring in the workplace will be subject to the District's disciplinary procedures up to and including dismissal and may be required to participate satisfactorily in a drug abuse assistance or rehabilitation program.

**Drug-Free Workplace Program**

- A. The District has established a drug-free awareness program to inform employees about:
1. The dangers of drug abuse in the workplace;
  2. The District's policy of maintaining a drug-free workplace through distribution of the policy to all employees;
  3. The availability of drug counseling, rehabilitation and other assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations in the workplace.
- B. Each employee will be given a copy of the District's Drug-Free Workplace Policy.
- C. Each employee, as a condition of employment, must agree to abide by the District's Drug-Free Workplace Policy and to notify his or her supervisor no later than five (5) days after any conviction under a criminal drug statute for a violation that occurred in the workplace. When a supervisor is notified by an employee of such a conviction, he or she will immediately notify the Superintendent or designee. The Superintendent or designee will notify the appropriate federal agency within ten (10) days of receiving such notification.
- D. Within thirty (30) days of the District's receipt of notice that an employee has been convicted under a criminal drug statute for a violation occurring in the workplace, the employee will be subject to the District's disciplinary procedure up to and including dismissal, and may be required to participate satisfactorily in a drug abuse assistance or rehabilitation program.
- E. The District will make a good faith effort to continue to maintain a drug-free workplace through implementation of the above program.

**I acknowledge receipt of the North East School District's Drug-Free Workplace policy. I have reviewed this policy and understand the terms include therein.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NORTH EAST SCHOOL DISTRICT****DRUG-FREE WORKPLACE POLICY NOTIFICATION**

The North East School District is committed to providing a safe work environment and to fostering the well-being and health of its students and employees. That commitment is jeopardized when any District employee illegally uses drugs or alcohol on the job, comes to work with these substances present in his/her body, or possesses, distributes, or sells drugs in the workplace. In establishing this policy, it is the intent of the Board of Directors of the North East School District to make a good faith effort to maintain an alcohol and drug-free workplace.

The District prohibits the unlawful manufacture, distribution, dispensation, sales, possession or use of any controlled substance by its employees in its workplace. Each District employee agrees, as a condition of employment, to abide by this policy and to notify his or her supervisor no later than five days after any conviction under a criminal drug statute for a violation that occurred in the workplace.

For the purposes of this policy, the term "workplace" is defined as any area under the operational control of the District, including but not limited to school property, school-owned vehicles, any other vehicles approved to transport students to and from school or school activities and non-school property used for any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction and/or control of the District. The term "controlled substance" includes any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance as defined in schedules I through V of Section 202 of the Controlled Substances Act, 21 U.S.C. § 812, and as further defined by regulations at 21 CFR §§ 1300.11 - 1300.15.

District employees who violate the District's policy will be subject to the District's disciplinary procedures up to and including dismissal and may be required to participate satisfactorily in a drug abuse assistance or rehabilitation program.

Pursuant to the Drug Free Workplace Act, employees must report any conviction under a criminal drug statute for violations occurring in the workplace within five (5) days after such conviction. The Drug Free Workplace Act requires the District, within ten (10) days of receiving notice of the conviction, to notify the appropriate federal agency of such conviction. Within thirty (30) days of the District's receipt of notice that an employee has been convicted under a criminal drug statute for a violation occurring in the workplace, the employee will be subject to the District's disciplinary procedure up to and including dismissal, and may be required to participate satisfactorily in a drug abuse assistance or rehabilitation program.

Additionally, Section 5-527 of the Pennsylvania Public School Code, 24 P.S. § 5-527, requires that any employee of the North East School District who is convicted of the delivery of a controlled substance or convicted of the possession of a controlled substance with the intent to deliver shall be terminated from his or her employment with the District, irrespective of where the violation occurred.

The District will provide each employee with a copy of the policy. The District will also make available printed material that describes the effects of alcohol and/or controlled substances on the individual's health, work and personal life, as well as information on the signs and symptoms of alcohol or controlled substances and methods of treatment or intervention for drug or alcohol abuse. Additionally, any employee in need of assistance because of a drug or alcohol related problem, may contact any of the following for assistance.

Alcoholics Anonymous		452-2675
Catholic Charities	329 W. 10 <sup>th</sup> Street, Erie	456-2091
Gaudenzia	414 W. 5 <sup>th</sup> Street, Erie	459-4775
	141 W. 11 <sup>th</sup> Street, Erie	456-6304
Millcreek Community Hospital	5515 Peach Street, Erie	868-8311
Pyramid Health	1224 French Street, Erie	456-2203
Stairways	2919 State Street, Erie	464-8438

**NORTH EAST SCHOOL DISTRICT**  
**BUSINESS OFFICE**  
**50 EAST DIVISION STREET**  
**NORTH EAST, PENNSYLVANIA 16428**  
**(814) 725-8671**

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TO: PART TIME and SUBSTITUTE / TEMP STAFF

FROM: CHELSEY RICKETTS, PAYROLL

RE: PSERS RETIREMENT SYSTEM

PA Public School Employees' Retirement System (PSERS) regulations mandate that all persons employed in any capacity in Pennsylvania public school districts are enrolled in PSERS. This means that your service will be reported to PSERS and the District will withhold contributions from your earnings for PSERS. You will receive correspondence at home from PSERS related to your eligibility and required elections, etc.

Effective July 1, 2019, new hires and qualifying members have two components to PSERS contribution withholdings. There is a defined benefit (DB) component and a defined contribution (DC) component. Please refer to the *PSERS Information for New School Employees* hand out for definitions and more explanation.

The District will withhold contributions for the DB component which is 5.50%. The amount withheld will be returned to you by PSERS if you do not qualify for membership. DC contributions cannot be withheld until you qualify for membership. The District must withhold both DB and DC contributions for a combined 8.25% once you meet PSERS membership eligibility requirements. Minimum service requirements for part-time hourly and part-time per diem employees are 500 hours or 80 days, respectively.

Part-time employees may waive membership in PSERS. To qualify for the waiver, a part-time employee must have an Individual Retirement Account and request a waiver within 90 days of notification from PSERS that they qualify for PSERS membership. When you waive membership in PSERS, you forfeit all future rights to benefits for the waived time period. The District will continue to withhold DB and/or DC contributions until notified by PSERS of your approved waiver.

Please feel free to stop in or call me at 725-8671 ext. 3901 with any questions you may have regarding paychecks or PSERS. My hours are 7:45 AM - 4:00 PM during the school year, or 8:00 AM - 2:30 PM during the summer months. For further information on the PSERS retirement system, please visit their website at [www.psers.state.pa.us](http://www.psers.state.pa.us) or call PSERS toll free at (888) 773-7748.

**Response Form Attached:**  
**Please Complete and Return to the Business Office ASAP**



**PSERS ELECTION: PART TIME or SUB/TEMP STAFF**

**Employee Name:** \_\_\_\_\_

**Please check one (1) option below and return this form to the Business Office:**

\_\_\_\_\_ I am already an active member of PSERS through another school district.  
Please deduct contributions toward my PSERS retirement account.

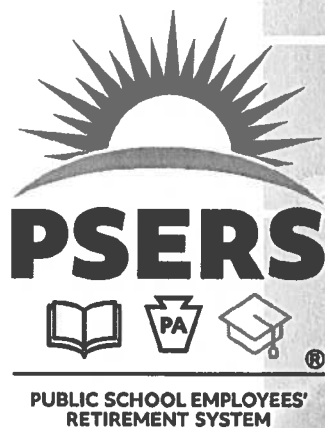
Membership Class: \_\_\_\_\_ Rate: \_\_\_\_\_

\_\_\_\_\_ I have never been a member of PSERS.  
Please enroll me in the PSERS retirement system and immediately begin payroll  
deductions of DB contributions of 5.50% of gross to be sent to my retirement account.  
I understand that my contributions will be automatically refunded by PSERS  
if I do not reach the minimum of 500 hours or 80 days in the school year.

\_\_\_\_\_ I am a PSERS retiree, collecting a monthly benefit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Information for New School Employees

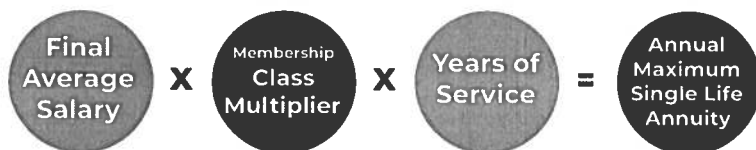


## About PSERS

PSERS is a governmental, cost-sharing, multiple-employer pension plan to which public school employers, the Commonwealth, and school employees (members) contribute. Once you qualify for membership, you will have the option to elect one of two membership classes consisting of defined benefit (DB) and defined contribution (DC) components or a standalone DC membership class.

### PSERS Defined Benefit (DB) Plan

In the DB plan, the retirement benefit is based on a formula that includes a pension multiplier, your credited years of service, and your final average salary.



### PSERS Defined Contribution (DC) Plan

In the DC Plan, the retirement benefit is based on the amount of contributions made to the plan and the investment performance of those contributions. Your DC contributions and earnings, if any, are available for you to withdraw when you retire or leave employment. Class DC has only a DC component.



Class T-C, Class T-D, Class T-E, and Class T-F have only a DB component. Class T-G and Class T-H have both DB and DC components. Class DC has only a DC component.

## Questions?

### PSERS Retirement Plan Information:

5 N 5th Street | Harrisburg PA 17101-1905  
Toll-Free: 1.888.773.7748 (8 a.m. - 5 p.m., M-F)  
Harrisburg Local: 717.787.8540  
Website: [psers.pa.gov](http://psers.pa.gov)  
Send us a Secure Message in Your MSS Account!

### PSERS DC Plan Information:

Toll-Free: 1.833.432.6627 (8 a.m. - 8 p.m., M-F)  
Participant Web: [PSERSDC.voya.com](http://PSERSDC.voya.com)

## With PSERS, you're on your way!

The Public School Employees' Retirement System (PSERS) and your school employer have partnered to assist you with planning and saving for your retirement.

When you become a PSERS member, you join one of the nation's largest public pension funds. That means you're now in good company with more than 500,000 fellow PSERS members.

PSERS has been proudly serving Pennsylvania public school employees for the past 100 years. In FY 2022 alone, PSERS disbursed more than \$6.6 billion to retirees. When it's your turn to retire, you can count on PSERS to be there for you and your retirement journey.

## Access your retirement account online, anytime.

Sign up for PSERS Member Self-Service (MSS) Portal! Your PSERS MSS account provides you with 24-hour access to view correspondence and newsletters, update your address and beneficiaries, view pension payment history, generate retirement estimates, and more. Scan the QR Code before to register for your account today!



## Qualifying for PSERS Membership

All full-time employees must become members of PSERS and must make retirement contributions starting their first day of employment. "Full-time," for retirement purposes with PSERS, is defined as employees who work 5 or more hours a day/5 days a week or its equivalent (25 or more hours a week), even if your employer considers you to be part-time.

Part-time salaried employees qualify for PSERS membership as of their first day of employment and must have retirement contributions withheld.

Part-time hourly and part-time per diem employees must meet minimum service requirements to qualify for PSERS membership (500 hours or 80 days). Once you meet membership requirements, subsequent service for any school employer is qualified service unless there is a break in membership. Refer to PSERS Active Member Handbook for more information.

Part-time employees may waive membership in PSERS. To qualify for the waiver, a part-time employee must have an Individual Retirement Account and request a waiver within 90 days of notification from PSERS that they qualify for PSERS membership. When you waive membership in PSERS, you forfeit all future rights to benefits for the waived time period.

## Withheld Contributions

Your employer will withhold contributions beginning with your first day of qualifying PSERS service. If you are a full-time or part-time salaried employee, this will be your first day of employment.

If you are a part-time hourly or per diem employee, your employer can choose to withhold contributions for the PSERS DB plan. Any contributions withheld will be returned to you if you do not qualify for membership. Contributions cannot be withheld for the DC Plan until you qualify for membership. Once you meet PSERS membership eligibility requirements, your employer must withhold both DB and DC contributions.

The amount withheld is determined by your membership class. If you previously were a PSERS member, you will remain in your previous membership class and your employer will withhold contributions at the rate for that class.

Please visit [PSERS.pa.gov](http://PSERS.pa.gov) for the current member contribution rates.

## Membership Class of Service

For school employees who become new members of PSERS on or after July 1, 2019, there are three membership classes with different retirement contribution rates and benefits with PSERS: Class T-G, Class T-H, and Class DC. New members are automatically enrolled as Class T-G, but have a one-time opportunity to elect Class T-H or Class DC membership.



Look for class election material from PSERS when your election period is open. Your election material will arrive through your PSERS Member Self-Service (MSS) account if you signed up or in the mail if you did not sign up for MSS. Additional information is also on the PSERS website. To assist you in deciding which membership class is right for you, take advantage of PSERS Membership Class Election Calculator online.

## Retired Members Returning to Service

The Retirement Code restricts PSERS retirees from working for a public school in any capacity, full-time or part-time, qualifying or non-qualifying service, while receiving a PSERS retirement benefit except under limited circumstances. If you are a PSERS retiree and return to Pennsylvania public school service as a school employee, your monthly retirement benefit will be stopped unless a return to service exception is approved by the employer and PSERS. Please visit the PSERS website or contact PSERS for more information.

## Your Responsibilities

Please refer to PSERS website for *PSERS Active Member Handbook* and other detailed information.

- ☒ **Read PSERS Communications:** Once qualified, new members will receive some important items such as the *Welcome Packet* and *Class Election Packet* (if applicable). If you have a PSERS Member Self-Service (MSS) account, you are automatically enrolled in Paperless Delivery which means that PSERS will deliver information to you electronically instead of through physical mail. You should check your account periodically to ensure you do not miss important information.
- ☒ **Nominate and Maintain Beneficiaries:** A beneficiary is the person(s) or entity(ies) you wish to receive your retirement benefits upon your death. You may nominate and change your beneficiary nomination electronically at any time through the MSS Portal. Alternatively, you may submit a *Nomination of Beneficiaries* (PSRS-187) form to PSERS. Please note that your most recently submitted Nomination of Beneficiaries will supersede previous nominations.
- ☒ **Review information on PSERS website and take advantage of available resources** such as free Foundations for Your Future (FFYF) programs conducted by PSERS retirement representatives.
- ☒ **Keep your email and mailing address current** through the MSS Portal.



**MEMO TO:** ALL NEW EMPLOYEES

**FROM:** DR. MICHELE S. HARTZELL, SUPERINTENDENT

**RE:** SAFESCHOOLS ONLINE TRAININGS and POLICY REVIEWS

Pennsylvania Act 126 of 2012 mandates training in the recognition and reporting of suspected child abuse for all PA public school employees. This is a 3-hour training which **must be completed on your own prior to your first day of work with the school district** and then repeated every 5 years in order to retain your employment with the district. If you have already completed this training elsewhere, please be sure to provide a copy of your certificate for your personnel file.

Act 126 training is available online for all North East School District employees. Please visit the district's website at [www.nesd1.org](http://www.nesd1.org), click on the Staff tab at far right and then scroll down to click on the large white box in the middle of the Staff page labeled "Safe Schools Training". **Your user name will be your first initial followed by your last name. There is No Password needed.**

Act 126 online training is broken into two sessions which are then divided into smaller segments. You may review these all in one setting or over time in increments, at your convenience, but both sessions must be completed prior to your first day of work. If you do not have easy internet access or would like assistance, please contact the superintendent's office at 725-8671 ext. 3906 and we will be happy to set you up on a computer in the business office to fulfill this requirement.

Depending upon your job description with the school district, you will also see other board policies posted in Safe Schools for either suggested or mandatory review. **Any mandatory board policies posted for you should please be reviewed within the first 30 days of your employment with the district.** Coaches PIAA training must be completed by the end of the first school year that you coach. The Act 126 training is the only one that is mandated by law to be completed before you may begin work.

Please contact the superintendent's office with any questions or for assistance.

Thank you very much for your attention to this matter. We look forward to working with you!

# WORKERS' COMPENSATION INFORMATION

(1) The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

(2) Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

(3) You should report immediately any injury or work-related illness to your employer.

(4) Your benefits could be delayed or denied if you do not notify your employer immediately.

(5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

(6) The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); [www.state.pa.us](http://www.state.pa.us), PA Keyword: workers comp.

## EMPLOYEE INITIAL ACKNOWLEDGEMENT OF RECEIPT OF WORKERS' COMPENSATION INFORMATION

**I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE WORKERS' COMPENSATION INFORMATION PROVIDED HEREIN.**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF WORKERS' COMPENSATION INFORMATION AT OR SOON AFTER THE TIME OF CLAIMED WORK INJURY**  
**I HEREBY ACKNOWLEDGE THAT I HAVE AGAIN RECEIVED AND RE-READ THE WORKERS' COMPENSATION INFORMATION PROVIDED HEREIN.**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

The Pennsylvania Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his/her employment and causally related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider; however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer's premises. If you are faced with a medical emergency, you may secure assistance from a hospital or physician/health care provider of your choice. However, once the emergency no longer exists, the injured employee must treat with a listed provider for the remainder of the ninety (90) day period.

During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another, and your employer will pay for that treatment.

If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for the treatment rendered by the provider to whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you are personally responsible for payment for those services.

You have the right to seek treatment from any health care provider at the expiration of the ninety (90) day period from the date of first visit. Your employer will pay for this treatment unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Workers' Compensation Act.

Your employer will be responsible for the cost of that treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from non-designated health care provider and only if that notice is provided to your employer within five (5) days of the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should a designated health care provider prescribe invasive surgery, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion.

**I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE PENNSYLVANIA WORKERS' COMPENSATION ACT AS SET FORTH HEREIN.**

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**Employee Name**

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**Employee Signature**

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**Date**

**EMPLOYEE RE-NOTIFICATION AT OR NEAR THE TIME OF THE CLAIMED WORK INJURY**  
I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Pennsylvania Workers' Compensation Act. I have received a copy of this workers' compensation employee notification form.

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**Employee Name**

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**Employee Signature**

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**Date**



# North East School District - North East

Your Workers' Compensation Insurance Carrier is:



PO Box 6762 Pittsburgh, PA 15212

Phone: 1-888-280-5225

## REMEMBER, IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR WORK INJURY.

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to ensure that your medical treatment will be paid for by your employer or its insurance company, you must select from one of the following health care providers. You must continue to visit one of the providers listed below, if you need treatment, for ninety (90) days from the date of your first visit.
3. If one of the providers below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
4. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
5. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer designated provider for up to 180 days.
6. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

## FOR ASSISTANCE IN SCHEDULING APPOINTMENTS, PLEASE CALL PREMIER COMP TOLL FREE 24 HOURS/7 DAYS A WEEK AT 1-888-594-4001

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Area of Specialty</u>
MedExpress (Multiple Locations)	5039 Peach Street Erie, PA 16509 Location #: 814-866-1443	1-888-594-4001	Urgent Care/Occupational Medicine
AHN - St. Vincent Occupational Health (Multiple Locations)	4950 Buffalo Road East Side Health + Wellness Pavilion Erie, PA 16510 Location #: 814-897-2557	1-888-594-4001	Occupational Medicine
Orthopedic & Sports Medicine of Erie - UPMC	100 Peach Street, Suite 400 Erie, PA 16507 Location #: 814-454-8287	1-888-594-4001	Orthopedics
Whole Health Orthopedic Institute	3347 West 12th Street Suite 104 Erie, PA 16505 Location #: 814-333-7109	1-888-594-4001	Orthopedics
Greater Erie Niagara Surgery	315 York Street Corry, PA 16407 Location #: 814-454-1142	1-888-594-4001	General Surgery
AHN Neuroscience (Multiple Locations)	2315 Myrtle Street, L90 Erie, PA 16502 Location #: 814-452-7575	1-888-594-4001	Neurosurgery
Scott A. Griffith, MD (Multiple Locations)	41 South Lake Street North East, PA 16428 Location #: 814-725-3304	1-888-594-4001	Ophthalmology

### CONVENIENT NETWORK LOCATIONS LISTED BELOW

Premier Comp PT Network	Call Toll Free for Closest Location	1-888-594-4001	Physical Therapy
Premier Comp MRI Network	Call Toll Free for Closest Location	1-888-594-4001	MRIs
Optum	Call Toll Free for Closest Location	1-800-964-2531	Pharmacy

**Panel Date: 6/12/2024**

# LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year \_\_\_\_\_

## APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax where you are principally employed.
- This application for exemption from the Local Services Tax must be signed and dated.
- **No exemption will be approved until proper documentation has been received.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Zip: \_\_\_\_\_

### REASON FOR EXEMPTION

1. \_\_\_\_\_ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**
2. \_\_\_\_\_ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN \_\_\_\_\_ (municipality or school district) WILL BE LESS THAN \$ \_\_\_\_\_. Attach copies of your last pay statements or your W-2 for the year prior.  
  
If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
3. \_\_\_\_\_ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
4. \_\_\_\_\_ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

**EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.**

Tax Office: Berkheimer Tax Administrator  
Address: PO Box 25156  
City/State: Lehigh Valley, PA

Phone #: (610) 588-0965  
Zip: 18002

### IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the levied rate exceeds \$10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

LST Exemption 10-07

**Employment Information:** List all places of employment for the applicable tax year. Please list your **PRIMARY EMPLOYER** under #1 below and your secondary employers under the other columns. If self employed, write SELF under Employer Name column.

	1. PRIMARY EMPLOYER	2.	3.
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

	4.	5.	6.
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

**PLEASE NOTE:**

All information received by the Tax Collector is considered to be **CONFIDENTIAL** and is only used for official purposes relating to the collection, administration and enforcement of the **LOCAL SERVICES TAX**.

**I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NORTH EAST SCHOOL DISTRICT  
DIRECT DEPOSIT REQUEST**

*For Office Use Only:*

**Employee Name:** \_\_\_\_\_

Date Entered:
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\_\_\_\_\_ **NET DEPOSIT:**

Please deposit my net paycheck to the following account:

Name of financial institution: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Transit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_ Checking          \_\_\_\_\_ Savings

\_\_\_\_\_ **FIXED AMOUNT:**

Please deduct \$\_\_\_\_\_ biweekly to be sent to the following account:

Name of financial institution: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Transit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_ Checking          \_\_\_\_\_ Savings

**Signature** \_\_\_\_\_

**Payroll Effective Date** \_\_\_\_\_

*Please attach a voided check or deposit slip from the above account(s)*



# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>12</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>12</sup> An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

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