1. Complete the top portion of the first page in this packet.
2. Take this entire packet to the department you are applying for work.
3. Once hired, complete the rest of the packet and return to the Supervisor hiring you.
STUDENT EMPLOYMENT APPLICATION

Applicant Information

SEMESTER: FALL □ SPRING □ SUMMER □ CALENDAR YEAR: _____________

Department in which you are applying: ___________________________ Position applying for: ___________________________

Applicant Name: ___________________________________________ Date: _____________

Last First M.I.

Home Address: ___________________________________________

Street City State Zip Code

Cell Phone: ___________________________ Home Phone: ___________________________ Email Address: ___________________________

Are you 18 years of age or older? Yes □ No □ If no, give date of birth: ___________ Social Security last 4#’s: XXX-XX-__________

Do you currently attend Geneva College? Yes □ No □ Geneva Student I.D. #: ___________ Geneva Box #: ___________

Enrollment Status: Full-Time □ Part-Time □ Number of Credits anticipated during term of employment for which you are applying ___________

Fall Class Status: Fr □ So □ Jr □ Sr □ Grad □ Major: ___________________________

Have you been granted Work-Study Funds in your Financial Aid Award Letter? Yes □ No □ Don’t Know □

Are you authorized to work in the U.S.? Yes □ No □ If no, will you require sponsorship? Yes □ No □

Have you completed a New Hire Packet or received a paycheck for work from Geneva in the past? Yes □ No □

If yes, which department and when? ________________________________________________

Earliest Date you can begin working? _____________ Are you able to work the entire semester? Yes □ No □

Please list any unique/specific skills and/or experience you possess that you think the department you are applying for could utilize.

Have you ever been convicted or plead guilty to a felony or misdemeanor? (Do not include minor traffic violations.) Yes □ No □

If yes, list the date of the conviction(s), the name/location of the court in which convicted, and a description of the nature of the crime.

Attach additional pages if necessary.

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission of information will be grounds for immediate dismissal. I further authorize the College to investigate and/or verify any information on this application or other supporting documents.

Applicant Signature: ___________________________ Date: _____________

TO BE COMPLETED BY HIRING SUPERVISOR

PLEASE PRINT

Starting Date: _____________

Supervisor: ___________________________ Department: ___________________________ Account #: ___________________________

Wage Rate (Check One): □ $7.25 - Minimum Wage □ Other: $ ___________________________

(Please explain rationale if wage rate is other than minimum wage)

Duties: ___________________________

Supervisor’s Signature: ___________________________

Check this box if you will be requesting tech services for this student.

Check this box if your student will have direct contact with minors in their work other than prospective or matriculated students at Geneva College. This will require PA Act 153 Clearances that must be complete and on file in HR before work can begin.

Human Resources Approval: ___________________________ Date: _____________

Payroll: ___________________________
INSTRUCTIONS FOR COMPLETING YOUR FORM W-4

To complete the Form W-4 you only need to fill out the bottom portion of the page, numbers 1-5, and sign at the bottom.

1. Print your first name, middle initial and last name. Write in your home address including number and street name.
2. Fill in your Social Security number.
3. Check the appropriate boxes.
4. If your last name is different than the name on your Social Security Card, check the box.
5. Write in the total number of allowances that you are claiming.

**Read and understand the statement**

**Be sure to sign the document**
Form W-4 (2015)

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

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

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $850 of unearned income (for example, interest and dividends).

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

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

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

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax, if you have pension or annuity income, see Pub. 555 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Nonresident alien. If you are a nonresident alien, see Notice 1382, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, see Pub. 505 to see how much you are having withheld compared to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed $100,000 (Single) or $150,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release 6) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

<table>
<thead>
<tr>
<th>A</th>
<th>Enter &quot;1&quot; for yourself if no one else can claim you as a dependent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Enter &quot;1&quot; if:</td>
</tr>
<tr>
<td>C</td>
<td>Enter &quot;1&quot; for your spouse. But, you may choose to enter &quot;0-0&quot; if you are married and have either a working spouse or more than one job. (Entering &quot;0-0&quot; may help you avoid having too little tax withheld.)</td>
</tr>
<tr>
<td>D</td>
<td>Enter number of dependents (other than your spouse or yourself) you will claim on your tax return</td>
</tr>
<tr>
<td>E</td>
<td>Enter &quot;1&quot; if you will file as head of household on your tax return (see conditions under Head of household above)</td>
</tr>
<tr>
<td>F</td>
<td>Enter &quot;1&quot; if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 505, Child and Dependent Care Expenses, for details.)</td>
</tr>
<tr>
<td>G</td>
<td>Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</td>
</tr>
<tr>
<td>H</td>
<td>Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)</td>
</tr>
</tbody>
</table>

For accuracy, complete all worksheets that apply.

If you plan to itemize or claim adjustments to income and want to reduce your witholding, see the Deductions and Adjustments Worksheet on page 2.

If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Employee’s Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial

2 Last name

3 Single □ Married □ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1212 for a replacement card. □

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:

□ Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
□ This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt here."

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s signature (This form is not valid unless you sign it.)

Date

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

9 Office code (optional)

10 Employer Identification number (EIN)

Geneva College, 3260 College Avenue, Beaver Falls, PA 15010

Cat. No. 102020Q

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Form W-4 (2015)
Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1. Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over $309,900 and you are married filing jointly or are a qualifying widow(er); $284,050 if you are a head of household; $259,250 if you are single and not head of household or a qualifying widow(er); or $154,950 if you are married filing separately. See Pub. 505 for details.

2. Enter:
   - $12,300 if married filing jointly or qualifying widow(er)
   - \$9,250 if head of household
   - \$6,300 if single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "-0-".

4. Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505).

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2015 Form W-4 worksheet in Pub. 505.)

6. Enter an estimate of your 2015 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero or less, enter "-0-".

8. Divide the amount on line 5 by \$4,000 and enter the result here. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "39".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married Filing Jointly</td>
<td>All Others</td>
</tr>
<tr>
<td>If wages from LOWEST paying job are</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>6,001 - 13,000</td>
<td>1</td>
</tr>
<tr>
<td>13,001 - 24,000</td>
<td>2</td>
</tr>
<tr>
<td>25,001 - 34,000</td>
<td>3</td>
</tr>
<tr>
<td>35,001 - 44,000</td>
<td>4</td>
</tr>
<tr>
<td>44,001 - 50,000</td>
<td>5</td>
</tr>
<tr>
<td>50,001 - 65,000</td>
<td>6</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>7</td>
</tr>
<tr>
<td>75,001 - 95,000</td>
<td>8</td>
</tr>
<tr>
<td>95,001 - 110,000</td>
<td>9</td>
</tr>
<tr>
<td>100,001 - 115,000</td>
<td>10</td>
</tr>
<tr>
<td>115,001 - 130,000</td>
<td>11</td>
</tr>
<tr>
<td>130,001 - 140,000</td>
<td>12</td>
</tr>
<tr>
<td>140,001 - 150,000</td>
<td>13</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>14</td>
</tr>
</tbody>
</table>

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 6102 and 6109 and their regulations require you to provide this information. Your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax 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. Before you respond, you may have to verify that the form displays this number.

The average time and expense required to complete this form may 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.
HOW TO FILL OUT YOUR I-9 FORM
(Department of Homeland Security)

1. Complete Section 1 of this form.

2. You will also need to bring two original forms of eligible I.D. to the hiring supervisor or Human Resources. Acceptable forms of I.D.’s are listed on the third page of this form. An example would be a driver’s license and social security card.

3. Your paperwork cannot be processed and you cannot begin work until the supervisor or Human Resources are shown the original documents needed.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire 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 Sections I-V of Form I-9 on or before the first day of employment, but not before arriving at work.

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

☐ A citizen of the United States
☐ A noncitizen national of the United States (See Instructions)
☐ A lawful permanent resident (Alien Registration Number/USCIS Number): ____________________________

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____________________. Some aliens may write "N/A" in this field.
(See Instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: ____________________________

OR

2. Form I-94 Admission Number: ____________________________

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: ____________________________

Country of issuance: ____________________________

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See Instructions)

Signature of Employee: ____________________________

Date (mm/dd/yyyy): ____________________________

Preparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee):

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

__________________________
Signature of Preparer or Translator:

__________________________
Date (mm/dd/yyyy): ____________________________

__________________________
Last Name (Family Name)

__________________________
First Name (Given Name)

__________________________
Address (Street Number and Name)

__________________________
City or Town

__________________________
State

__________________________
Zip Code

__________________________
Employee Completes Next Page

__________________________
Preparer or Translator Completes Next Page
### Section 2. Employer or Authorized Representative Review and Verification

Employee Last Name, First Name and Middle Initial from Section 1:

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td></td>
</tr>
</tbody>
</table>

#### 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.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Geneva College</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>3200 College Avenue</td>
<td>Beaver Falls</td>
<td>PA</td>
</tr>
</tbody>
</table>

### Section 3. Reverification and Rehires

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |

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: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |

Form I-9 03/08/13 N
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>3. School ID card with a photograph</td>
<td></td>
</tr>
<tr>
<td>4. Voter's registration card</td>
<td></td>
</tr>
<tr>
<td>5. U.S. Military card or draft record</td>
<td></td>
</tr>
<tr>
<td>6. Military dependent's ID card</td>
<td></td>
</tr>
<tr>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
</tr>
<tr>
<td>8. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>9. Driver's license issued by a Canadian government authority</td>
<td></td>
</tr>
<tr>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
<td></td>
</tr>
<tr>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
<td></td>
</tr>
<tr>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
</tr>
<tr>
<td>5. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>6. U.S. Citizen ID Card (Form I-167)</td>
<td></td>
</tr>
<tr>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
</tr>
<tr>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
</tr>
</tbody>
</table>

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
SIGN AND READ
THE
FOLLOWING THREE PAGES

1. **Worker's Compensation Notification**
   This form gives you instructions if you are hurt while working. Read both sides and sign the form.

2. **Substance Abuse Policy**
   Please read and sign this form.

3. **Student Confidentiality Agreement**
   Please read and sign this form.
Workers' Compensation
Employee Acknowledgement of Rights & Responsibilities
Employer: Geneva College

In Pennsylvania, the workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of work-related injury.

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.

You should report immediately any injury or work-related illness to your employer. Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge. The Bureau of Worker's 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) 482-2382; Telephone number outside of this Commonwealth (717) 772-4477; TTY (800) 362-4228 (for hearing and speech impaired only); www.state.pa.us – PA Keyword: workers comp.

I also acknowledge that I have been presented with this written notice setting forth my rights and duties under Section 306(C)(1)(f) of the Pennsylvania Worker's Compensation Act. My right and duties include the following:

1. I recognize and agree that my employer has posted a list of at least six (6) health care providers, at least (3) three of which are physicians and no more than four (4) of which are coordinated care organizations (CCO). I further agree that my employer has provided the name, address, and telephone number, and area of medical specialty of each designated provider on the list.

2. I have the duty to obtain treatment for work-related illnesses from one or more of the designated health care providers listed below for ninety (90) days from the date of the first visit to a designated provider.

3. As long as treatment is obtained from a designated provider during the ninety (90) day period, all reasonable medical supplies and treatment related to the injury will be paid by my employer.

4. I have the right to switch from one designated provider on the list to another during the ninety (90) day period and my employer must pay for this treatment.

5. If I am referred by a designated provider to a non-designated provider, my employer shall provide for the treatment, rendered by the referral provider.

6. I have the right to seek emergency medical treatment from any provider, but I understand that subsequent non-emergency treatment must be rendered by a designated provider for the remainder of the ninety (90) day period.

7. I have the right during the ninety (90) day period to seek medical treatment from a non-designated provider, but I understand my employer is not responsible to pay for these services.

8. After the expiration of ninety (90) days, I have the right to seek treatment from any health care provider, and my employer must pay for such treatment if it is reasonable and necessary.

9. If I treat with a non-designated health care provider after the expiration of ninety (90) day period, I understand that I must provide my employer notice within five (5) days of my first treatment with the non-designated provider. If I fail to do so, my employer may not be responsible to pay for the treatment rendered by the non-designated provider prior to notification; and,

10. If the designated provider recommends invasive surgery, I am entitled to receive an additional opinion from any health care provider of my choice. If the additional opinion differs from that of the designated provider, I am entitled to select which course of treatment to follow. However, if I choose to follow the recommendation of my health care provider (the additional opinion), the procedure shall be performed by one or more of the designated providers for a period of ninety (90) days from the date of the visit to my health care provider (date of examination of the additional opinion.)

_____________________________ , employee of, Geneva College ____________________, hereby certify that I was provided with the above statement and attached Provider Panel.

Employee Signature __________________________ Date ____________

Witness Signature __________________________ Date ____________
SUBSTANCE ABUSE POLICY

Geneva College is committed to providing a safe work environment and to fostering the well being and health of its employees. The College's long-standing policy has been to prohibit the use of illegal drugs, alcoholic beverages, and abuse of ethical substances on College property. That commitment is jeopardized when any College employee uses drugs or alcoholic beverages on the job, comes to work under their influence, or possesses, distributes or sells illegal drugs in the workplace. Therefore, the College has established the following policy:

➢ It is a violation of College policy for any employee to possess, sell, trade, or offer for sale illegal drugs or alcoholic beverages on the job, or otherwise engage in the use of such substances during work hours.

➢ It is a violation of College policy for anyone to report to work under the influence of illegal drugs or alcoholic beverages.

➢ It shall be a condition of employment for employees to submit to drug testing under the following circumstances:
   • When drug screening is part of a pre-employment physical exam;
   • When there is reasonable suspicion that an employee is not fit-for-duty or is engaging in inappropriate behavior;
   • When an employee is involved in a workplace near-accident or an on-the-job accident that resulted from the employee's human error or carelessness, or when the medical attention is required for bodily injury.

➢ Employees must notify the College, in writing, of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

➢ It is a violation of College policy for anyone to use ethical drugs improperly (However, nothing in this policy precludes the appropriate use of ethical medications).

➢ Any employee who uses legally prescribed medications that may cause side effects must report that usage to their supervisor prior to the start of work. A determination will be made as to whether the employee can perform the essential functions of the job in a safe and appropriate manner.

➢ Any employee who uses an over-the-counter medication and experiences side effects while on the job, must report those side-effects to their supervisor immediately. A determination will be made as to whether the employee can continue to perform the essential functions of the job in a safe and appropriate manner.

➢ Violations of any part of this policy are subject to redemptive discipline up to and including termination.

As a condition of employment, I have read this policy and agree to abide by its terms.

________________________________________________________
Name (Please Print)

________________________________________________________
Signature  Date
Student Confidentiality Agreement

In the carrying out of my duties as a student employee of Geneva College, both the College and I recognize that I will periodically be exposed to sensitive information. It is also recognized that the management of data, including personal information, grades, budgets, programs and policies is necessary to the operation of my department and of the College as a whole. I agree that all such information must be kept private and confidential for the protection of the College, protection of the persons or topics being addressed, and not least of all because Federal and/or State law protects such information.

I hereby reaffirm my personal integrity and commit myself to acting responsibly in my relations to the College. I covenant and promise that I will share with no one outside my department any personal, private or otherwise privileged information that I learn in the course of my work, except what is needed in the actual discharge of my duties. If there is doubt in my mind whether a certain matter is to be protected, I will discuss its character with my supervisor before making a disclosure. Failure to comply with this agreement may result in immediate employment termination or disciplinary action.

This responsibility to maintain confidentiality extends beyond my term of employment.

__________________________  ______________________
Print Name                          Date

__________________________  ________________
Employee Signature                  Date
DIRECT DEPOSIT FORM

You can conveniently have your paycheck directly deposited into your bank account.

You **MUST** attach a voided check or have a bank specification sheet from your bank attached.

Complete the following form if you wish to have direct deposit.
DIRECT DEPOSIT FORM

ID______________________________

NAME__________________________  SSN__________

Account #__________________________________________

Name(s) on the account________________________________

Check one:
   _____ Checking Account
   _____ Savings Account

Bank Name___________________________________________

Bank City, State_____________________________________

Bank Phone (___)____________________________________

(A copy of a voided check or a bank specification letter for this account must be attached for direct deposit.)

Signature_________________________ Date___________

Phone (___)_____________________ or College Extension______________

HUMAN RESOURCES USE ONLY

Group:    DDP    Priority__________ Type__________

Bank Routing #____________________ Date in System________

Apply Remainder?_____________ TITLE_____________________

4/06/04
KEEP THIS IMPORTANT NOTICE

403(b) RETIREMENT PLAN
UNIVERSAL AVAILABILITY NOTICE

Employees of Geneva College have the opportunity to save for retirement by participating in the College’s 403(b) plan. Employees can participate in the 403(b) plan with pre-tax contributions by completing and submitting a salary reduction agreement to the Office of Human Resources and enrolling with one of the investment providers which the College has approved (currently only TIAA-CREF). The salary reduction agreement gives the College permission to take the elected dollar amounts or percentage from your paycheck and contribute those amounts to your 403(b) plan. The minimum contribution amount is $200.00 per year.

For a list of investment options available through the plan and an application to open an account, please contact Sue Thompson in the Office of Human Resources. All Geneva College employees are eligible to participate. Employees may contribute up to the annual IRS limit each year. This amount changes annually; in 2015, it is $18,000. Employees who are at least 50 years old may also be able to make additional catch-up contributions. Also, eligible individuals may make an election to contribute special catch-up contributions. Contact the Office of Human Resources for additional information on the amount employees can contribute.

If you are already contributing to the College’s 403(b) plan, you may change your contribution amount or percentage by completing a new salary reduction agreement and returning it to the Office of Human Resources. Employees who participate in the College’s mandatory 403(b) retirement plan will need to complete an application to establish an account for the voluntary, tax-deferred annuity (TDA) 403(b) plan. 403(b) participants may change their elections as often as once per month.

For additional information, please visit the Office of Human Resources located in Old Main, call us at 724.847.6639, or email us at sethomps@geneva.edu.
NEW HIRE REPORTING FORM

The State of Pennsylvania requires that we report all newly hired employees. The following information is required for reporting to the State.

Please complete the section that reads "Required Employee Information". **DO NOT FILL IN THE DATE OF HIRE.**
**New Hire Reporting Form**

**Required Employer Information**

<table>
<thead>
<tr>
<th>FEIN:</th>
<th>250965376</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name:</td>
<td>GENEVA COLLEGE</td>
</tr>
</tbody>
</table>
| Address:   | 3200 College Avenue  
              Beaver Falls, PA  15010-3557 |
| Contact Name:   | Human Resources |
| Contact Phone #: | (724) 847-6560 |

**Please mail or fax to:**

Commonwealth of Pennsylvania  
New Hire Reporting Program  
PO Box 69400  
Harrisburg, PA 17106-9400  
FAX: 717-657-HIRE (717-657-4473)  
VOICE: 1-888-PAHRES (1-888-724-4737)  (for questions only)

*This form may be duplicated*

**Required Employee Information (Please type or print legibly in black or blue ink.**)

<table>
<thead>
<tr>
<th>Employee Social Security #</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Date of Hire (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td>Middle Name</td>
<td>Last Name</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City    | State    | Zip

Commonwealth of Pennsylvania  
Department of Labor and Industry  
Center for Workforce Information and Analysis
TAX EXEMPTION CERTIFICATE

Unless you expect to earn more than $12,000 within Beaver Falls this year, you must complete the following form so that you are not charged the Local Services Tax.

1. Complete the top portion with your name, address, city/state/zip code and phone number.

2. Sign and date the bottom of the back of the page.
LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

2015

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 for the municipality or school district in which you are primarily 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: _______________________________ Soc Sec #: _______________________________
Address: _______________________________ Phone #: _______________________________
City/State: _____________________________ 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. ______ X EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____________, PA (municipality or school district) WILL BE LESS THAN $ $12,000.00: 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 Phone#: (610) 588-0965
Address: P.O. Box 25156
City/State: Lehigh Valley, PA 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 combined 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.

<table>
<thead>
<tr>
<th>1. PRIMARY EMPLOYER</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Municipality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status (FT or PT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Earnings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.</th>
<th>5.</th>
<th>6.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name</td>
<td></td>
<td>Employer Name</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td>Address</td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
<td>Address 2</td>
</tr>
<tr>
<td>City, State Zip</td>
<td></td>
<td>City, State Zip</td>
</tr>
<tr>
<td>Municipality</td>
<td></td>
<td>Municipality</td>
</tr>
<tr>
<td>Phone</td>
<td></td>
<td>Phone</td>
</tr>
<tr>
<td>Start Date</td>
<td></td>
<td>Start Date</td>
</tr>
<tr>
<td>End Date</td>
<td></td>
<td>End Date</td>
</tr>
<tr>
<td>Status (FT or PT)</td>
<td></td>
<td>Status (FT or PT)</td>
</tr>
<tr>
<td>Gross Earnings</td>
<td></td>
<td>Gross Earnings</td>
</tr>
</tbody>
</table>

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: ____________________

LST Exemption 10-07
HOW TO FILL OUT YOUR RESIDENCY CERTIFICATION FORM

(Local Earned Income Tax Withholding)

1. Print your name - last name, first name and middle initial.
2. Print your address - Legal home Permanent - (Street address, City, State, Zip Code, Phone #).
3. Print the City, Borough or township in which you live.
4. Print The county in which you live.
5. PSD Code and Resident EIT Rate
   - These can be looked up at www.newpa.com if you are a PA Resident.
   - If your home residence is outside of PA the code is 880000 and the rate is 0%.
   - PLEASE COME TO THE PAYROLL OFFICE IN THE BASEMENT OF OLD MAIN IF YOU WANT HELP DETERMINING YOUR CODE AND RATE!

6. Employer information is completed for you if you are working on campus.
7. Sign, Date and List Contact Information in the certification box at the bottom of the form.
RESIDENCY CERTIFICATION FORM
Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:
This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

### EMPLOYEE INFORMATION - RESIDENCE LOCATION

<table>
<thead>
<tr>
<th>NAME (Last Name, First Name, Middle Initial)</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS (No PO Box, RD or RR)</td>
<td></td>
</tr>
<tr>
<td>SECOND LINE OF ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough or Township)</td>
<td></td>
</tr>
<tr>
<td>COUNTY</td>
<td>RESIDENT PSD CODE</td>
</tr>
</tbody>
</table>

### EMPLOYER INFORMATION - EMPLOYMENT LOCATION

<table>
<thead>
<tr>
<th>EMPLOYER BUSINESS NAME (Use Federal ID Name)</th>
<th>EMPLOYER FEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneva College</td>
<td>2 5 0 9 6 5 3 7 6</td>
</tr>
<tr>
<td>STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)</td>
<td>3200 College Avenue</td>
</tr>
<tr>
<td>SECOND LINE OF ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Beaver Falls</td>
<td>PA</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough or Township)</td>
<td></td>
</tr>
<tr>
<td>Beaver Falls City</td>
<td>WORK LOCATION PSD CODE</td>
</tr>
<tr>
<td>COUNTY</td>
<td></td>
</tr>
<tr>
<td>Beaver</td>
<td>0 4 0 4 0 1</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>SIGNATURE OF EMPLOYEE</th>
<th>DATE (MV-DD-YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE NUMBER</td>
<td>EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

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:

www.newPA.com
New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and no other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution --as well as your employee contribution to employer-offered coverage-- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Sue Thompson, Benefits Specialist 724-847-6639 or selthomos@geneva.edu

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

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneva College</td>
<td>25-0965376</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3200 College Avenue</td>
<td>724-847-5100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaver Falls</td>
<td>PA</td>
<td>15010</td>
</tr>
</tbody>
</table>

10. Who can we contact about employee health coverage at this job?
   Sue Thompson, Benefits Specialist

<table>
<thead>
<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>724-847-6539</td>
<td><a href="mailto:sethomsa@geneva.edu">sethomsa@geneva.edu</a></td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees.
  - Some employees. Eligible employees are:
    - Full-time employees and those employees who work at least 1,500 hours per year

- With respect to dependents:
  - We do offer coverage. Eligible dependents are:
    - Spouse; Children under age 19; Children age 19 to age 26 if they are NOT eligible to be enrolled as a covered employee, spouse or domestic partner under an eligible employer sponsored health plan; Unmarried children over age 26 who are not able to support themselves due to disability.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.
CONGRATULATIONS!
YOU HAVE COMPLETED THE FORMS REQUIRED FOR EMPLOYMENT.

This entire packet will need to be returned to the supervisor in the department you are applying to work in.

Be sure your packet is complete and you’ve signed the appropriate forms.

If you have any questions or need assistance, please call Human Resources at extension 6560.