

**FEDERAL WORK-STUDY (FWS) EMPLOYMENT PROGRAM
PAYROLL ACTION FORM**

I. TO BE COMPLETED BY STUDENT (PLEASE PRINT CLEARLY and USE BLACK or BLUE INK)

Legal Last Name _____ Full First Name _____ Middle/Maiden _____ Suffix _____

Married ☐ Single ☐
Marital Status

Male ☐ Female ☐
Sex

*****REQUIRED*****

Banner ID: U _____

Mailing Address (Dorm name and Room # not acceptable) _____ City _____ State _____ Zip _____ Telephone _____

U.S. Citizen? Yes ☐ No ☐ If not a U.S. Citizen: Permanent Resident? Yes ☐ No ☐ F-1 Visa? Yes ☐ No ☐ J-1 Visa? Yes ☐ No ☐

Are you related to anyone who works at the University? Yes ☐ No ☐ If yes, relative's name _____

What department does your relative work for? _____

I understand: (a) I must enroll for and maintain half-time enrollment during the Fall, Spring, and Summer semesters to begin/retain work; (b) my gross wages will not be subject to FICA deductions if I maintain half-time enrollment; (c) Section III and Form I-9 must be completed by my employer and returned to the Student Employment Office for approval **prior** to my beginning work; (d) I will be terminated from the FWS Employment Program if I drop below half-time and/or do not adhere to all the procedures and conditions of employment; (e) **I will be terminated once my cumulative earnings equal my FWS award;** and (f) my employment is not complete until I have submitted the Direct Deposit Authorization Form.

I verify that the information provided above matches the information used in Banner.

 **I have received the "New Health Insurance Marketplace Coverage" notice. (Mandatory)**

Student Employee Signature _____

_____ Date

II. JOB ASSIGNMENT INFORMATION (To be completed by Student Employment Office)

Total Dollar Amount Awarded \$ _____ Balance Available \$ _____ as of Payroll End Date _____

III. TO BE COMPLETED BY DEPARTMENT (PLEASE PRINT CLEARLY and USE BLACK or BLUE INK)

Dept. Name _____ Phone # _____

Dept. Campus Mail Address _____ Fax # _____

Index _____ Org. Number _____ Time Keeping Org. # _____ Account _____
(Dept. Account #) (if different from main Org. #)

Period of Employment _____ to _____ Form I-9 attached? Yes ☐ No ☐ If no, reason _____

Position # **SW** _____ Rate of Pay \$ _____ (minimum is \$7.25/hour) Attach **Payrate Justification Form** if more than \$16.00/hr

I certify that funds have been budgeted in this department for **25%** of the student's earnings. **I understand:** (a) enrollment of at least half-time will not subject the students gross wages and this department/account budget to FICA deductions; (b) employment will be in accordance with University procedures, as well as Federal and State laws; (c) **my department is responsible for monitoring work hours and that student's cumulative earnings does not exceed his/her FWS award;** (d) the student **cannot** work in this department until this Payroll Action Form, Form I-9, and the Direct Deposit Authorization Form have been received and approved by the Student Employment Office.

Print Full Name _____

Authorized Signature _____

_____ Date

_____ @memphis.edu

_____ @memphis.edu

E-mail Address (please print) _____

Alternate Contact E-mail Address (please print) _____

IV. TO BE COMPLETED BY STUDENT EMPLOYMENT OFFICE 103 Wilder Tower (901) 678-4825 Fax (901) 678-5902

New _____ Previously Loaded _____ Federal Account No. _____

Hrs Enrolled _____

Approved to Begin Work on _____ to _____ Pay Rate \$ _____

W-4 _____

DDA _____

I-9 Form _____

RJASEAR _____

Suffix _____

Authorized Signature _____

_____ Date

Rev. 01/2017

You are receiving this notice as an employee of the University of Memphis.

In March of 2010, President Obama signed the Affordable Care Act (ACA). The law will put in place many health insurance changes that roll out over four years and beyond, such as eliminating pre-existing conditions for children, keeping young adults eligible for their parents' health plans through the age of 26, and covering preventive care at no cost to the participants. For more information about the ACA, please visit www.hhs.gov/healthcare.

This federally mandated notice is to provide you with information you need to know regarding some of the key changes for 2014. Below are highlights of interest:

- This notice provides you with information about your health insurance eligibility at the University of Memphis. You will need to know this in order to make decisions about the Health Insurance Marketplace.
- Think of the Marketplace as a place to “shop” for health insurance coverage for you and your family. You can get more information about the marketplace at www.healthcare.gov.
- You may be eligible for lower monthly premiums in the Marketplace, *but only if you are not eligible for coverage at the University of Memphis*.
- The information in Part B of this notice will help you complete the insurance application in the Marketplace.

If you have any questions regarding your eligibility for insurance as an employee of the University of Memphis, please contact the University Benefits Administration Office at benefits@memphis.edu or 901-678-3573.

For more information about the new health insurance options under the Marketplace, please visit www.healthcare.gov.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

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 not any 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 the University Benefits Administration Office at benefits@memphis.edu or 901-678-3573.

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.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

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

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

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

- Employees regularly scheduled to work at least 30 hours per week as determined after the allotted 10-month measuring period beginning on your first day of employment
- Seasonal or part-time employees with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year, (July–June)
- All other individuals cited in state statute as an exception by the State Insurance Committee

- With respect to dependents:

☐ We do offer coverage. Eligible dependents are:

- Your spouse (legally married)
- Natural or adopted children
- Stepchildren
- Children for whom you are the legal guardian
- Children for whom the plan has qualified medical child support orders

☐ 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)