

**Employee's Withholding Certificate**

OMB No. 1545-0074

**2020**

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

<b>Step 1: Enter Personal Information</b>	
(a) First name and middle initial	Last name
▶ 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 widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)	

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

**Step 2:** 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.

**Multiple Jobs or Spouse Works**  
Do only one of the following:  
(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or  
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or  
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

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

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

**Step 3: Claim Dependents**  
If your income will be \$20,000 or less (\$40,000 or less if married filing jointly):  
Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ \_\_\_\_\_  
Multiply the number of other dependents by \$500 ▶ \$ \_\_\_\_\_  
Add the amounts above and enter the total here . . . . .

**Step 4 (Optional): Other Income**  
(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . 4(a) \$ \_\_\_\_\_  
(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . 4(b) \$ \_\_\_\_\_  
(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . . . 4(c) \$ \_\_\_\_\_

**Step 5: Sign Here**  
Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) \_\_\_\_\_  
Date \_\_\_\_\_

**Employers Only**  
Employer's name and address  
WCSD  
2940 MacArthur Rd.  
Whitehall, PA 18052

First date of employment \_\_\_\_\_  
Employer identification number (EIN) \_\_\_\_\_



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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one "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.
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.

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as 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.

c Add the amounts from lines 2a and 2b and enter the result on line 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.

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).

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

2 Enter: \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately.

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-".

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

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

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.

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 information being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Fournine uses of this information include giving it to the Department of Justice for civil and criminal possession 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.





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

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

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.  
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.  
I attest, under penalty of perjury, that I am (check one of the following boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- 4. An alien authorized to work until (expiration date, if applicable, m/dd/yyyy):

Some aliens may write "N/A" in the expiration date field. (See instructions)  
An Alien authorized to work must provide only one of the following document numbers to complete Form I-9:  
1. Alien Registration Number/USCIS Number:  
OR  
2. Form I-94 Admission Number:  
OR  
3. Foreign Passport Number:  
Country of issuance:  
Do Not Write in This Space

Signature of Employee Today's Date (m/dd/yyyy)

**Preparer and/or Translator Certification (check one)**  
 I did not use a preparer or translator.  
 A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparer and/or translator assist an employee in completing Section 1.)  
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator Today's Date (m/dd/yyyy)  
Last Name (Family Name) First Name (Given Name)  
Address (Street Number and Name) City or Town State ZIP Code





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

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

Section 2: Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")
Employee Info from Section 1
Last Name (Family Name)
First Name (Given Name)
M.I.
Citizenship/Immigration Status

Identity and Employment Authorization
List A OR List B AND List C
Document Title, Issuing Authority, Document Number, Expiration Date (if any)
Additional Information
QR Code - Sections 2 & 3
Do Not Write in This Space

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 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 (m/d/yyyy):
(See instructions for exemptions)

Signature of Employer or Authorized Representative
Today's Date (m/d/yyyy)
Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative
First Name of Employer or Authorized Representative
Employer's Business or Organization Name
City or Town
State
ZIP Code
Employer's Business or Organization Address (Street Number and Name)
City or Town
State
ZIP Code
Whitehall-Coplay School Dist.

Section 3: Reverification and Rehires (to be completed and signed by employer or authorized representative)
A. New Name (if applicable)
Last Name (Family Name)
First Name (Given Name)
Middle Initial
Date of Rehire (if applicable)
B. Date of Rehire (if applicable)
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title, Document Number, Expiration Date (if any)
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 relate to the individual.
Signature of Employer or Authorized Representative
Today's Date (m/d/yyyy)
Name of Employer or Authorized Representative

**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

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

LIST C Documents that Establish Employment Authorization	AND	LIST B Documents that Establish Identity	OR	LIST A Documents that Establish Both Identity and Employment Authorization
<ol style="list-style-type: none"> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a 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> </ol>		<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 (Form I-766)</li> </ol>
<ol style="list-style-type: none"> <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> </ol>		<ol style="list-style-type: none"> <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> </ol>		<ol style="list-style-type: none"> <li>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.</li> </ol>
<ol style="list-style-type: none"> <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> </ol>		<ol style="list-style-type: none"> <li>9. Driver's license issued by a Canadian government authority</li> </ol>		<ol style="list-style-type: none"> <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>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>		<p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <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>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>

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

Refer to the instructions for more information about acceptable receipts.







# 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 to the local EIT collector. 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. Use the Address Search Application at [www.newPA.com/Act32](http://www.newPA.com/Act32) to determine PSD codes, EIT rates and tax collector contact information.

<b>EMPLOYEE INFORMATION - RESIDENCE LOCATION</b>	
NAME (Last Name, First Name, Middle Initial)	SOCIAL SECURITY NUMBER
STREET ADDRESS (No PO Box, RD or RR)	
ADDRESS LINE 2	
CITY	STATE
ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)	
COUNTY	TOTAL RESIDENT EIT RATE
RESIDENT PSD CODE	

<b>EMPLOYER INFORMATION - EMPLOYMENT LOCATION</b>	
EMPLOYER BUSINESS NAME (Use Federal ID Name)	EMPLOYER FEIN
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)	
ADDRESS LINE 2	
CITY	STATE
ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)	
COUNTY	
LEHIGH	WORK LOCATION PSD CODE
3 9 0 9 0 2	WORK LOCATION NON-RESIDENT EIT RATE
1%	

<b>CERTIFICATION</b>	
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:

[www.newPA.com/Act32](http://www.newPA.com/Act32)



**WHITEHALL-COPLAY SCHOOL DISTRICT  
ACT 29 – NEW EMPLOYEES**

Have you ever worked for the Whitehall-Coplay School District?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please indicate where and when.

Have you ever worked for a school district other than the Whitehall-Coplay School District prior to July 1, 1994?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please indicate where and when.

Are you currently receiving PSEERS Retirement Benefits? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you currently receiving PSEERS Disability Benefits? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you currently retired from your previous school district job? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you currently working in another school district and are retirement contributions for PSEERS being withheld? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Soc. Sec. Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_



WHITEHALL-COPLAY SCHOOL DISTRICT

AUTOMATED CLEARING HOUSE PAYMENT AUTHORIZATION

I. ACTION

New Service       Change to Service       Termination of Service

II. EMPLOYEE INFORMATION

Name (Please Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Building \_\_\_\_\_

III. BANKING INFORMATION

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

ABA Routing/Transit# \_\_\_\_\_

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

Choose One:

Checking Account

Savings Account

IV. AGREEMENT/AUTHORIZATION

I (We) hereby authorize Whitehall-Coplay School District, hereinafter called Company, to initiate credit entries to the account indicated above and the Financial Organization named above, hereinafter called Receiving Bank to credit the same to such account. Charges to said account initiated by Company may only be made to reverse credit amounts erroneously posted. This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Business Office Use \_\_\_\_\_

**NOTE: Attach voided check for checking account; voided deposit slip for savings**



# Whitehall-Coplay School District



Administration Building

2940 MacArthur Road

Whitehall, PA 18052-3408

(610) 439-1431

Fax: (610) 435-0124

LORIE D. HACKETT, Ed. D.

SUPERINTENDENT

CHRISTOPHER A. SCHIFFERT

ASSISTANT TO THE SUPERINTENDENT

J. MICHAEL MALAY JR.

BUSINESS MANAGER

BROOKE A. CLARY

DIRECTOR OF SPECIAL EDUCATION

BARBARA A. CHOMIK, Ed.D.

DIRECTOR OF CURRICULUM & INSTRUCTION

LAURA E. VANDEGRIFT

HUMAN RESOURCES MANAGER

WAYNE A. GRIM, PRESIDENT

WILLIAM P. FONZONE, Sr., VICE-PRESIDENT

GEORGE E. WILLIAMS, TREASURER

OWEN W. EBERHART, Jr., MEMBER

PATTY D. GAUGLER, MEMBER

TINA J. KOREN, MEMBER

WILLIAM L. LEINER, Jr., MEMBER

GEORGE N. MAKHOUL, MEMBER

JOSEPH R. SHIELDS, MEMBER

## Notice of Reasonable Assurance of Continued Employment

To:

From: J. Michael Malay Jr., Business Manager

Date:

According to policy of the Whitehall-Coplay School District, "employees will continue to be employed from year to year unless notified to the contrary." Therefore, please be advised that you can be reasonably assured that your position will be available to you for the remainder of the current school year. Furthermore, you can be reasonably assured that your position will be available to you after all holiday breaks occurring during the current school year.

If you do not receive notice that your position/employment will be terminated or modified, then you may be reasonably assured that the Whitehall-Coplay School District intends to retain your services for all school years hereafter and after all holiday breaks contained therein.

Please note that this notice is not a contract of employment, but is issued for the purpose of meeting the provisions of the PA Unemployment Compensation Law and its related regulations.

Acknowledgement:

(Signature and Date)

(Printed Name)

My signature above indicates ONLY that I have received and read the above statement.





**EMPLOYEE'S RIGHTS & DUTIES UNDER SECTION 306 (f.1) OF THE PENNSYLVANIA WORKERS' COMPENSATION ACT**

If you are injured while at work and medical treatment is necessary, you are required to visit one of the physicians or health care providers on the list designated by your employer for a period of 90 days from your first visit with the physician or health care provider.

All reasonable medical treatment and supplies (e.g. medicines, prosthetics) related to the injury will be paid for by the employer provided treatment is by a designated physician or health care provider on the list during the 90-day period. Charges for treatment and supplies are specified by the ACT. You are not responsible for the payment of any charges in excess of those specified by the ACT.

During the 90-day period, you may change from one designated physician or health care provider on the list to another physician or health care provider on the list, and the treatment will be paid for by the employer.

If the designated physician or health care provider refers you to a non-designated provider, the employer will pay for the treatment by the non-designated provider.

You have the right to obtain emergency medical treatment from a non-designated physician or health care provider however, the subsequent non-emergency treatment must be by a designated physician or health care provider for the remainder of the 90-day period.

You may seek treatment or consultation from a non-designated physician or health care provider during the 90-day period however, you are responsible for the charges for this treatment during the 90-day period.

If the employer designated physician or health care provider recommends invasive surgery, you are permitted to obtain a second opinion from a non-designated physician or health care provider. Your employer will pay for the cost for this opinion. If this opinion differs from the opinion of the designated physician or health care provider and provides a specific and detailed course of treatment, you may elect to undergo this treatment. The treatment however must be provided by a designated physician or health care provider for 90 days from the date of the visit to the non-designated physician.

You have the right to seek treatment from any physician or health care provider after the 90-day period has ended, and your employer will pay for this treatment provided it is reasonable and necessary.

You have the duty to notify your employer of treatment by a non-designated physician or health care provider within five days of your first visit to this physician or provider. Your employer may not be required to pay for treatment by a non-designated physician or health care provider prior to notification. The employer however shall pay for this treatment once notified unless the treatment is found to be unreasonable.

Signing this form is an acknowledgment of your rights and duties. You may not refuse to sign this acknowledgment in order to avoid your duties.

If you have any questions, please feel free to contact the Bureau of Workers' Compensation at 1-800-482-2383 or 1-717-783-5421.

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND THE ABOVE RIGHTS AND DUTIES.

_____ Employee Name	_____ Employee Signature	_____ Date
_____ Supervisor Name	_____ Supervisor Signature	_____ Date

IF THE EMPLOYEE IS UNABLE OR REFUSED TO SIGN, IT IS ACKNOWLEDGED THAT THE EMPLOYEE WAS PROVIDED A COPY OF THIS DOCUMENT.







**NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS**

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted at \_\_\_\_\_ for you to view. Also, you may get a copy of this list from \_\_\_\_\_

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

**MEDICAL TREATMENT: DURING THE FIRST 90 DAYS**

- You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.
- If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

**IMPORTANT:** The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

**MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS**

- You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties. If you have questions, be sure you have your rights and duties explained to you before signing this form.

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one):

- TIME OF HIRE
- WHEN I WAS INJURED
- OTHER

EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYER REPRESENTATIVE: \_\_\_\_\_

(OVER)

DATE: \_\_\_\_\_



Employee Signature

Date:

A Summary of the Whitehall-Coplay School District's 403(b) Tax Sheltered Account Program has been provided to you. Your signature on this form indicates that you have been informed of this program at your time of hire.

**403(b) Tax Sheltered Account Program**

**Whitehall-Coplay School District's**

**of the**

**A Summary**





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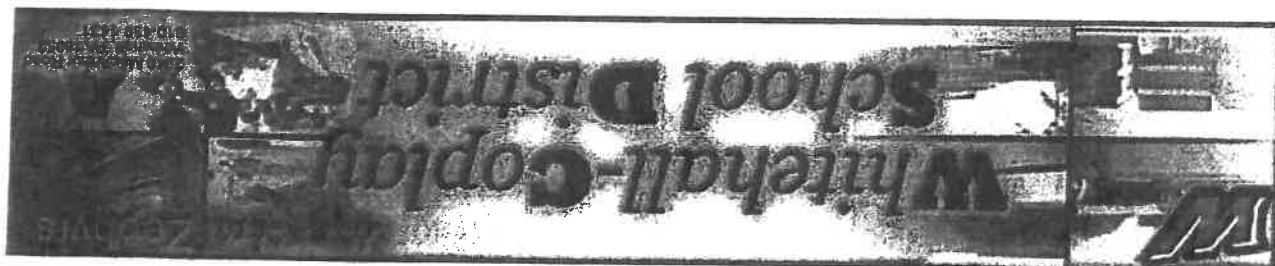
Prepared by Kades-Margolis Corporation

403(b) Tax Sheltered Account Program

Whitehall-Coplay School District's

of the

A Summary



This Summary Plan Document (SPD) booklet is a brief description of the 403(b) Tax Sheltered Account (TSA) Plan and program for our school district. A copy of the complete 403(b) Plan Document is available in the Business Office.

**All of our school district employees, without exception, are eligible to participate in the district's 403(b) TSA. We urge you to read this booklet and**

familiarize yourself with its contents so you can take advantage of a benefit that is authorized by the Internal Revenue Service and made available to you through your school district.

The Internal Revenue Service permits employers to include or exclude various optional provisions in the district's 403(b) TSA Plan Document. The list of our district's available optional provisions is contained in APPENDIX A.



### What is a 403(b) Tax Sheltered Account?

403(b) is a section of the IRS Code that permits the establishment of Tax Sheltered Accounts (TSA) for school employees to supplement their retirement income. A 403(b) TSA allows you to voluntarily set aside money from each paycheck to be put into a tax-deferred account. It's called an "elective deferral;" you notify the payroll office, by completing the Salary Reduction Agreement at the back of this SPD, that you wish ("elective") to have funds taken out of your pay ("deferral") and contributed to your 403(b) TSA. You may begin your contribution, change the amount of your contribution, or stop your contribution at any time. All school employees are eligible to participate in the district's 403(b) TSA program, including substitute teachers, part-time employees and periodic employees. (NOTE: Those employees who receive a regular bi-weekly pay check may select either a fixed dollar amount per pay or a percentage of pay to be contributed to their 403(b) TSA. Any employee who works variable hours or who does not have a regular bi-weekly paycheck must select a percentage of pay.) The funds withheld from your paycheck are then invested with a 403(b) provider that you choose from our list of approved companies (see APPENDIX B). You control how your funds are invested by consulting with a representative from the investment provider you select. Saving for retirement with a TSA is convenient and easy to do!

### Why should you participate in a 403(b) TSA program?

First: it reduces your current income taxes. It is the first tax shelter that nearly every tax professional recommends.

Second: it provides for tax-deferred growth. Instead of paying income taxes on your bank interest earnings, all of your contributions, and the earnings on those contributions, are tax deferred until you take out the money. That will usually be after retirement when you will most likely be in a lower tax bracket.

Third: it supplements other retirement benefits, like your personal savings, Social Security and the PA School Employees Retirement System (PERS). Who knows if any of us will get all the Social Security we're entitled to, given the budget shortfall of Social Security and Medicare? And, even though PERS is one of the best retirement systems, you still have to live on the amount of that check from PERS for the rest of your life. And many of today's employees will live longer than they worked. It is not uncommon for people to live to their late 80's, 90's or even 100. In fact, 20% of current PERS retirees are 80 and above and nearly 200 PERS retirees are above 100. Considering future scientific and medical advances, that PERS check may have to last you 30 years or more. You need to supplement it with your TSA, which should reflect any economic growth during your career and retirement years.

### How does a 403(b) TSA work?

Here's a simplified example of how a 403(b) TSA defers your taxes.

Let's assume you're married and your adjusted gross income is \$50,000.

By putting just \$100 a pay into your TSA your Federal tax bill will be reduced by \$650.

And, any taxes on earnings are deferred until you withdraw your money.

You'll have \$2,600 (plus any earnings) put away for retirement, and will have paid \$650 less to Uncle

Sam.

Because of the tax advantage, putting \$100/pay into a TSA will only reduce take home pay by about

\$75.00.

**NOTE: For low and moderate income employees, the IRS offers the Savers Credit: a tax credit for**

contributing to a 403(b) TSA. Talk to one of the representatives of our approved companies (See

APPENDIX B) if you think you might qualify for this credit.

### How much can you contribute to your 403(b) TSA?

The maximum amount you can contribute for the current calendar year is \$19,000. Everyone can

contribute up to \$19,000 or 100% of salary if you make less than \$19,000. Beginning on January 1 of the

year you turn 50, you may contribute an additional \$6,000, each year. If you're able and desire to

contribute more than the maximum, refer to APPENDIX A to see if the district offers a 457 Deferred

Compensation program. If a 457 Plan is available, you may be allowed to contribute similar amounts to

that tax sheltered program.

### When can I get my money out of my 403(b) TSA?

You may request a distribution when you retire, terminate your employment with the employer, or

become disabled. Distributions prior to age 59 ½ may be subject to a 10% IRS tax penalty; however, if

you separate service during or after the calendar year in which you turn age 55 you may withdraw your

funds without incurring an IRS penalty. If you do not request a distribution, IRS regulations require that

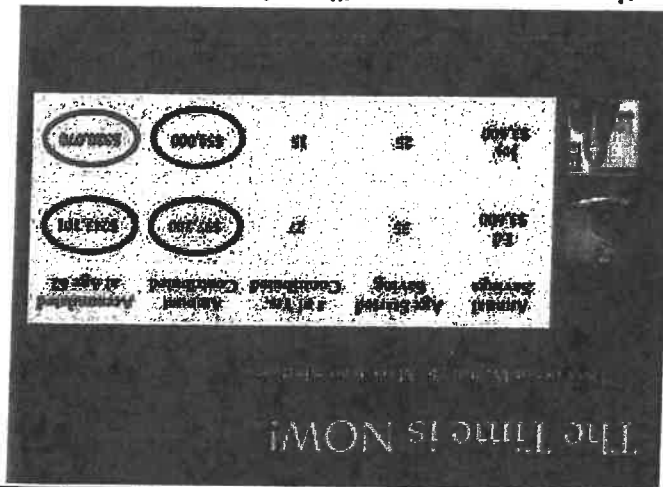
you begin distributions at age 70 ½ or upon retirement, if later. You should check with your investment

provider representative to see if you are subject to any contractual withdrawal fees from the investment

program you've selected. In the event of your death, 100% of your account balance is payable to your

designated beneficiary.

## When should you start contributing to your TSA?



The longer you wait to save, the more money you will need to save later. This chart compares two 25-year olds who both contribute \$300 a month (or \$3,600 per year) to a TSA and receive a 6% annual effective rate of return. Joy contributes for 15 years and then stops. Ed waits 10 years before getting started at age 35 and then contributes every year until retiring at age 62. Even though Ed contributes more money than Joy, his savings will never catch up with hers because his money has earned interest for 27 years compared to Joy's 37. This is due to the power of compounding your interest for long periods of time. This example clearly illustrates that investing is most advantageous when you get started as early in your career as possible.

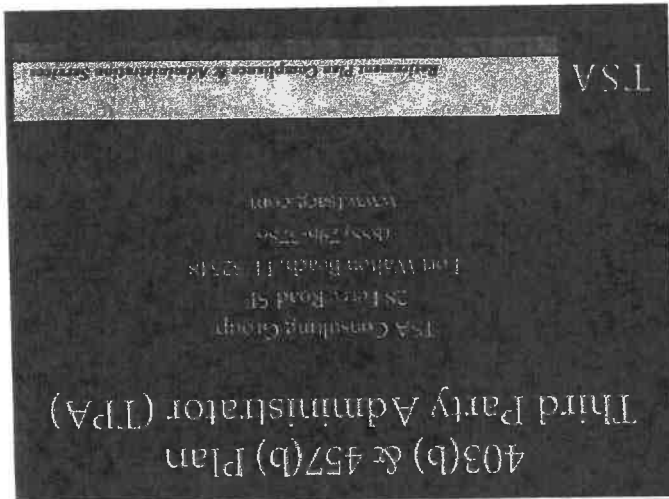
## Where can I invest my 403(b) TSA contributions?

There are several investment providers available to you; however 403(b) TSA accounts may only be invested in fixed and guaranteed annuities, variable annuities, and mutual funds under a custodial agreement. **The list of all of the district approved investment providers for your 403(b) TSA appears in APPENDIX B.** Under IRS 403(b) regulations, our district employees may only invest their 403(b) TSA funds with the investment providers listed in APPENDIX B as long as the employee remains with our district. Fees associated with your investments will vary based on the investment provider you select. Refer to the prospectus and other materials provided by the investment providers for more information on any fees. Typical fees of the investment providers include:

- Recordkeeping fees (may be charged annually or quarterly)
- Investment management and administration fees
- Front-end or Back-end load charges
- Distribution fees

Before investing, you should carefully consider the investment objectives, risks, and charges and expenses of the mutual funds or annuity contracts available under your employer's plan. Also, an investment in a mutual fund or variable annuity involves risk, including loss of principal, and is not a deposit or obligation of, or guaranteed by any bank. The investment return and principal value of an investment in a mutual fund or variable annuity will fluctuate so that you may have a gain or loss at redemption.

**What company is administering the district's 403(b) TSA Program?**



The district has chosen **TSA Consulting Group, Inc.** as the third party administrator because of their experience and reliability. They employ a full service flexible technology platform that provides secure Internet access by both employers and employees. You can get immediate answers to your questions regarding all contributions and transaction processing requests, as well as access all necessary forms on their website [www.tsaacg.com](http://www.tsaacg.com). (NOTE: The TPA charges no fees to employees. There may be fees associated with your investment that your investment provider and/or investment fund may charge as indicated in the previous section.)

**How do you get your 403(b) started?**

- Contact one of the investment provider representatives listed in APPENDIX B of this SPD to open a TSA account.
- Remove and complete the Salary Reduction Agreement in the back of the SPD, download a copy from the TSA Consulting Group, Inc. website: [www.tsaacg.com](http://www.tsaacg.com), or obtain a copy from your payroll office.
- Complete and turn the Salary Reduction Agreement into the district payroll office.

**APPENDIX A**  
**Optional Provisions Included in our district's 403(b) TSA Plan**

**Eligibility**

Under our 403(b) TSA Plan document, all of our school employees, without exception, are immediately eligible to make contributions under our 403(b) TSA Plan. This includes full-time employees, part-time employees, substitute teachers, periodic employees and any other employee that will receive compensation reported on the IRS W-2 Wage and Tax Statement form.

**Changing Your Investment Provider**

**Exchanges**

**Our 403(b) TSA Plan does permit exchanges.** An "exchange" is defined by the IRS as moving your 403(b) TSA account from one of our approved investment providers to another of our approved investment providers, as listed in APPENDIX B. Under IRS 403(b) TSA regulations, you may only invest your 403(b) TSA funds with the investment providers listed in APPENDIX B, as long as you are employed by our district.

**Transfers**

**Our 403(b) TSA Plan does permit transfers, both into our plan and out of our plan.** A "transfer" is defined by the IRS as moving your 403(b) TSA account from one employer's 403(b) TSA Plan to another employer's 403(b) TSA Plan when you change employment. If you have a 403(b) TSA with a previous employer, and that employer's 403(b) TSA Plan permits transfers out of their 403(b) TSA Plan, you may transfer the account with the previous employer to our 403(b) TSA Plan. However, you must transfer the account to one of our district approved investment providers listed on APPENDIX B. If you leave employment with our district, you may transfer your account to a subsequent employer's 403(b) TSA (if that employer's 403(b) TSA Plan allows for incoming transfers) or you may rollover your account (see below).

**Rollovers**

**As required by IRS regulations, our 403(b) TSA Plan does permit rollovers.** A "rollover" is defined by the IRS as moving your 403(b) TSA account upon the occurrence of a "distributable event" (age 59 ½, death, disability, separation from service, etc.). Once you leave employment with our district, (or upon another distributable event) you are permitted to rollover your 403(b) TSA account to any other IRS permitted account, such as an IRA.

To begin the process for an exchange, transfer or rollover, meet with the representative of the investment provider you wish to move your account to, open an account with that new provider and complete the necessary paperwork the new provider requires. [NOTE: There may be fees associated with investing with the new investment provider and/or fees associated with withdrawing funds from the previous investment provider (surrender charges, etc.). Be sure you obtain, understand and accept any fees the new and previous, investment providers are charging.] Then, download and complete a Transaction Authorization Form from the district's TPA website ([www.tsacg.com](http://www.tsacg.com)) (or obtain a copy from the payroll office). Transmit the completed Transaction Authorization Form along with other documentation to the TPA.

## Loans

**Our 403(b) TSA Program does permit you to borrow funds from your 403(B) TSA;** however, you need to check with your investment provider to determine if your investment provider permits loans. To begin the process, download a Transaction Authorization Form from the district's TPA website ([www.tsca.com](http://www.tsca.com)) (or obtain a copy from the payroll office); then meet with the representative of your investment provider. Transmit the completed Transaction Authorization Form along with other documentation to the TPA. Loans are subject to IRS regulations and Section 4 of the school district's 403(b) Plan Document.

## Financial Hardship Distributions

**Our 403(b) TSA Program does not permit you to apply for a Hardship Distribution from your 403(B) TSA.**

## Roth 403(b)

**Our 403(b) TSA Program does permit you to contribute to a Roth 403(b).** Like a Roth IRA, Roth 403(b) contributions do not tax shelter current income; they are funded with after-tax dollars. One advantage of a Roth is the earnings grow tax free; there are no taxes on withdrawals from a Roth 403(b) if all of the Roth and 403(b) rules are followed. The maximum annual contribution for a Roth 403(b) is combined with the traditional 403(b) TSA: For the current calendar year, \$19,000 and \$6,000 for the age 50 catch-up. For example: if you're under 50 years of age, you could contribute \$9,500 to a traditional 403(b) TSA and up to \$9,500 to a Roth 403(b). Withdrawals of your contribution and earnings can be made tax free. (Reached age 59 ½ and Account has been held for at least five years) Contact one of the investment providers listed in APPENDIX B for more information about the Roth 403(b). Roth 403(b) contributions are subject to IRS regulations and Section 2.2 (b) and Section 10 of the school district's 403(b) Plan Document.

**APPENDIX B**  
**Authorized Investment Providers This 403(b) TSA Plan**

<u>Phone</u>	<u>Contacts</u>
610-439-7000	Paul Effler
610-606-0535	Gerald Milletics
800-638-5433	N/A
800-433-1828 X 155	Shawn Anderson
800-242-1421	N/A
215-887-8111 X 4543	N/A
800-272-2216	N/A
800-638-5433	N/A
412-833-3112	N/A
800-433-1828 X 155	Shawn Anderson
800-433-1828 X 155	(Spinnaker-existing clients only) Shawn Anderson
800-662-2003	N/A

AMERIPRISE FINANCIAL  
 AXA EQUITABLE LIFE INS CO  
 BRIGHTHOUSE LIFE INS CO  
 KADES-MARGOLIS CORPORATION  
 LINCOLN INVESTMENT PLANNING, LLC  
 MASS MUTUAL LIFE (existing clients only)  
 METLIFE INSURANCE CO  
 OPPENHEIMER FUNDS  
 SECURITY BENEFIT GROUP  
 SYMETRA FINANCIAL (Spinnaker-existing clients only)  
 VANGUARD INVESTMENTS





**Salary Reduction Agreement for 403(b) Programs**

**ALL EMPLOYEES, WITHOUT EXCEPTION, ARE ELIGIBLE TO PARTICIPATE IN THE 403(B) PROGRAM**

**Part 1. Employee Information:**

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_

**Part 2. Agreement**

The above named Employee elects to become a participant of the \_\_\_\_\_ (Employer Name) 403(b) and/or 457 Plan(s) and agrees to be bound by all the terms and conditions of the plan. By executing this agreement employee authorizes the employer to reduce his or her compensation and have that amount contributed as an elective deferral and/or as a salary reduction contribution to the Roth 403(b) option if permitted in the plan, on his or her behalf into the annuity or custodial accounts as selected by the employee. It is intended that the requirements of all applicable state or federal income tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees to the following:

- 1) this Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect;
- 2) this Salary Reduction Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new Salary Reduction Agreement is submitted; and
- 3) this Salary Reduction Agreement may be changed with respect to amounts not yet paid or available in accordance with the Employer's administrative procedures
- 4) the Employer will stop reductions at such time as the reduction will exceed the Employee's statutory limits under Section 402(g) or the limitation of Section 415 of the Internal Revenue Code in any given calendar year.

Employee is responsible for providing the necessary information at the time of initial enrollment and later if there are any changes in any information necessary or advisable for the employer to administer the plan. Employee is responsible for determining that the salary reduction amount does not exceed the limits set forth in applicable law and for selecting annuities or custodial accounts. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of annuities or custodial accounts. Employee acknowledges that Employer has made no representation to Employer regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial account described herein. Employer agrees that Employee shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the annuity and/or custodial account. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Employee is responsible for setting up and signing the legal documents to establish an annuity contract or custodial account. However, in certain group annuity contracts, the Employer is required to establish the contract. Employee is responsible for naming a death beneficiary under annuity contracts or custodial accounts. Employee acknowledges that this is normally done at the time the contract or account is established and reviewed periodically. Employee is responsible for all distributions and any other transactions with vendor. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary or Employee's authorized representative. Employee must deal directly with the vendor to make loans, transfers, apply for hardship distributions, begin regular distributions, or any other transactions.

**Part 3. Representation by Employee for Calendar Year \_\_\_\_\_:**

- A. Participation in other employer plans: (you must check only one)
  - \_\_\_\_\_ I *do not* and will not have any other elective deferrals, voluntary salary reduction contributions, or non-elective contributions with any other employer.
  - \_\_\_\_\_ I *do* participate in another employer's 403(b), 401(k), SIMPLE IRA/401(k), or Salary Reduction SEP. The following information pertains to all of my other employers for the current calendar year: Include Earnings \$ \_\_\_\_\_; Elective Deferrals and/or salary reduction contributions to a Roth 403(b) or Roth 401(k) plan \$ \_\_\_\_\_; Non-elective Contributions \$ \_\_\_\_\_.
- B. I have not received a Hardship Distribution from a plan of this Employer within the last six months. I further agree to provide notification to the employer prior to initiating a request, if I plan to elect a hardship distribution during the term of this agreement.
- C. Maximum Elective Deferral or Roth 401(k)/403(b)/457(b) salary reduction contribution: (you must check only one)
  - \_\_\_\_\_ My elective deferral/salary reduction contribution does not exceed the Basic Limit (the lesser of my includible compensation or \$19,500).
  - \_\_\_\_\_ My elective deferral exceeds the Basic Limit due to the additional Age 50 Catch-up of \$6,500.

**Part 4. Voluntary Salary Reduction Information: (Check all that apply)**

- Initiate new salary reduction
  - Change salary reduction
  - Change Funding Vehicle Vendor
  - Discontinue salary reduction
- Please complete Part 5.
- This is notification to change the amount of my elective deferral to the new amount listed in Part 5.
- This is notification to change my Funding Vehicle – Complete Part 5.
- Please discontinue my elective deferral to the following Funding Vehicle:

Implementation Date (next available pay on or after): \_\_\_\_\_

**Part 5. Funding Vehicle & Amount of Pre-Tax Elective Deferrals:**

Contribution Per Pay Period (select one) *	Funding Vehicles (Annuity Contracts or Custodial Accounts)
1. <input type="checkbox"/> \$ _____ <input type="checkbox"/> % or _____	
2. <input type="checkbox"/> \$ _____ <input type="checkbox"/> % or _____	
3. <input type="checkbox"/> \$ _____ <input type="checkbox"/> % or _____	

**Part 5a. Funding Vehicle & Amount of After-Tax Salary Reduction Contributions to the Roth 403(b):**

Amount Per Pay (select one) *	Funding Vehicles (Annuity Contracts or Custodial Accounts)
1. <input type="checkbox"/> \$ _____ <input type="checkbox"/> % or _____	
2. <input type="checkbox"/> \$ _____ <input type="checkbox"/> % or _____	
3. <input type="checkbox"/> \$ _____ <input type="checkbox"/> % or _____	

\* NOTE: Any employee who works variable hours or who does not have a regular bi-weekly paycheck must select "% of pay."

**Part 6. Employee Signature**

I certify that I have read this complete agreement and provided the information necessary for the employer to administer the plan and that my salary reductions will not exceed the elective deferral or contribution limits as determined by Applicable Law. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by my beneficiary, my authorized representative or me. I understand that certain information about my 403(b) account is necessary to properly maintain and administer my account under the 403(b) plan. I authorize the holder of that information to make it available to the plan sponsor, the administrator of the plan and/or their representative(s) so long as the information is used exclusively for purposes of complying with legal and regulatory requirements and proper administration of the plan and my account there under.

I am aware that if I select Vanguard Funds as my investment provider, plan administration expenses will be deducted from my account on a monthly basis. This fee, \$24.00 annually, may be changed in the future subject to prior notification to me of such change.

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

Date: \_\_\_\_\_

**Part 7. Representative Signature**

Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Part 8. Employer Signature**

Employer hereby agrees to this Salary Reduction Agreement:

Employer Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# Whitehall Coplay School District - Whitehall 18052

Your Workers' Compensation Insurance Carrier is:

Encova Insurance

PO Box 3151 Charleston, WV 25332

Phone: 1-866-452-7425

## NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

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 prostheses, including training in their use.

2. In order to insure that your medical treatment will be paid for by your employer or the 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 above, 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. 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.

Name	Address	Phone	Area of Specialty
St. Luke's Occupational Medicine (Multiple Locations)	501 Cetronia Road, Suite 105 Allentown, PA 18104	484-526-3223	Occupational Medicine
St. Luke's Care Now (Multiple Locations)	2402 MacArthur Road Whitehall, PA 18052	484-426-2026	Urgent Care/Occupational Medicine
Orthopedic Foot, Ankle, & Knee Institute (Multiple Locations)	1605 North Cedar Crest Blvd., Suite 608 Allentown, PA 18104	610-821-4950	Orthopedics
OAA (Multiple Locations)	250 Cetronia Road, 2nd Floor Allentown, PA 18104	610-973-6350	Orthopedics
St. Luke's Orthopedic Care (Multiple Locations)	501 Cetronia Road, Suite 125 Allentown, PA 18104	484-526-1735	Orthopedics
LVPG General Bariatric and Trauma Surgery	1240 South Cedar Crest Blvd, Suite 308 Allentown, PA 18103	610-402-1350	General Surgery
St. Luke's Estes Surgical Associates (Multiple Locations)	701 Ostrum Street, Suite 202 Bethlehem, PA 18015	484-526-2200	General Surgery
St. Luke's Neurology (Multiple Locations)	240 Cetronia Road, Suite 210 A North Allentown, PA 18104	484-526-5210	Neurology
Lehigh Valley Center for Sight (Multiple Locations)	1739 West Fairmont Street Allentown, PA 18104	610-437-4988	Ophthalmology
Bethlehem Eye Associates	800 Eaton Avenue, 1st Floor Bethlehem, PA 18018	610-691-3335	Ophthalmology
Allentown Chiropractic Center	1850 East Emmaus Avenue Allentown, PA 18103	610-791-1020	Chiropractic

## CONVENIENT NETWORK LOCATIONS LISTED BELOW

PCS PT Network	Call Toll Free for Closest Location	1-888-594-4001	Physical Therapy
PCS Diagnostic Network	Call Toll Free for Closest Location	1-888-594-4001	Diagnostic Testing
Coverity DME Plus	Call Toll Free	1-877-203-9899	DME
Optum	Call Toll Free for Closest Location	1-800-964-2531	Pharmacy

Panel Date: 6/22/2020



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BUREAU OF WORKERS' COMPENSATION  
 HELPLINE INFORMATION CENTER  
 1-800-482-2383 (long-distance calls inside PA)  
 1-717-772-4447 (local and calls outside PA)

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**NOTE:** Your employer's list of health care providers must meet all of the above requirements. If the list does not meet all of these requirements, you do not have to choose a provider from the list. Instead, you have the right to seek medical treatment with any health care provider of your choice.

6. Your employer must specify on the list if any of the health care providers on the list are employed, owned or controlled by your employer or its workers' compensation insurance company.
5. The health care providers on the list must be geographically accessible and must have specialties that are appropriate based on the anticipated work-related medical problems of the employees.
4. The names, addresses, phone numbers and areas of medical specialties of all health care providers must be included on the list.
3. No more than 4 of the health care providers on the list may be coordinated care organizations (CCOs).
2. At least 3 of the health care providers on the list must be physicians.
1. There must be at least 6 health care providers on the list, but there may be more than 6 listed.

**REQUIREMENTS FOR EMPLOYER'S LIST OF HEALTH CARE PROVIDERS**







# Information for New School Employees



**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. Last year 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.

## 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 a defined benefit (DB) plan, a defined contribution (DC) plan, or a hybrid with both DB and DC components.

### PSERS Defined Benefit (DB) Plan

In the DB plan, the retirement benefit is based on a formula. The calculation used by PSERS includes a pension multiplier, your credited years of service, and your final average salary. Class T-C, Class T-D, Class T-E, and Class T-F have only a DB component.

$$\text{Final Average Salary} \times \text{Membership Class Multiplier} \times \text{Years of Service} = \text{Annual Maximum Single Life Annuity}$$

### 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.

$$\text{Participant Contribution} + \text{Employer Contribution} + \text{Voluntary Contributions (after-tax/rollover)} + \text{Investment Performance of Your Account} = \text{Total Account Value}$$

### Hybrid Plan

The hybrid plan consists of both DB and DC components. Class T-G and Class T-H have both DB and DC components.

## 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

Contact PSERS@psers.pa.gov | psers.pa.gov

### PSERS DC Plan Information:

Toll-Free: 1.833.432.6627 (8 a.m. - 8 p.m., M-F)

Participant Web: PSERSDC.voya.com

## Your Responsibilities

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

### Read PSEERS 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 PSEERS Member Self-Service (MSS) account, you are automatically enrolled in Paperless Delivery which means that PSEERS 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 (PSEERS-187) form to PSEERS. Please note that your most recently submitted Nomination of Beneficiaries will supersede previous nominations.

### Review information on PSEERS website and take advantage of available resources such as free Foundations for Your Future (FFYF) programs conducted by PSEERS retirement representatives.

Keep your email and mailing address current through the MSS Portal.

All full-time employees must become members of PSEERS and must make retirement contributions starting their first day of employment. "Full-time" for retirement purposes with PSEERS, 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 PSEERS 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 PSEERS 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 PSEERS Active Member Handbook for more information.

Part-time employees may waive membership in PSEERS. 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 PSEERS that they qualify for PSEERS membership. When you waive membership in PSEERS, you forfeit all future rights to benefits for the waived time period.

## Membership Class of Service

For school employees who become new members of PSEERS on or after July 1, 2019, there are three membership classes that govern your retirement contribution amounts and future benefits with PSEERS: 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 PSEERS when your election period is open either through your PSEERS Member Self-Service (MSS) account if you sign up or in the mail if you did not sign up for MSS.

## Withheld Contributions

If you are a full-time or part-time salaried employee, your employer will begin withholding DB and DC contributions from your first day of work. The amount withheld is determined by your membership class. Full-time and part-time salaried employees who first qualify on or after July 1, 2019, and remain in Class T-G, will have 8.25% withheld for both the DB and DC components of their retirement. If you are a part-time hourly or per diem employee, your employer may withhold contributions for the DB component which is 5.50%. The amount withheld will be returned to you if you do not qualify for membership. DC contributions cannot be withheld until you qualify for membership. Once you meet PSEERS membership eligibility requirements, your employer must withhold both DB and DC contributions. If you previously were a PSEERS member, you will remain in your previous membership class and your employer may withhold contributions at the rate for that class.

## Retired Members Returning to Service

The Retirement Code prohibits retirees from working for a public school in any capacity, full-time or part-time, qualifying or non-qualifying service, while receiving a PSEERS retirement benefit. If you are a PSEERS 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 applies. Please visit the PSEERS website or contact PSEERS for more information.



# Employee Quick Start Guide for Aesop

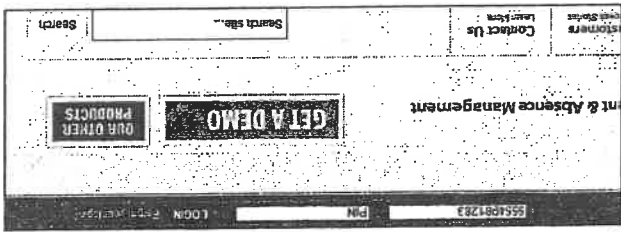
## Logging in on the Web

To log in to Aesop, type <https://app.frontlineeducation.com> in your web browser's address bar. For mobile device access, see your welcome letter.

Enter your ID number and PIN, then click Login.

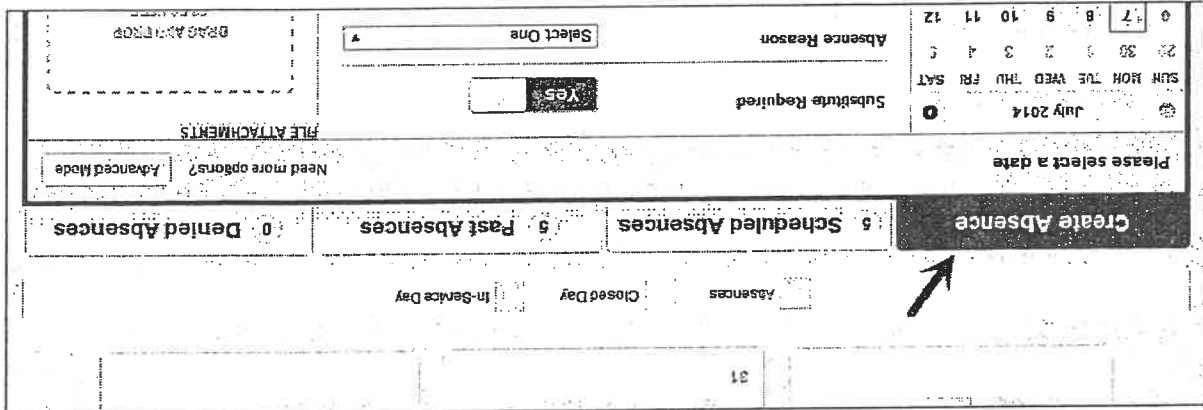
Can't remember your login info?

If you're having trouble logging in, click the "Forgot your login?" link next to the "Login" button for more information.



## Creating an Absence

You can enter a new absence right from your Aesop home page under the Create Absence tab.



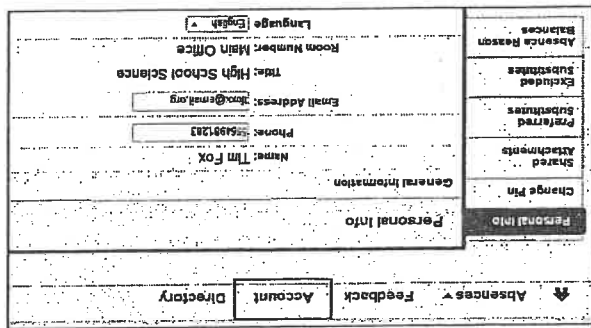
Fill out the absence details including the date of the absence, the absence reason, notes to the administrator or substitute, and more. You can also attach files to the absence from here.

When you've complete entering the absence details, click the Create Absence button.



## Managing your PIN and Personal Information

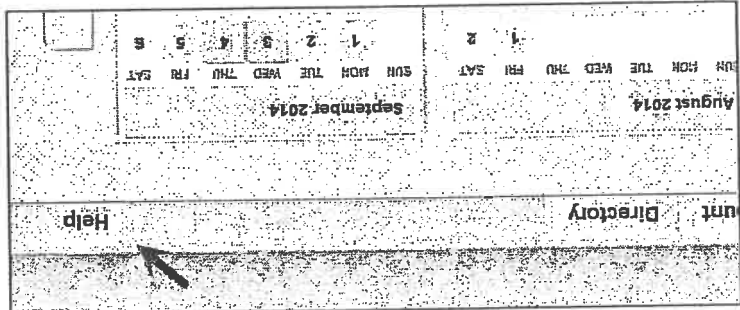
Under the "Account" tab, you can manage your personal information, change your PIN number, upload shared attachments (lesson plans, classroom rules, etc.), view absence reasons, and more in the "Account" tab.



# Employee Quick Start Guide for Aesop

## Getting Help and Training

If you have questions, want to learn more about a certain feature, or need want more information about a specific topic, click the Help tab to go to the Aesop Learning Center where you can search Aesop's knowledge base of help and training materials.



## Using Aesop on the Phone

Not only is Aesop available on the web, but you can also create absences, manage personal information, check absence reason balances, and more, all over the phone.

To call Aesop, dial 1-800-942-3767. You'll be prompted to enter your ID number (followed by the # sign), then your PIN number (followed by the # sign).

Over the phone you can:

- Create an absence (within the next 30 days) – Press 1
- Check your absence reason (entitlement) balances – Press 2
- Review upcoming absences – Press 3
- Review a specific absence – Press 4
- Review or change your personal information – Press 5

If you create an absence over the phone, be sure to make note of the confirmation number that Aesop assigns the new absence for reference.

## New Employee Technology Information

### Email

As a new employee you will receive an email from Whitehall Coplay School District. This email will be set up as follows:

lastnameinitial@whitehallcoplay.org

For example John Smith would be smithj@whitehallcoplay.org

The password that you use to sign in the first time will be provided to the building secretary. Please see them to receive your default password.

### Computer Log In - If your position requires this

You will be assigned a log in Username and Password to sign on to any computer in the district. Your username will be set up as follows:

lastnameinitial

For example John Smith's Username would be smithj

The password that you use to sign in the first time will be provided to the building secretary. Please see them to receive your default password.

### Emergency /Inclement Weather Notifications

The Whitehall Coplay School District uses a telephone notification system to notify our staff off any emergencies or weather delays/closings. In order to receive these notifications we must have you updated information on file. It is your responsibility to make sure that we have the correct information. You can send your information by going to the following url: <https://sites.google.com/a/whitehallcoplay.org/technology-links/home/emergency-and-weather-related-notifications>. This link is also located on the Technology links webpage.

### General Information

There are many tools on our Employee Resources Page. This is located on our district webpage [www.whitehallcoplay.org](http://www.whitehallcoplay.org). On our Employee Resources Page you will find links to many sites, forms, etc. that we use in the district. Please visit our Technology Links Page for useful information such as how to create work orders, updating your notification information and setting up Gradebook. The link to this page is located on the Employee Resources Page or at the following url: <https://sites.google.com/a/whitehallcoplay.org/employeeresources/>

If you need assistance from the Technology Department you can put a work order in through our work order system. If it is an urgent matter you can contact the Helpdesk at x 1854.





eligibility  
requirements



fees



## Member Benefits

### Join Our Unique Financial Family

Lehigh Valley Educators Credit Union was chartered as Allentown Teachers Credit Union in 1934 to help meet the changing financial needs of educators and their families within the Allentown School District. Based upon the credit union philosophy of "People Helping People," we have continued to grow and now serve the majority of Lehigh Valley educational employees. Our credit union is not-for-profit, member-owned, governed by member-volunteers elected to the Board of Directors and managed by experienced professionals.

**If you are looking for better alternatives to managing your money, LVECU offers you a unique choice.**

**Main Office**  
3720 Hamilton Boulevard  
Allentown, PA 18103-4503  
610-820-0145  
Toll-Free: 1-800-800-2311  
Fax: 610-435-5250

**Schnecksville Branch**  
4031 Independence Drive  
Schnecksville, PA 18078-0399  
610-820-0145  
Fax: 610-799-2109

### Hours:

- Monday 9:00 a.m. - 5:00 p.m.
- Tuesday 9:00 a.m. - 5:00 p.m.
- Wednesday 10:00 a.m. - 5:00 p.m.
- Thursday 9:00 a.m. - 6:00 p.m.
- Friday 9:00 a.m. - 5:00 p.m.
- Main Office Only:**  
Saturday 9:00 a.m. - 12:00 p.m.

**ART (Audio Response Teller)**  
610-820-0292  
Toll Free: 1-888-278-3100

**VISA Credit Card**  
Account Information:  
1-800-433-0505 or  
EZCardinfo.com

**Report Lost/Stolen Card:**  
During regular LVECU business hours -  
610-820-0145, ext. 503  
After regular business hours -  
1-800-991-4961

### VISA Debit Card

**Report Lost/Stolen Card:**  
During regular LVECU business hours -  
610-820-0145, ext. 503  
Toll Free: 1-800-800-2311  
After regular business hours -  
Toll Free: 800-554-8969

**Website**  
[www.lvecu.org](http://www.lvecu.org)

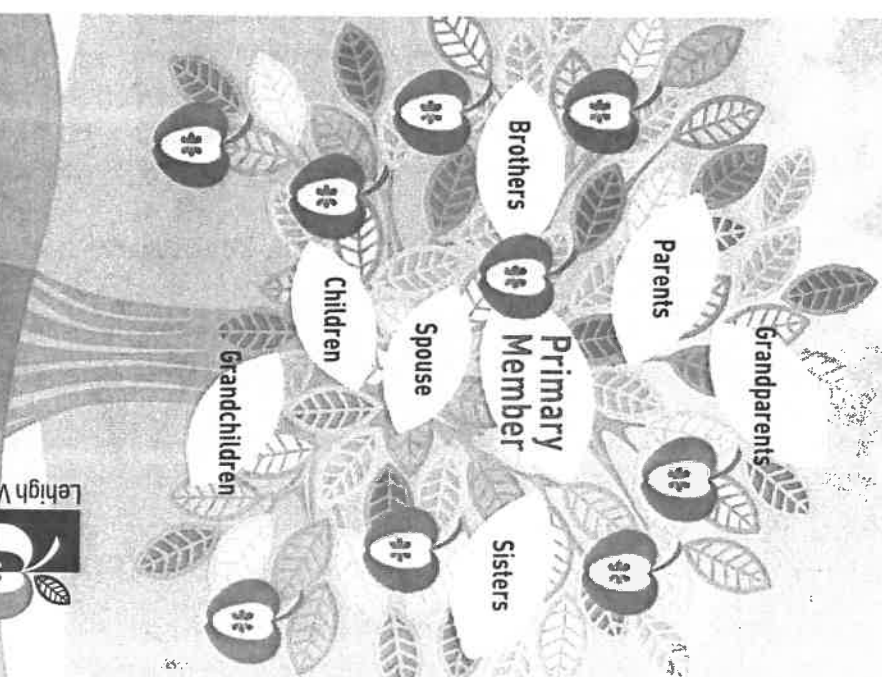
*The information published in this brochure is current as of June 2017. Please contact the credit union for up-to-the-minute loan rates, dividends and other product/service terms and details.*



Federally Insured by NCUA

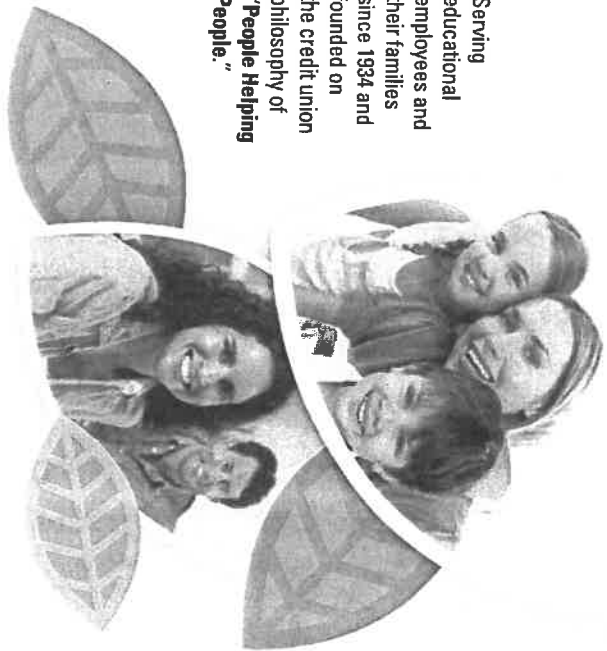
# How Our Family Membership Tree Continues to Grow!

## Come join us.





Serving educational employees and their families since 1934 and founded on the credit union philosophy of "People Helping People."



### Membership Eligibility

You are eligible to join LVECU if you're an employee of a public, private, parochial, charter or technical school, college or university\* located in Berks, Bucks, Carbon, Lehigh, Montgomery, Northampton or Schuylkill counties. When you join as a member, you become a "Primary Member" and your family then becomes eligible for LVECU membership! Family members include step, half and in-law relationships.

### Family Membership

Once you join the credit union, your family members are eligible to join. Invite your parents, children, siblings, grandparents, grandchildren, in-laws and stepfamily members to join our family. When they join, they are immediately eligible for the benefits, advantages, and services of the credit union.

### Federally Insured

LVECU deposits are backed by the full faith and credit of the United States Government through the National Credit Union Administration (NCUA), a government agency. Member deposits are insured to at least \$250,000.

*Please visit our website for a complete listing of eligible schools.*

### Money Management Products and Services

We offer many convenient services for easy, hassle-free financial management.

- **Mobile Banking:** Checking balances, transferring funds and paying your LVECU loans from a smartphone or tablet just became a lot easier!
- **Remote Deposit Capture:** Remote Deposit Capture (Check Deposit by Smartphone) allows you to deposit a check without visiting a branch. All you need is a smartphone and the e-Tran® Mobile App (e-Tran® Online Banking access required).
- **e-Tran® Online Banking:** Banking from home, 24 hours a day.
- **Free Bill Pay:** Easy bill payment using e-Tran® (Share draft checking and e-Tran® required).
- **P2P:** Make Person to Person payments to non-members.
- **e-Statements:** Convenient and secure, view statements anytime and print only when needed.
- **VISA® Debit Card:** Use instead of cash, checks, or credit cards at any participating merchant displaying the VISA® logo worldwide. You can also use it at ATMs to withdraw cash, transfer funds within your accounts, and check account balances.
- **Allpoint®:** Over 55,000 Surcharge-Free ATMs Nationwide.
- **Coin Counting:** Free coin-counting for LVECU members at both offices.
- **ART:** Bank-by-Phone 24 hours a day. Call Toll Free: 888-278-3100 or 610-820-0292.
- **VISA® Travel Cards:** Travel with peace of mind. This re-loadable card is great for travelers of any age. It is not linked to your account so there are no risks, but plenty of benefits. It's usable anywhere VISA® Debit Cards are accepted worldwide.
- **Direct Deposit/AACH:** For paychecks, pension, annuities, dividends, Social Security, and other government checks as well.

### Loans For All Reasons

We offer loan choices with low-interest rates, and convenient term options.

- New & Used Vehicle Loans
- Home Equity Fixed Rate & Variable Rate Loans
- Unsecured Personal Loans
- Share-Secured Loans
- Personal Lines of Credit
- VISA® Credit Card (1% Cashback and Variable)

### VISA® Credit Card Programs

- **VISA® Platinum Credit Card:**
  - No Minimum Finance Charge
  - No Annual Fee
  - Balance Transfers\* with no Transaction Fees
  - 25-Day Grace Period on Purchases
  - 1% Cashback

### VISA® Prestige Credit Card:

- No Minimum Finance Charge
- No Annual Fee
- Purchase Rate (Prime +3.00%)
- Balance Transfers\* with no Transaction Fees
- Cash Advances (Prime +3.00%)
- 25-Day Grace Period on Purchases

### Share Draft/Checking

We offer an alternative to high checking fees and charges at other financial institutions.

- NO Minimum Balance
- NO Monthly Service Charge
- NO Per Check Charge
- Overdraft Protection Available
- VISA® Debit Card Option
- Free Bill Pay with e-Tran®
- Free Mobile Banking

### Savings & Investment Accounts

We pay competitive dividend rates on all share savings accounts to satisfy all your savings needs.

- Regular Share Accounts
- Vacation Shares
- IRA Accounts
- Share Certificates/IRA Certificates
- Holiday Shares
- Share Drafts (checking)
- Alternate Shares
- Money Market Accounts

### Youth Savings Accounts

We offer financial education tools and youth savings accounts for your children and grandchildren.

- Kirby Kangaroo Club (ages 12 and under)
- Claim Your Youth (ages 13-17)

*\*\*From other financial institutions*







# Enjoy Unlimited Surcharge-Free Access!

Free access to your cash has never been easier. Look for the Allpoint ATM at these convenient locations\*:



TARGET



Visit [allpointnetwork.com](http://allpointnetwork.com)

Look for this symbol on the ATM



The ATM may display a surcharge-free screen. Accept the surcharge and proceed with your withdrawal. YOU WILL NOT BE CHARGED THE SURCHARGE-FEE.



