

EMPLOYEE DATA FORM

School Name: _____ Location Code: _____

PERSONAL INFORMATION:

Employee Name: _____ Social Security Number: _____

Last First Middle

Address City State Zip Code

Sex: Male Female

Marital Status: Married Single

Spouse's Birth Date: _____

Contact Information:

Home Phone: _____

Cell Phone: _____

Email Address: _____

Emergency Contact:

Name: _____

Relation: _____

Phone: _____

PAY INFORMATION:

Start Date: _____ Effective Date: _____ Birth Date: _____

Pay Type: Hourly Salary Contract Priest

Pay Frequency: Monthly

Rate of Pay: Hourly \$ _____ Salary \$ _____ Contract \$ _____

Hours Worked Per Week: _____

Position Title: _____

** Employee must work 20 hours or more per week in order to qualify for pension benefits and 403(b).

** Employee must work 30 hours or more per week in order to qualify for health insurance (via website)/LTD.

*** 403(b) deduction of 3% automatically deducted UNLESS declined through website.

PAYROLL INFORMATION:

Please indicate all benefits or deductions employee is electing at this time:

Qualify for Pension Y N Medical Insurance Y N

403-B *** Mass Mutual will send mat'l. Dependent Insurance Y N

Direct Deposit Y N 125-Cafeteria Plan Y N

Employee Signature: (Applicable to School Employees Only)

I authorize the Roman Catholic Diocese of Boise to conduct a background check if I fail to clear the State Department of Education's FBI Background Check within the first 30 Days of employment from my official start date.

Employee Signature Date

PASTOR/ADMINISTRATOR SIGNATURE: _____

DATE: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

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

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

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

| List A | | OR | List B | AND | List C | |
|---|--|--|--|--|---------------------------------------|---------------------------|
| Document Title 1 | | | | | | |
| Issuing Authority | | | | | | |
| Document Number (if any) | | | | | | |
| Expiration Date (if any) | | | | | | |
| Document Title 2 (if any) | | Additional Information | | | | |
| Issuing Authority | | | | | | |
| Document Number (if any) | | | | | | |
| Expiration Date (if any) | | | | | | |
| Document Title 3 (if any) | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | |
| Issuing Authority | | | | | | |
| Document Number (if any) | | | | | | |
| Expiration Date (if any) | | | | | | |
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States. | | | | | First Day of Employment (mm/dd/yyyy): | |
| Last Name, First Name and Title of Employer or Authorized Representative | | | | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) |
| Employer's Business or Organization Name | | | Employer's Business or Organization Address, City or Town, State, ZIP Code | | | |

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND LIST C Documents that Establish Employment Authorization |
|---|----|---|---|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 | | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document. |
| Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274. | | | |
| <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | Receipt for a replacement of a lost, stolen, or damaged List B document. | Receipt for a replacement of a lost, stolen, or damaged List C document. |

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

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

| | | |
|--|--|--|
| Last Name (<i>Family Name</i>) from Section 1 . | First Name (<i>Given Name</i>) from Section 1 . | Middle Initial (<i>if any</i>) from Section 1 . |
|--|--|--|

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

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

| | | |
|--|--|---|
| Last Name (<i>Family Name</i>) from Section 1 . | First Name (<i>Given Name</i>) from Section 1 . | Middle initial (if any) from Section 1 . |
|--|--|---|

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

| | | | |
|--|--|--|--|
| Date of Rehire (<i>if applicable</i>) | | New Name (<i>if applicable</i>) | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) | |
| 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

| | | | |
|--|--|--|--|
| Date of Rehire (<i>if applicable</i>) | | New Name (<i>if applicable</i>) | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) | |
| 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

| | | | |
|--|--|--|--|
| Date of Rehire (<i>if applicable</i>) | | New Name (<i>if applicable</i>) | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) | |
| 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2023**Step 1:****Enter
Personal
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

City or town, state, and ZIP code

- (c) ☐ Single or Married filing separately
☐ Married filing jointly or Qualifying surviving spouse
☐ 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, other details, and privacy.

Step 2:**Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

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
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$**Step 4
(optional):****Other
Adjustments**

(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

First date of
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

| | | | | |
|--|---|-----------|----------|----------|
| • \$27,700 if you're married filing jointly or a qualifying surviving spouse | } | | 2 | \$ _____ |
| • \$20,800 if you're head of household | | | | |
| • \$13,850 if you're single or married filing separately | | | | |

- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$0 | \$850 | \$850 | \$1,000 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,870 |
| \$10,000 - 19,999 | 0 | 930 | 1,850 | 2,000 | 2,200 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 3,200 | 4,070 |
| \$20,000 - 29,999 | 850 | 1,850 | 2,920 | 3,120 | 3,320 | 3,340 | 3,340 | 3,340 | 3,340 | 4,320 | 5,320 | 6,190 |
| \$30,000 - 39,999 | 850 | 2,000 | 3,120 | 3,320 | 3,520 | 3,540 | 3,540 | 3,540 | 4,520 | 5,520 | 6,520 | 7,390 |
| \$40,000 - 49,999 | 1,000 | 2,200 | 3,320 | 3,520 | 3,720 | 3,740 | 3,740 | 4,720 | 5,720 | 6,720 | 7,720 | 8,590 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,340 | 3,540 | 3,740 | 3,760 | 4,750 | 5,750 | 6,750 | 7,750 | 8,750 | 9,610 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,340 | 3,540 | 3,740 | 4,750 | 5,750 | 6,750 | 7,750 | 8,750 | 9,750 | 10,610 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,340 | 3,540 | 4,720 | 5,750 | 6,750 | 7,750 | 8,760 | 9,760 | 10,750 | 11,610 |
| \$80,000 - 99,999 | 1,020 | 2,220 | 4,170 | 5,370 | 6,570 | 7,800 | 8,600 | 9,600 | 10,600 | 11,600 | 12,600 | 13,460 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 6,190 | 7,390 | 8,590 | 9,610 | 10,610 | 11,660 | 12,860 | 14,060 | 15,260 | 16,330 |
| \$150,000 - 239,999 | 2,040 | 4,440 | 6,760 | 8,160 | 9,560 | 10,780 | 11,980 | 13,180 | 14,380 | 15,580 | 16,780 | 17,850 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,760 | 8,160 | 9,560 | 10,780 | 11,980 | 13,180 | 14,380 | 15,580 | 16,780 | 17,850 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,760 | 8,160 | 9,560 | 10,780 | 11,980 | 13,180 | 14,380 | 15,580 | 16,780 | 18,140 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,760 | 8,160 | 9,560 | 10,780 | 11,980 | 13,180 | 14,380 | 15,870 | 17,870 | 19,740 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,760 | 8,160 | 9,560 | 10,780 | 11,980 | 13,470 | 15,470 | 17,470 | 19,470 | 21,340 |
| \$320,000 - 364,999 | 2,040 | 4,440 | 6,760 | 8,550 | 10,750 | 12,770 | 14,770 | 16,770 | 18,770 | 20,770 | 22,770 | 24,640 |
| \$365,000 - 524,999 | 2,970 | 6,470 | 9,890 | 12,390 | 14,890 | 17,220 | 19,520 | 21,820 | 24,120 | 26,420 | 28,720 | 30,880 |
| \$525,000 and over | 3,140 | 6,840 | 10,460 | 13,160 | 15,860 | 18,390 | 20,890 | 23,390 | 25,890 | 28,390 | 30,890 | 33,250 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$310 | \$890 | \$1,020 | \$1,020 | \$1,020 | \$1,860 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,030 | \$2,040 |
| \$10,000 - 19,999 | 890 | 1,630 | 1,750 | 1,750 | 2,600 | 3,600 | 3,600 | 3,600 | 3,600 | 3,760 | 3,960 | 3,970 |
| \$20,000 - 29,999 | 1,020 | 1,750 | 1,880 | 2,720 | 3,720 | 4,720 | 4,730 | 4,730 | 4,890 | 5,090 | 5,290 | 5,300 |
| \$30,000 - 39,999 | 1,020 | 1,750 | 2,720 | 3,720 | 4,720 | 5,720 | 5,730 | 5,890 | 6,090 | 6,290 | 6,490 | 6,500 |
| \$40,000 - 59,999 | 1,710 | 3,450 | 4,570 | 5,570 | 6,570 | 7,700 | 7,910 | 8,110 | 8,310 | 8,510 | 8,710 | 8,720 |
| \$60,000 - 79,999 | 1,870 | 3,600 | 4,730 | 5,860 | 7,060 | 8,260 | 8,460 | 8,660 | 8,860 | 9,060 | 9,260 | 9,280 |
| \$80,000 - 99,999 | 1,870 | 3,730 | 5,080 | 6,260 | 7,460 | 8,660 | 8,860 | 9,060 | 9,260 | 9,460 | 10,430 | 11,240 |
| \$100,000 - 124,999 | 2,040 | 3,970 | 5,300 | 6,500 | 7,700 | 8,900 | 9,110 | 9,610 | 10,610 | 11,610 | 12,610 | 13,430 |
| \$125,000 - 149,999 | 2,040 | 3,970 | 5,300 | 6,500 | 7,700 | 9,610 | 10,610 | 11,610 | 12,610 | 13,610 | 14,900 | 16,020 |
| \$150,000 - 174,999 | 2,040 | 3,970 | 5,610 | 7,610 | 9,610 | 11,610 | 12,610 | 13,750 | 15,050 | 16,350 | 17,650 | 18,770 |
| \$175,000 - 199,999 | 2,720 | 5,450 | 7,580 | 9,580 | 11,580 | 13,870 | 15,180 | 16,480 | 17,780 | 19,080 | 20,380 | 21,490 |
| \$200,000 - 249,999 | 2,900 | 5,930 | 8,360 | 10,660 | 12,960 | 15,260 | 16,570 | 17,870 | 19,170 | 20,470 | 21,770 | 22,880 |
| \$250,000 - 399,999 | 2,970 | 6,010 | 8,440 | 10,740 | 13,040 | 15,340 | 16,640 | 17,940 | 19,240 | 20,540 | 21,840 | 22,960 |
| \$400,000 - 449,999 | 2,970 | 6,010 | 8,440 | 10,740 | 13,040 | 15,340 | 16,640 | 17,940 | 19,240 | 20,540 | 21,840 | 22,960 |
| \$450,000 and over | 3,140 | 6,380 | 9,010 | 11,510 | 14,010 | 16,510 | 18,010 | 19,510 | 21,010 | 22,510 | 24,010 | 25,330 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$620 | \$860 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,650 | \$1,870 | \$1,870 | \$1,890 | \$2,040 |
| \$10,000 - 19,999 | 620 | 1,630 | 2,060 | 2,220 | 2,220 | 2,220 | 2,850 | 3,850 | 4,070 | 4,090 | 4,290 | 4,440 |
| \$20,000 - 29,999 | 860 | 2,060 | 2,490 | 2,650 | 2,650 | 3,280 | 4,280 | 5,280 | 5,520 | 5,720 | 5,920 | 6,070 |
| \$30,000 - 39,999 | 1,020 | 2,220 | 2,650 | 2,810 | 3,440 | 4,440 | 5,440 | 6,460 | 6,880 | 7,080 | 7,280 | 7,430 |
| \$40,000 - 59,999 | 1,020 | 2,220 | 3,130 | 4,290 | 5,290 | 6,290 | 7,480 | 8,680 | 9,100 | 9,300 | 9,500 | 9,660 |
| \$60,000 - 79,999 | 1,500 | 3,700 | 5,130 | 6,290 | 7,480 | 8,680 | 9,880 | 11,080 | 11,500 | 11,700 | 11,900 | 12,050 |
| \$80,000 - 99,999 | 1,870 | 4,070 | 5,690 | 7,050 | 8,250 | 9,450 | 10,650 | 11,850 | 12,260 | 12,460 | 12,870 | 13,820 |
| \$100,000 - 124,999 | 2,040 | 4,440 | 6,070 | 7,430 | 8,630 | 9,830 | 11,030 | 12,230 | 13,190 | 14,190 | 15,190 | 16,150 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 6,070 | 7,430 | 8,630 | 9,980 | 11,980 | 13,980 | 15,190 | 16,190 | 17,270 | 18,530 |
| \$150,000 - 174,999 | 2,040 | 4,440 | 6,070 | 7,980 | 9,980 | 11,980 | 13,980 | 15,980 | 17,420 | 18,720 | 20,020 | 21,280 |
| \$175,000 - 199,999 | 2,190 | 5,380 | 7,820 | 9,980 | 11,980 | 14,060 | 16,360 | 18,660 | 20,170 | 21,470 | 22,770 | 24,030 |
| \$200,000 - 249,999 | 2,720 | 6,190 | 8,920 | 11,380 | 13,680 | 15,980 | 18,280 | 20,580 | 22,090 | 23,390 | 24,690 | 25,950 |
| \$250,000 - 449,999 | 2,970 | 6,470 | 9,200 | 11,660 | 13,960 | 16,260 | 18,560 | 20,860 | 22,380 | 23,680 | 24,980 | 26,230 |
| \$450,000 and over | 3,140 | 6,840 | 9,770 | 12,430 | 14,930 | 17,430 | 19,930 | 22,430 | 24,150 | 25,650 | 27,150 | 28,600 |

Complete Form ID W-4 so your employer can withhold the correct amount of state income tax from your paycheck. Sign the form and give it to your employer. **Use the information on the back** to calculate your Idaho allowances and any additional amount you need withheld from each paycheck. If you plan to itemize deductions, use the worksheet at tax.idaho.gov/w4.

Withholding Status

Check the "A" box (Single) if you're:

- Single with one job or single with multiple jobs
- Filing as head of household

Check the "B" box (Married) if you're:

- Married filing jointly with one job and your spouse doesn't work
- A qualifying widow(er)

Check the "C" box (Married, but withhold at Single rate) if you're:

- Married filing jointly and both people work (or you have multiple jobs)
- Married filing separately



WITHHOLDING STATUS (see information above)

A ☐ (Single) **B** ☐ (Married) **C** ☐ (Married, but withhold at Single rate)

1. Total number of Idaho allowances you're claiming
2. Additional amount (if any) you need withheld from each paycheck (Enter whole dollars)

| | | | |
|-----------------------------|-------|--|--|
| | | Your Social Security number (required) | |
| Your first name and initial | | Last name | |
| Current mailing address | | | |
| City | State | ZIP code | |

Under penalties of perjury, I declare that to the best of my knowledge and belief I can claim the number of withholding allowances on line 1 above.

| | |
|----------------|------|
| Your signature | Date |
|----------------|------|

1. Total number of allowances you're claiming.

Enter the number of children in your household age 16 or under as of December 31, 2023. If you have no qualifying children, enter "0." If your filing status will be head of household on your tax return, add "2" to the number of qualifying children. **Don't claim allowances for you or your spouse.** You can claim fewer allowances but not more.

If you're married, claim your allowances on the W-4 for the highest-paying job for the most accurate withholding. If you're married filing jointly, only one of you should claim the allowances. The other should claim zero allowances.

If you work for more than one employer at the same time, you should claim zero allowances on your W-4 with any employer other than your principal employer.

Write **Exempt** on line 1 if you meet **both** of the following conditions:

- Last year I had no Idaho income tax liability **and**
- This year I expect to have no Idaho income tax liability

Nonresident Aliens

Exempt income. If you're a nonresident alien and all your income is exempt from withholding, write "Exempt" on line 1.

Exempt income from a treaty. If a treaty exempts a portion of your income from withholding, complete federal Form 8233 to claim your treaty benefits, and complete the Idaho W-4 to withhold on income that's not exempt by your treaty.

Idaho taxable income. If you're a nonresident alien and have Idaho taxable income, do all of these:

1. Check the "Single" withholding status box regardless of your marital status.
2. Enter 0 on line 1.
3. Using the Pay Period table below, enter the additional amount of income tax to be withheld for each pay period on line 2. *Exception:* If you're a student or business apprentice from India, report \$0 on line 2.

| Pay Period Table | | | | |
|------------------------------|--------|----------|-------------|---------|
| If your pay period is: | Weekly | Biweekly | Semimonthly | Monthly |
| Enter this amount on line 2: | \$15 | \$30 | \$32 | \$65 |

The withholding table calculations for employers include the standard deduction. Because nonresident aliens don't qualify for the standard deduction, the Pay Period table helps ensure that employers withhold enough.

2. Additional amount, if any, you need withheld from each paycheck.

If you're single or married filing separately and have more than one job at a time, complete the worksheet below to calculate any additional amount you need withheld from each paycheck.

1. Other than your primary job, how many jobs do you expect to have at the same time during 2023? (Don't count your primary job.)
2. Multiply the number on line 1 by \$12,950
3. Enter an estimate of your 2023 income from other jobs (not including your primary job)
4. Enter the smaller of lines 2 or 3
5. If you completed the itemized deduction worksheet for Idaho (tax.idaho.gov/w4), enter the number from line 4. Otherwise, enter "0"
6. Multiply the number on line 5 by \$3,417
7. Subtract line 6 from line 4
8. Multiply line 7 by 6% (.06). This is the additional amount you need to withhold annually
9. Divide the amount on line 8 by the number of your remaining pay periods in 2023. Enter the number on line 2 of the W-4 as the additional amount you need withheld from each paycheck

Contact us:

In the Boise area: (208) 334-7660 | Toll free: (800) 972-7660
Hearing impaired (TDD) (800) 377-3529
tax.idaho.gov/contact



Direct Deposit Authorization

YOU MUST COMPLETE A SEPARATE FORM FOR EACH ACCOUNT YOU ARE ADDING OR CHANGING.

If this is a new account:

1. The account must be established and active at your bank before you request direct deposit.
2. Confirm the bank accepts direct deposits and verify the transit routing and account numbers.
3. For savings accounts, you MUST confirm the transit routing number with your bank.
4. Notify the bank that you are going to set up direct deposit through payroll.

Please check the appropriate box and complete:

- ☐ New direct deposit or new account (A through E or F through J below)
- ☐ Direct deposit is already set up, changing dollar amount only (C through E or H through J below)
- ☐ A new account to replace an existing direct deposit (A through E or F through J below)
- ☐ Account number you are replacing (REQUIRED): _____
- ☐ Cancel direct deposit or close account (Direct deposit MUST be cancelled before account is closed.)

FIRST ACCOUNT

- A. Bank Name: _____
- B. Bank Transit Routing Number: _____
- C. Bank Account Number: _____
- D. Checking ☐ Savings ☐
- E. Full Deposit ☐ Balance of Check ☐ OR _____ % of check OR Only \$ _____

Staple
Voided Check Here

SECOND ACCOUNT

- F. Bank Name: _____
- G. Bank Transit Routing Number: _____
- H. Bank Account Number: _____
- I. Checking ☐ Savings ☐
- J. Full Deposit ☐ Balance of Check ☐ OR _____ % of check OR Only \$ _____

Staple
Voided Check Here

Please return to HR, with a voided check for checking, or a deposit slip for savings accounts.

Each direct deposit account will take 1-2 pay periods to process.

- * I authorize QTS and the bank listed above to deposit my net pay or portion thereof as indicated into my account each payday.
- * If funds to which I am not entitled are deposited to my account, I authorize QTS to direct the bank to return said funds to QTS.
- * I understand that my deposit may not be credited to my account until the payday indicated on the check voucher.

SIGNATURE _____

PRINTED NAME _____

DATE _____



DIOCESE OF BOISE

1501 S. Federal Way, Suite 400 • Boise, Idaho 83705
208-342-1311

Criminal Background Check/Permission to Procure an Investigation Report

Please note: It is important that your handwriting is clear and legible. Please complete all of the information requested. Illegible forms/missing information can cause delays in processing.

Complete the information on pages 1 and 2 of this document and send them to the Office of Child, Youth & Adult Protection, Attn: Gina Burns, 1501 S Federal Way, Suite 400, Boise ID 83705. You can also scan the documents and email them to gburns@rodb.org.

| | |
|---|--|
| Primary Ministry/Employment Location (Check One) <input type="checkbox"/> Parish <input type="checkbox"/> School <input type="checkbox"/> Diocesan Pastoral Center | Location Name (St. John's Cathedral, Holy Rosary School, etc.) |
| Your Primary Diocesan Role <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Clergy | Your Primary Ministry or Job Title |
| This background check is a: <input type="checkbox"/> New Request <input type="checkbox"/> Renewal | |

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. By my signature on this document, I hereby release all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please provide your name as it is shown on your government issued ID.

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

Please list other names used, including maiden name.

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
| | | |
| First Name | Middle Name | Last Name |
| | | |
| First Name | Middle Name | Last Name |
| | | |

| | | | |
|---|---------------------------------|---------------------------|--------------------------------|
| Date of Birth (mm/dd/yyyy) / / | Social Security Number - - | Phone Number () - | Cell Phone Number () - |
| Email Address | | | |
| Have you ever been convicted of a crime involving children? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

For Office Use Only

Renewal ☐ Completed by:

| | |
|------------|----------------|
| Bill Code: | Date Received: |
|------------|----------------|

Current Address

| | | |
|------------------|------------------------------------|-----|
| Physical Address | P.O. Box or Additional Information | |
| City | State | Zip |

Address History

If you have lived in any state other than Idaho in the past 10 years, please provide the following information for each address.

| | | |
|-------|------|--------|
| State | City | County |
| State | City | County |
| State | City | County |
| State | City | County |

Investigative Consumer Report Authorization

In connection with my application, I understand that an investigative consumer report may be requested that might include information regarding my court records (both civil and criminal), my driving records, education and professional credentials, and personal and professional references. This information might come from either public or private sources and might contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document will be kept on file and might be used at any time during my employment or volunteer activity to procure an investigative report. I hereby release and discharge, to the extent permitted by law, the Roman Catholic Diocese of Boise, its employees, any individual or agency obtaining information for the Roman Catholic Diocese of Boise, my personal and professional references, and my former employers, from any and all claims known or unknown, any damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future.

By my signature below, I agree that I have read, understand, and agree with the information stated above.

| | |
|--|------|
| Signature | Date |
| Witness Signature (Trainer or other administrator must sign) | Date |

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of "consumer reporting agencies." A criminal background check is a consumer report under the FCRA. For purposes of this check CICS Employment Services, Inc. is the consumer reporting agency. No other consumer reports, such as credit reports, etc., will be obtained under the release and disclosure signed by you. Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** If the Roman Catholic Diocese of Boise uses a consumer report (criminal background check) to deny your employment or volunteer service—or to take another adverse action against you—we must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about yourself as reported by CICS Employment Services, Inc. You can contact them at 800-660-0507. You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - ✓ a person has taken adverse action against you because of information in your criminal background check.
 - ✓ you are the victim of identity theft and place a fraud alert in your file.
 - ✓ your file contains inaccurate information as a result of fraud.
 - ✓ you are on public assistance.
 - ✓ you are unemployed but expect to apply for employment within 60 days.

In addition, as of September 2005 all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need, usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. For more information, see www.ftc.gov/credit.
- **You may seek damages from violators.** If a consumer reporting agency—or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency—violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, see www.ftc.gov/credit. States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

Frequently Asked Questions/Criminal Background Checks

Why does the Diocese of Boise require background checks?

The Catholic Church values the relationship we have with the youngest and most vulnerable of our faith. Our children are precious, and we must do everything in our power to protect them from harm. While a criminal background check on those who work with children is not a foolproof method of keeping our children safe, it is one small thing that we can do to ensure that those who work with our children do not have a history that would make their presence incompatible with our safe environment program. Our goal is to do what we can to create the safest environment possible for our children and young people. We hope that our employees and volunteers understand the importance of this objective, and cooperate fully with this program.

How do the background checks help the Diocese of Boise in its Safe Environment program?

Background checks are only one part of the complete Safe Environment program. New employees and volunteers must complete a criminal background check, and should also be prepared to provide references and answer questions regarding their background in working with children, and their understanding of appropriate behavior. We can screen for those with potential problems, but we must also make sure that there are standards of behavior in our Church, and that everyone understands the appropriate behavior that will help create a safe environment for children and young people in our Church. Thus, our Safe Environment program also includes sexual misconduct policies, which employees and volunteers must read and then submit signed forms acknowledging receipt of the policies. See the diocesan website (<https://www.catholicidaho.org/Safeenvironmentpoliciesandguidelines>) for examples of our sexual misconduct policies. All employees and volunteers are also required to attend a Safe Environment Workshop, and then renew their training online annually.

Who is required to complete and submit background checks?

All Church personnel, including priests, deacons, religious, seminarians, educators, parish and school personnel, diocesan staff, and volunteers who have regular contact with children are required to have a criminal background check as a condition of employment, or as a condition of volunteering for the Church.

What is meant by "regular contact with children?"

Employees and volunteers must be screened if they have regular contact with children. Clearly, those who work in classrooms—either in schools or in religious education programs—are included in the definition of regular contact with children. Also included are counselors, nurses, coaches, bus drivers, Boy Scout leaders, youth ministers, core team members, school staff, lunchroom volunteers, playground supervisors, music teachers, etc. Any person whose contact with children is sufficient to allow the children to form a relationship with the volunteer must be checked. If you have questions about specific circumstances, contact the Director of Child, Youth & Adult Protection, Mark Raper, at (208) 342-1311 or mraper@rcdb.org.

Will the diocese use the information from my background check to run a credit check?

No. The only check processed is of the applicant's criminal background. The federal law that requires us to provide information and a summary of rights is the Fair Credit Reporting Act, but it covers any kind of an "investigation" of an applicant's background, and thus it covers criminal background checks. Under the Fair Credit Reporting Act, a criminal background check is included in the definition of "consumer report." Do not be confused by the references to "credit" and "consumer report," because the only check performed is a criminal background check.

How are the background checks processed?

The Diocese of Boise has contracted with CICS Employment Services, Inc. to coordinate the background check program. Each person obtaining a background check through the diocese will be required to sign release and disclosure forms. Certified and classified staff, including Day Care providers, employed at our diocesan Catholic schools will receive background checks through the Idaho State Department of Education.

What information does the diocese receive in a completed background check?

The vendor prepares a report that lists various types of information and provides this report to the diocese. The information on the report includes:

- 1) *Social Security Validation*: This allows the diocese to determine if the employee or volunteer has provided a validly issued Social Security number, and that the name given is the correct name for that person. The report will disclose if a person has previously used other names, and will use this information to perform a criminal history check.
- 2) *National Crime Check*: This provides information available in a national criminal history database, which contains information from various departments of correction and prison systems across the country. Searches of this database reveal if the employee or volunteer has been in the prison system anywhere in the country.
- 3) *Federal Convictions*: This indicates any time an employee or volunteer spent in federal custody.
- 4) *Sex Offender Search*: This search identifies whether a person's name, date of birth, or Social Security number is tied to a registered sex offender.
- 5) *Statewide Crime Search*: This is the most reliable way to discover all relevant criminal history. In many states, the only way to ensure that all relevant criminal records are checked is by physically checking the records in the county of residence. This will reveal the type of offense, the date it occurred, and the disposition. Many misdemeanor charges are also included in this report.

How long does it take to complete a background check?

Many of the searches are computerized, so a base turnaround time is usually 2 to 3 business days. However, sometimes circumstances can prolong the turnaround. For instance, an international search versus a domestic search will take longer, and some out of state searches take much longer than a search in Idaho. Another factor in turnaround is time of year. The beginning of school is typically very busy, and the volume can cause delays in processing. For these reasons, allow up to 10 days for background checks to clear.

Can an employee or volunteer begin work or continue to work while waiting for the results of a background check?

Neither employees nor volunteers may start work or volunteer on behalf of the diocese until they have cleared a background check. For school employees, the required background check is obtained through the Idaho State Department of Education.

How will the diocese track who has completed background checks and when they are due for renewal?

The Department of Child, Youth & Adult Protection is responsible for keeping track of background checks. To assist in tracking, each active employee/volunteer has a profile page in CMG Connect. The profile page tracks all background checks, training certification, and policy acknowledgment forms, and provides expiration dates for training and background checks. Our office is also in frequent contact with the representatives of our diocesan parishes and schools.

What if I have questions or problems in completing the required authorization forms?

Contact the Background Check Coordinator, Gina Burns, at (208) 350-7553 or gburns@rcdb.org, or the Director of Child, Youth & Adult Protection, Mark Raper, at (208) 342-1311 or mraper@rcdb.org.



ROMAN CATHOLIC DIOCESE OF BOISE

Cafeteria Plan Benefit Election and Compensation Reduction Agreement

Name: _____

Address: _____

Social Security Number: _____-_____-_____

On the accompanying benefit enrollment form(s), I have enrolled for certain dental and medical benefit coverages.

I elect to receive both my dental and medical benefit coverages under the Roman Catholic Diocese of Boise Cafeteria Plan. Any previous Benefit Election and Compensation Reduction Agreement under the Cafeteria Plan relating to the same benefits is hereby revoked.

I and the Roman Catholic Diocese of Boise agree that my pay will be reduced by the amount of my required contribution for this benefit options I have elected under the Cafeteria Plan, effective _____* and continuing for each succeeding pay period until this Agreement is amended or terminated. The amount of my required contribution for the benefit options selected is set forth on a schedule that has been provided to me.

I understand that:

- I cannot change or revoke this Benefit Election and Compensation Reduction Agreement as of any date prior to the next January 1, unless I have a change in the family status (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse and such other events as the Plan Administrator determines will permit a change or revocation of an election).
- *The pay reduction may not be effective for any period that begins before you have signed this form and returned it to the Plan Administrator.
- If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my pay reduction will automatically be adjusted to reflect that increase or decrease.



DIOCESE OF BOISE

1501 S. Federal Way, Suite 100 • Boise, Idaho 83703
www.catholicidaho.org

Roman Catholic Diocese of Boise

Benefit Summary

Reta Health Insurance Plan (Anthem Network)

All employees who work a minimum of 30 hours per week are eligible for health insurance.

- o \$25 co-pay for "in network" providers
- o \$10-60 co-pay for prescription drugs
- o Diocese pays 80% of employee's premium (premiums vary according to subscriber age)
- o Spouse and dependant coverage available, paid by employee pre-tax.

Group Dental Plan (Provided with the Health Insurance Plan)

Vision Plan (Provided with the Health Insurance Plan)

403b Investment Plan

3% Auto enroll retirement plan that allows employees to contribute to their own account with pre-tax or post-tax dollars.

Lay Pension Plan

Employees who regularly and customarily work at least 20 hours a week are eligible for participation in the Diocese of Boise pension plan. Employees are 50% vested after 5 years of service, 100% vested after 10 years of service. This is a defined benefit plan funded by employer contributions.

Long Term Disability and Group Life Insurance

Long-Term Disability is effective on the first day of the month following employment. Benefits are available after 90 days of disability.

Life Insurance with Accidental Death and Dismemberment provision is provided for all employees working a minimum of 30 hours per week. The life insurance is \$50,000 with an additional \$50,000 for accidental death. The benefit does decrease 35% at age 65 and 50% at age 70.

Disability Guidance is provided for support, resources and information for personal and work-life issues. This is company-sponsored, confidential and provided at no charge to you or your dependents.

Flexible Spending Account

Health care – Employees may contribute up to \$2,650 pre-tax dollars per year to pay for medical, dental and vision expenses not covered by insurance. Dependent care – Employees may contribute up to \$5,000 pre-tax dollars to pay for daycare expenses. Flexible spending accounts may not be modified during the calendar year.

Tuition Benefit

All full-time employees (those who work 30+ hours per week) are entitled to free tuition for their children at any of the Catholic Schools in the Diocese.

Sick Leave

All regular full time and regular part time employees who work at least 20 hours per week are eligible for sick leave.

Holiday Pay

All regular full time employees who work a minimum of 35 hours per week are eligible for paid holiday time. Regular part-time employees scheduled to work at least 20, but fewer than 40 hours per week are paid holiday time which is pro-rated based on the hours regularly worked each week. Regular part-time employees must be normally scheduled to work on a given paid holiday in order to receive pay. Employees scheduled to work less than 20 hours per week are not eligible for holiday pay.

Vacation Leave

All regular full time employees and regular part time employees are eligible for paid vacation time. Accrual is based upon number of hours worked and length of service.

Note: Refer to Personnel Policies for additional information.

Health, Dental and Vision Insurance

You must go online to complete the enrollment process for health, dental and vision insurance coverage. You will receive an email from MyEnrollServices within 2-3 weeks of your start date. If you do not receive the email, please contact your payroll person. Please follow the attached instructions from RetaEnroll.

We highly recommend you complete this process by the 10th of the month. If the information is not entered in the Reta site in a timely manner, you run the risk of having double premiums withheld in one month.



ROMAN CATHOLIC DIOCESE OF BOISE

RetaEnroll

Welcome to the Reta Trust!

As a new employee of The Roman Catholic Diocese of Boise, you are eligible to enroll for employee benefits. You may elect your benefits using RetaEnroll, the Reta Trust online enrollment system at www.retatrust.org.

During your New Hire Enrollment period, you must go online to elect your benefits and enter dependent information for this year's benefit plan. Your New Hire Election Period begins 30 days following your date of hire for a duration of 45 days. With RetaEnroll, you can view all of your insurance benefits and related information anytime, including:

- **Personal Data** (home address, birth date, etc.)
- **Dependents** (names, birth dates, student status, etc.)
- **Benefit Elections** (medical, dental, life, disability, etc.)
- **Beneficiaries** (life insurance beneficiaries)

A User ID and Password is required to access the site.

Obtaining a User ID and Password

You may obtain your unique User ID and Password by going to the Reta Trust home page (www.retatrust.org) and clicking on the "Help" link for assistance with log-in. You will be prompted to enter your:

- First Name
- Last 4-Digits of your Social Security Number
- Date of Birth, and
- 5-digit Zip Code

RetaEnroll will verify your information and ask you to enter an email address, after which, RetaEnroll will immediately send you two separate emails. The first email will contain your User ID; and the second will contain your Password. Once you receive both your User ID and Password, return to www.retatrust.org and enter your new User ID and Password in the upper right corner and you will be directed to the **Enrollment Wizard**.

Once logged in, you will have the opportunity to modify your system-assigned User ID and/or Password to values you find easier to remember. Please save your confidential information in a secure place. Neither your HR department nor BAS can provide you with your User ID or Password. You must use the self-service "Help" link at www.RetaTrust.org to obtain this information.

Making your Online Elections

The enrollment site is available 24 hours a day, 7 days a week during your New Hire Enrollment period. When you are ready to make your elections, follow these five steps:

1. Go to www.retatrust.org and enter your User ID and Password in the upper right corner.
2. Follow the easy enrollment steps using the Enrollment Wizard.
3. Confirm or change your benefit options.
4. Approve your elections.
5. Print your benefits confirmation statement.

If you need to go back and make changes, you may do so as long as it is within your New Hire Enrollment period.

Please Note: If you do not elect any benefits during your New Hire Enrollment Period, you will automatically be waived from all optional benefit plans.

If you Need more Detailed Information or Assistance

Detailed information about your benefits plan is available in the online Reference Library link under “Tools” in the left menu bar. You must log-in with your User ID and Password to access this resource. If you require assistance with accessing your account (or do you not have access to the internet), please call the Reta Enroll Client Services Department toll free at 1-877-303-7382 from 8:30 AM to 8:00 PM EST, Monday through Friday, or send an email to [Service @Retaenroll.org](mailto:Service@Retaenroll.org). If you need further assistance regarding your individual benefit plan options, contact your HR Department.



Create the future you want

Pursuing your long-term financial independence begins now

Your Roman Catholic Diocese of Boise 403(b) Plan Roman Catholic Diocese Boise can help you achieve the retirement you want — a future focused on what you want to do instead of what you have to do. Get started today and use the tools to help you invest for the retirement income you may need.



Unless otherwise noted: Not a Deposit | Not FDIC Insured | Not Bank Guaranteed | Funds May Lose Value | Not Insured by Any Federal Government Agency



SAVING

Know where your savings stand

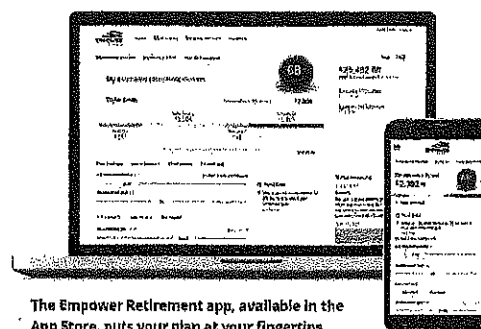
Knowing your estimated monthly income in retirement can help you better prepare for your future.

Your Roman Catholic Diocese of Boise 403(b) Plan Roman Catholic Diocese Boise provides you with an easy-to-understand monthly estimate that:

- Gives you a savings goal.
- Helps you plan for your future.
- Shows how you compare with other savers.

Use the online tool to:

- Easily model different savings scenarios.
- Take the next step to help boost your retirement income.
- Quickly adjust contributions and rebalance your portfolio.



The Empower Retirement app, available in the App Store, puts your plan at your fingertips.

FOR ILLUSTRATIVE PURPOSES ONLY.

Get the most out of your plan

Take advantage of features available in your plan designed to help you get closer to your retirement goals.

- Easy payroll deductions so you can save with every paycheck.
- Pretax contributions that reduce your current taxable income.
- Any earnings on Roth contributions may be tax-free at the time of withdrawal.*
- Ability to save up to \$20,500 in 2022.
- You may also be able to contribute more if you've worked 15 years or more for your organization.
- Additional plan details, including when you become eligible, are available in the plan documents on the website.

*Subject to requirements: Roth contributions must be in your account for at least five years and the money withdrawn after age 59½, death or disability.

If there are any discrepancies between this Enrollment Guide and the Plan Document, the Plan Document will govern.

Your journey begins with automatic enrollment

Money will be automatically taken from your pay and contributed to your plan account at a pretax contribution rate of 3% of your pay, unless you choose a different contribution amount or choose not to contribute. Also, your contribution rate will increase 1% annually until you reach 100%. Your contributions will be automatically invested in the plan's default investment option(s), unless you make a different election. You can change how your account is invested at any time.

You'll get more information about the plan's enrollment features.



INVESTING

An investment in your future

One key to investing is choosing investments based on your age, your unique situation and your investing style.

Do-it-myself investor

Your plan offers a range of investments that allows you to choose the mix of investments to fit your strategy.

Your plan also offers My Total Retirement™*, which provides a personalized retirement strategy created by our experienced professionals potentially for additional fees. If you prefer to manage your own investments, you can choose online advice at no additional cost.*

There is no guarantee provided by any party that participation in any of the Advisory Services will result in a profit or that the related account will outperform a self-managed portfolio invested without assistance.



MANAGING

Manage your account

Get information fast!

Provide your email address and sign up to receive electronic communications. Simply log on and follow these easy steps:

1. Click on your name in the upper right of the screen.
2. Go to *Communication preference* to make your election.

Designate your beneficiary

Ensure you pass your plan benefits on to the people you intend. Log on to the website and follow these steps:

1. Choose your plan name.
2. Click on *Beneficiaries*.

Keep life simple

Consider rolling over your accounts from previous employer plans and:

- Get one statement.
- View one website.
- Call one number.

Call Empower at **1-800-338-4015** to get started.

You can get more information about your plan, fees and investment choices at any time online.

You are encouraged to discuss rolling money from one account to another with your financial advisor/planner, considering any potential fees and/or limitation of investment options.

Empower
P. O. Box 173764
Denver, CO 80217-3764

Contact us



1-800-338-4015 weekdays from 6:00 a.m. to 8:00 p.m.
Mountain time.

TTY: 800-345-1833



empowermyretirement.com

For first-time access:

- Log on and select *Register*.
- Choose the *I do not have a PIN* tab.
- Follow the prompts to create a username and password.

Securities offered by Empower Financial Services, Inc., Member FINRA/ SIPC, marketed under the Empower brand. EPSI is affiliated with Empower Funds, Inc.; Empower Trust Company, LLC; and registered investment advisers Empower Advisory Group, LLC and Empower Capital Management, LLC, marketed under the Empower InvestmentsSM brand. This material has been prepared for informational and educational purposes only and is not intended to provide investment, legal or tax advice.

*Online advice and My Total RetirementSM are part of the Empower Advisory Services suite of services offered by Empower Advisory Group, LLC, a registered investment adviser.

Rebalancing, diversification, and asset allocation do not ensure a profit and do not protect against loss in declining markets. Asset allocation and balanced investment options and models are subject to the risks of the underlying investments, which can be a mix of stocks/stock funds and bonds/bond funds.

Investing involves risk, including possible loss of principal.

All information contained on the website, in prospectuses, and in other investment option documents is offered in English. If needed, please have this information translated for your understanding.

IMPORTANT: The projections, or other information generated by the Empower participant experience and the Empower Lifetime Income Score regarding the likelihood of various investment outcomes, are hypothetical in nature. They do not reflect actual investment results and are not guarantees of future results. The results may vary with each use and over time.

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DC-EnrollmentKIT-1504 R02241157-0822

**THE ROMAN CATHOLIC DIOCESE OF BOISE LAY PENSION PLAN
BENEFICIARY DESIGNATION FORM**

If you pass away prior to an amount equal to your vested pension account balance being paid, your beneficiary will receive the remainder of your benefit. If you are **married**, your spouse is automatically your Primary Beneficiary (please complete the Primary Beneficiary section below). Please also provide a secondary beneficiary, in the event your spouse predeceases you. If you are **not married**, please designate a beneficiary.

| | | | |
|----------------------|--------|-----------|---------------------------|
| Participant Name: | | | Social Security Number: |
| Home Street Address: | | | Date of Birth: |
| City: | State: | Zip Code: | Participant Phone Number: |

Please note:

- 1) You can not designate a personal trust, an organization or estate as your beneficiary**
- 2) You can have only one beneficiary at a time**

I hereby designate the following individual(s) as my **pre-retirement** pension beneficiary(ies):

Primary Beneficiary:

| | | | |
|------------------------------|-------------------------|----------------|---------------|
| Name of Primary Beneficiary: | Social Security Number: | Date of Birth: | Relationship: |
| Street Address: | | | |
| City: | State: | Zip Code: | |

Secondary Beneficiary:

| | | | |
|--------------------------------|-------------------------|----------------|---------------|
| Name of Secondary Beneficiary: | Social Security Number: | Date of Birth: | Relationship: |
| Street Address: | | | |
| City: | State: | Zip Code: | |

Signature of Plan Participant

Date

The beneficiary(ies) designation made above revokes any other designation made prior to this date. I reserve the right to change this designation.

Return this completed form to:
Diocese of Boise Pension Service Center-DB
C/O USI Consulting Group
95 Glastonbury Blvd., Suite 102
Glastonbury, CT 06033
Fax: (860) 659-1673
Email: Boise.Pension@usi.com
We recommend that you make a copy of this form for your records.

**UNITED HERITAGE LIFE INSURANCE COMPANY**

P.O. BOX 7777 | MERIDIAN, IDAHO 83680-7777
Phone Number: 800-657-6351
www.unitedheritage.com

Group Insurance Beneficiary Form

Please fill out Sections 1-6 for personal information on the employee.

| | | | |
|---|---------------------------|---|--------------------------|
| 1. Employee's Full Name | | Date of Birth (Month/Day/Yr.) | |
| Address (Including City, State & Zip Code) | | Group Number 3797 | |
| 2. Name of Employer Roman Catholic Diocese of Boise | Employee Job Title | Full-Time Employment (Month/Day/Yr.) | Hours Worked Per Week |
| 3. Male <input type="checkbox"/> Female <input type="checkbox"/> | 4. Social Security Number | | 5. Gross Monthly Salary |

Your primary beneficiary will receive your death benefit in the event of your death.
The contingent beneficiary will receive your death benefit if the primary beneficiary is no longer living.

| | Yes | No | | Yes | No |
|---|-------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|
| 6. Employee Life Insurance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Short Term Disability Insurance | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dependent Life Insurance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Additional Buy-Up STD Plan | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Number of Eligible Dependents Including Spouse | n/a | | Long Term Disability Insurance | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Supplemental/Voluntary Group Life Insurance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Additional Buy-Up LTD Plan | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Voluntary Accidental Death & Dismemberment .. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| <input type="checkbox"/> Employee Only | | | | | |
| <input type="checkbox"/> Family | | | | | |
| Amount Requested \$ n/a (\$10,000 increments to a max of \$300,000) | | | | | |

NOTE: EVIDENCE OF INSURABILITY MAY BE REQUIRED.

| | | | |
|--|-------|----------------|---------------------|
| 7. Primary Beneficiary's Last Name | First | Middle Initial | Relationship to You |
| Full Address of Beneficiary | | | Phone |
| Contingent Beneficiary's Last Name | First | Middle Initial | Relationship to You |
| Full Address of Contingent Beneficiary | | | Phone |

8. Unless otherwise provided herein, Beneficiaries designated to share proceeds shall share equally and the share of any Beneficiary who does not survive me shall be paid to the Contingent Beneficiary. If no Beneficiary survives me, the payment shall be made according to the terms of the policy, subject to revocation by me by written notice to my employer. I request the insurance provided by my employer's group insurance plan(s), and authorize the required deduction, (if any) from my wages.

United Heritage Life Insurance Company assumes no responsibility for the beneficiary designation complying with any community property laws relating to the designation. Community property states include: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

Date Signed _____ Employee Signature _____



FLEXIBLE BENEFITS PLAN ELECTION FORM & COMPENSATION REDIRECTION AGREEMENT

Company: ROMAN CATHOLIC DIOCESE OF BOISE

» ALL FIELDS ARE REQUIRED – PLEASE PRINT «

PLAN YEAR DATES: 01/01/2023 To 12/31/2023

DIVISION: _____ (if applicable) DOH _____ EFF DATE _____

SOCIAL SECURITY NUMBER: _____

FULL NAME: _____
21 characters maximum including spaces if embossed on the WEX Health® s Card

HOME ADDRESS: Street _____

City _____ State _____ Zip Code _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ HOME PHONE: _____

ELECTION OF BENEFITS

In accordance with my rights under the Plan, I elect the following amounts for each I have selected. The Employer and I agree that my cash compensation will be redirected by the amounts set forth below for the Plan Year designated above.

» I receive my paychecks:

☐ Weekly(52) ☐ Biweekly(26) ☒ Biweekly(24) ☐ Semimonthly(24) ☐ Monthly(12)

| FLEXIBLE SPENDING ACCOUNT OPTIONS | PAY PERIOD <u>ELECTION AMOUNT</u> <small>(Plan Year Amt ÷ # Pay Periods)</small> | PLAN YEAR <u>ELECTION AMOUNT</u> <small>(Pay Period Amt x # Pay Periods)</small> |
|--|--|--|
| 1. Health Care Reimbursement Arrangement <small>(maximum \$ 3,050.00 per plan year)</small> | \$ _____ | \$ _____ |
| 2. Dependent/Child Care Reimbursement Account <small>(maximum \$ 5,000.00 per tax year)</small> | \$ _____ | \$ _____ |

After completing your election above, read the back of this form carefully. Please sign and date the reverse side of this form if you want to participate in any of the spending arrangement options above.

EMPLOYER USE ONLY – PLEASE COMPLETE BEFORE SENDING COPY TO ADMIN AMERICA

FIRST DEDUCTION/PAY DATE: _____ TOTAL NUMBER OF DEDUCTIONS: _____

MEDICAL CARE REIMBURSEMENT

I understand that:

- Reimbursement will be available for "qualifying health care expenses" as described in the Summary Plan Description.
- **I cannot** change or revoke my Medical Care Reimbursement Account at any time during the plan year unless I experience a "change in status" event. Such change in status events are described in the Summary Plan Description.

DEPENDENT CARE REIMBURSEMENT

I understand that:

- Reimbursement will be available for "qualifying dependent care expenses" as described in the Summary Plan Description.
- **I cannot** change or revoke my Dependent Care Reimbursement Account at any time during the plan year unless I experience a "change in status" event. Such change in status events are described in the Summary Plan Description.

OTHER IMPORTANT TERMS AND CONDITIONS

I understand that:

- Before the first day of each plan year I will be offered the opportunity to make my election for the new year. **If I do NOT complete and return a new election form prior to the first day of the new year**, I will be treated as having elected NOT to participate in reimbursement accounts effective for the new plan year.
- **I understand that my Employer has chosen to issue me a WEX Health™ Visa® s Card for use with my flexible spending account, and I will receive a second card for my spouse or dependents.** I also understand that I am required to submit appropriate proof of qualified expenses within 60 days of the date the expense is incurred.
- **I am solely responsible for notifying the Employer if I have reason to believe that an expense for which I have obtained reimbursement is not a qualifying expense.** I understand that, upon notification, I must immediately re-pay my Employer for the amount of any non-qualified reimbursement and that my Card may be immediately suspended or revoked for failure to comply.
- This agreement will automatically terminate if the Plan is terminated or discontinued, or if I cease to receive compensation from the Employer which, before redirection hereunder, is at least equal to the amount of that redirection.
- The Plan Administrator may reduce or cancel my compensation redirection or otherwise modify this agreement in the event he believes it is required in order to satisfy federal law.
- Any amounts that are not used during a plan year to provide s will be forfeited and may not be paid to me in cash or used to provide s in a later plan year. Plans that offer the rollover provision are subject to the aforementioned forfeiture for account balances over the rollover limit. See your plan documents for additional details. Plans that offer the grace extension allow dates of service after the plan year end up to the final grace date. See your plan documents for additional details.
- My Social Security s may be slightly reduced as a result of my election.

Enrollment & WEX Health® Benefits Card Agreement

WEX Health® S CARD AGREEMENT (applicable only if offered by your employer)

As a participant in one or more of your employer plans, you may be eligible to receive two WEX Health® Visa® Cards with your name on them. You agree to use them in accordance with this Agreement and the Cardholder Agreement that will be provided to you in the envelope with the two WEX Health® Visa® Cards.

You understand that the WEX Health® Visa® Card is restricted to certain merchant categories and is not accepted at all Visa® locations. You understand that you may not obtain a cash advance with the WEX Health™ Card at any merchant, bank or ATM. You understand that the WEX Health® Visa® Card is to be used exclusively for qualified expenses as defined by the plan(s) in which you participate. If the WEX Health™ Card is issued pursuant to employer plans and you use the card to pay for an expense that is not a qualified expense, you are indebted to your employer and must repay the full amount of the non-qualified expense.

You agree to save all receipts and invoices related to any expense paid using the WEX Health® Visa® Card. If required, you agree to submit copies of these documents attached to a signed claim form for review by Admin America, the Plan Service Provider. Failure to submit the receipt(s) when required will cause the expense to be treated as a non-qualified expense and you will be required to remit payment to your employer. Payment may be in the form of an offsetting claim, a personal check, electronic draft from your personal checking or savings account, a post-tax deduction from your paycheck, or other options established by your employer.

ENROLLMENT AGREEMENT

This agreement (1) is subject to the terms of the employer's Flexible s Plan, Medical Care Reimbursement Plan and/or Dependent Care Assistance Plan in effect as amended from time to time, (2) shall be governed by and construed in accordance with applicable laws, (3) shall take effect as a sealed instrument under applicable laws, and (4) to the extent allowed by law, revokes any prior election and compensation redirection agreement relating to such plan(s) for the corresponding Plan Year.

Employee's Signature: _____ **Date:** _____

(FLEXIBLE SPENDING ACCOUNT)

FSA

ELIGIBLE EXPENSES



ELIGIBLE EXPENSE EXAMPLES

There are thousands of eligible expenses for tax-free purchase with your account funds, including prescriptions, doctor's office copays, health insurance deductibles, and coinsurance. Many over-the-counter (OTC) treatments are also eligible.

- | | | | | |
|-------------------------------------|---|---------------------------------|--|---|
| ✓ Acupuncture | ✓ Chiropractic care | ✓ Family planning items | ✓ Orthodontia (not for cosmetic reasons) | ✓ Smoking cessation program and medications |
| ✓ Alcoholism treatment | ✓ Contact lenses and related materials | ✓ Fertility treatment | ✓ Over-the-counter (OTC) treatments containing medicine—cold treatments, ointments, pain relievers, stomach remedies, etc. | ✓ Surgery |
| ✓ Ambulance | ✓ Dental treatment | ✓ Flu shot | ✓ Over-the-counter (OTC) treatments without medicine—bandages, wraps, medical testing devices, etc. | ✓ Sunscreen & sun block (SPF 15+, broad spectrum) |
| ✓ Artificial limb | ✓ Dentures | ✓ Hearing aids | ✓ Oxygen | ✓ Transportation for medical care |
| ✓ Birth control pills | ✓ Diagnostic services | ✓ Hospital services | ✓ Physical exam | ✓ Weight loss program necessary to treat a specific medical condition |
| ✓ Blood pressure monitoring device | ✓ Drug addiction treatment | ✓ Immunization | ✓ Physical therapy | ✓ Wheelchair, walkers, crutches, and canes |
| ✓ Breast pumps and related supplies | ✓ Eye examination, eye glasses, and reading glasses | ✓ Insulin and diabetic supplies | ✓ Prescription drugs | |
| | | ✓ Laboratory fees | ✓ Psychiatric care | |
| | | ✓ Laser eye surgery | | |
| | | ✓ Medical testing devices | | |
| | | ✓ Menstrual care products | | |
| | | ✓ Nursing services | | |
| | | ✓ Obstetrical expenses | | |

INELIGIBLE EXPENSE EXAMPLES

These items are not generally eligible for tax-free purchase with your account funds.

- | | | |
|--|----------------------|-------------------------------------|
| ✗ Concierge service fees (billed for future services; no treatment provided) | ✗ Exercise equipment | ✗ Household help |
| ✗ Cosmetics and cosmetic surgery | ✗ Fitness programs | ✗ Illegal operations and treatments |
| ✗ Deodorant | ✗ Funeral expenses | ✗ Maternity clothes |
| | ✗ Hair transplants | ✗ Teeth whitening |

DUAL PURPOSE ITEMS

Items that can be used for a medical purpose or for general health and well-being are considered "dual purpose" and are eligible only with a prescription, doctor's directive or letter of medical necessity. Examples include:

- | | |
|---------------------------------------|-----------------------------------|
| ✓ Dietary and weight loss supplements | ✓ Snoring cessation aids |
| ✓ Fiber supplements | ✓ Vitamins and herbal supplements |
| ✓ Orthopedic shoes and inserts | |



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