

HERTFORD COUNTY PUBLIC SCHOOLS

Human Resource Services Department

Employee Benefit Packet Instruction Sheet

Welcome to Hertford County Public Schools! The following instructions will help you in completing your employment packet. We apologize for any inconvenience, but the Employee Benefit Packet has to be completed in the Central Office. Due to circumstances beyond our control, we can no longer allow forms to be taken and returned at a later date. If you have any questions, please don't hesitate to ask.

1. **HRMS Information** - This information is needed for human resources to update files on new employees and for payroll purposes.
2. **Health Examination Certificate** - You are required by Board policy to have a physical examination by a doctor. This form must be returned to Human Resource Services no later than 30 days after employment.
3. **Conditions of Employment** - Please read carefully, sign and date.
4. **Direct Deposit Form** - We encourage all new employees to have their payroll checks direct deposited; however, the decision is yours. If you wish not to participate in direct deposit, please check the "Not Interested At This Time" box.
5. **Medical Insurance Form** - Coverage for employees is free for the 70/30 plan (it is covered by the school system) and \$21.62 for the 80/20 plan --. Currently the State Health Plan offered through HCPS is a PPO Plan by BCBS of NC. This plan has two levels:

(1) **70/30 coverage** (\$35.00/\$81.00 co-payments) (\$933.00 deductible)

(2) **80/20 coverage** (\$30.00/\$70.00 co-payments) (\$700.00 deductible)

The co-payment is the fee paid during an office visit.

6. **Longevity Form** - This form provides information on your North Carolina state experience only. On the front of this form, please list your total years of experience. On the back of this form, list your experience in detail. *This information is used to determine the amount of annual leave received and longevity payment date.*
7. **Optional Insurance** - Hertford County Public Schools offer its employees optional life and dental insurance. Any changes, including enrolling, in the life and dental coverage can only be made during open enrollment in the spring.

Life Insurance (Standard Insurance Company). Please complete the Member/Employee Information, Beneficiary, and Signature sections **only** on the first page. On the third page indicate the desired coverage, amount of coverage and sign. If you choose to decline this coverage, this is also done on the third page.

Dental Insurance (Fortis Insurance). Please complete the first page and sign. You will also need to complete the third page. Indicate coverage or decline on both the first and third pages.

8. **Tax Forms (W-4 and NC-4)** - Your tax information will be taken from Line 4 (NC-4) and Line 5 (W-4). Please make sure that the correct number of allowances is listed on these lines.
9. **Immigration Form I-9** - Please complete Section 1, sign, and date. We will need a copy of your driver's license and social security card or birth certificate.
10. **Authority of Release Information** - This form is needed to complete a background check on all new employees. *The processing fee is paid by the school system and an appointment will be scheduled for you through Human Resources. We will notify you of your appointment time and date.*