

OHIO AUDITOR OF STATE  
**KEITH FABER**



**Auditor of State of Ohio (AOS)  
On-boarding Packet for  
Unclassified Employees**

**Human Resources Department**  
77 S. High St., Floor 25  
Columbus, OH 43215  
(614) 728-7177

# Auditor of State of Ohio Personal History Information Form

Office Use Only: _____	EMPID _____

**Section 1: Personal Information**

<b>Name:</b>		
<b>Last</b>	<b>First</b>	<b>Middle Initial</b>
<b>Street Address</b>		<b>Home County</b>
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Telephone (with area code)</b>
<b>Spouse</b> _____		

**Section 2: Education**

Total years of education \_\_\_\_\_ Academic Degree \_\_\_\_\_ Major \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

Have you ever held, or do you now hold, an elective or appointed office in the State of Ohio?    Yes    No

If so, indicate what office and dates held \_\_\_\_\_

**Section 3: Accident Notification**

In case of an emergency contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship \_\_\_\_\_

**Section 4: Automobile Information**

Ctg" {qw'cdrg'vq'r tqxkf g'tcpur qt vckqp'vq'y qtmA"    [ gu"    P q

Ecp" {qw'f tkxg'c'ectA'    [ gu"    P q

Ctg" {qw'c'hegpugf'f tkxgtA"    [ gu"    P q"    Nhegpug'P q0aaaaaaaaaaaaaaaa

Ki" {qw'f tkxgtu'hegpug'ht'y qtnlr tkxkrgi gu'qpn{ A"    [ gu"    P q

F q" {qw'qy p'c'ectA    [ gu"    P q

F q" {qw'ectt { "cwq'lpwtcpegA    "Yes    No

P co g"qh'lpwtcpeg'ecttkt-< \_\_\_\_\_

V {r g'qh'cwq'lpwtcpeg'Eqxgtci g<    "Full    Liability Only

Note: All employees that vcxgrlqp'cw'kqt'qh'Ucyg'dwulpguu'o wv'ectt { 'tkclrkx' lpwtcpeg0

\_\_\_\_\_  
Signature \_\_\_\_\_  
Today's Date



## “Suggested Employee Questionnaire” for Self-Identification of Race/Ethnicity EEO Form

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

### INSTRUCTIONS

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice:** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual’s terms and conditions of employment, because of such individual’s race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

### INVITATION TO SELF-IDENTIFY

ANSWER THE FOLLOWING QUESTION

#### What is your race/ethnicity?

Select the one that describes the race/ethnicity category with which you primarily identify.

**Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American:** a person having origins in any of the black racial groups of Africa.

**Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.



# 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	
<p><b>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.</b></p>		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 <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , 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)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> 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.</p>		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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>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"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*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 <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**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.
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**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 (Family Name)	First Name (Given Name)	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> )
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**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> )
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Additional Information (Initial and date each notation.)

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 (Family Name)	First Name (Given Name)	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> )
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**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> )
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Additional Information (Initial and date each notation.)

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 (Family Name)	First Name (Given Name)	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> )
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**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> )
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

OHIO AUDITOR OF STATE  
**KEITH FABER**



**SUPPLEMENTAL EMPLOYMENT AGREEMENT**

I, \_\_\_\_\_, do hereby agree that as a condition of my initial employment, satisfactory completion of my probationary period and continued employment with the State of Ohio, that if I am now or ever become subject to a lawful agreement or court order requiring me to pay child support, I will pay all monies required by such agreement or order in a timely fashion as provided in such agreement or order in a timely fashion as exists at the time of my initial employment or occurs subsequently, I agree to satisfactorily liquidate such arrearage in accordance with any subsequent agreement or order.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

Distribution: White Copy - Submit with application  
Canary Copy - Retain at Agency

ADM 4288 Aug. 11, 2021

**Human Resources Department**  
77 S. High St., Floor 25  
Columbus, OH 43215  
(614) 728-7177

# Get ready for something really big.



OHIO DEFERRED  
COMPENSATION

## 1

Yep, it's Ohio's tax-deferred retirement savings plan. It comes right out of your paycheck, so you won't miss it.

Want to know why it's so cool?

Most people dream of having a comfortable lifestyle, including after they stop working.

Start dreaming now:

For every pre-tax dollar you set aside for yourself, you could get \$3 to spend when you stop working.

Pretty nice, eh?



This illustration is a hypothetical compounding example that assumes biweekly contributions (for 30 years) at a 6 percent annual effective rate of return. Actual compounding for each \$1 deferred is \$2.80. The illustration includes rounding and shows the principle of time and compounding. It is not intended to predict or project the investment results of any specific investment. Investment returns are not guaranteed and will vary depending on investments and market experience. If fees, taxes, and expenses were reflected, the hypothetical returns would be less.

## 2

Getting started is a simple choice.



Yes, I want to take this step to help me enjoy a comfortable lifestyle for the rest of my life, even after I stop working.

Enroll at [Ohio457.org](http://Ohio457.org) or complete the form on the back and check "yes" in section 2.



No, I don't want to take this step to help me maintain my lifestyle in retirement, knowing someday I will have to stop working.

Complete the form on the back and check "no" in section 2.

All State of Ohio employees are required to return completed forms within 45 days of their hiring.



Enroll at [Ohio457.org](http://Ohio457.org)  
or  
complete the next page

# Opt-In Enrollment Form



OHIO DEFERRED  
COMPENSATION

## Section 1: Personal information (please print)

\_\_\_\_\_  
Last name First M.I.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Work phone Personal phone

Male  Female

\_\_\_\_\_  
Birth Date (mm/dd/yyyy)

\_\_\_\_\_  
Employer name

\_\_\_\_\_  
Department Pay days per year

Pension system:  OPERS  STRS  SERS  OP&F  HPRS  
 CINCY  OTHER

## Section 3: Make your choice official

\_\_\_\_\_  
Social Security number (required)

I acknowledge I have read the terms and conditions.

\_\_\_\_\_  
Signature Date (mm/dd/yyyy)

## Section 2: Make your choice

**Yes.** I would like to invest in my future by enrolling in the Ohio Deferred Compensation saving plan today and begin contributing per pay period:

\$50  \$100  Other: \$ \_\_\_\_\_

A pre-tax deduction will be invested in a LifePath Portfolio closest to the year I turn 65. My payroll deductions will begin on the next pay period following 30 days from the date my form is received by Ohio DC.

You will be enrolled in the SMarT plan to automatically increase your contributions each January by \$10 per pay or \$ \_\_\_\_\_ per pay. Check the circle to decline the benefits of the SMarT plan.

You will be enrolled in eDelivery and receive email communications. If you prefer to receive mailed paper communications, please check the circle.

----- OR -----

**No.** I have received information about Ohio DC. I decline the opportunity to save tax-deferred money for retirement.

**Return your form to your HR director or to:  
Ohio Deferred Compensation**  
257 East Town Street, Suite 457  
Columbus, Ohio 43215-4626  
877-644-6457 / fax 614-222-9457 / Ohio457.org

**State of Ohio employees are required to enroll at Ohio457.org or return a completed forms to us within 45 days of their hiring.**

### TERMS AND CONDITIONS

Upon enrolling, you will be mailed a Welcome Kit that includes the Cancellation Form, Beneficiary Form, Memorandum of Understanding, and Plan Document with more detailed information on the terms and conditions outlined below:

- Your account balance will be held by Ohio Deferred Compensation in trust on behalf of your employer for the exclusive benefit of you or your beneficiaries.
- You can cancel your participation before your forms are processed by calling 877-644-6457 within seven days of the signature date on this form.
- Based on market fluctuations, the rate of return on your account could be either positive or negative. This could result in your account balance being worth less than your contributions.
- Investments have underlying expenses or management fees that will reduce the investment results. Information on these expenses can be found in the fund profiles or the respective prospectus. Call 877-644-6457 to request fund profiles or prospectus.
- Before investing, carefully consider the fund's investment objectives, risks, charges, and expenses. The fund prospectus or profile contains this and other important information. Read the prospectus or profile carefully before investing.
- At any time, you may change the amount you defer or the allocation of future investment options.
- The Internal Revenue Service (IRS) imposes rules that limit the times you can make changes or receive withdrawals from the Program.

- You may withdraw funds from the Program only upon:
  - Ending your employment (including termination, retirement, or death)
  - An Unforeseeable Emergency (as defined by Section 457 of the IRC)
  - Small Balance Distribution (see Plan Document for eligibility)
- An Unforeseeable Emergency is defined by the IRS as a severe financial hardship. Please see the Program Plan Document for specific details. Purchasing a home, credit card debt, and sending your children to college are not qualifying events.
- Withdrawals may begin after ending your employment and the Program's receipt of your employer's verification that employment ended, final deferral, and the Withdrawal Election form.
- Withdrawals must satisfy certain minimum requirements upon reaching the age requirement the IRS.
- The funds in your account may be eligible for rollover to a traditional IRA or to an eligible retirement plan upon ending your employment.
- Your participation in Ohio DC is for long-term retirement savings. You should maintain separate, available emergency funds to cover day-to-day, unanticipated, financial shortages.

Remember, there are no guarantees. Investing involves risk, including possible loss of principal.

Account Executives are registered representatives of Nationwide Investment Services Corporation, Member FINRA.

# Social Security Form SSA-1945 Form

Social Security Administration

## Statement Concerning Your Employment in a Job Not Covered by Social Security

**Employee Name** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_  
(same as your SSN)

**Employer Name** \_\_\_\_\_ **Employer ID#** \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

---

## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

**STATE OF OHIO**  
Prior Service Certification Form - A

**Instructions:** The employee requesting **prior service** credit should complete Section I and forward to the **political subdivision of Ohio** where previously employed. The political subdivision of Ohio must complete Section II and return it to the address provided at the bottom of the form.

Keep records of all prior service documents and proof of submission (e.g., fax, email) including dates.

*Note: A separate form is needed from **each political subdivision** for which the employee is requesting prior service credit.  
Reminder: If these next two forms (forms A&B) do not apply to you, you will still need to initial the checklist at the end of this packet indicating you received them.*

**Section I – Completed by Employee**

---

Employee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
(if applicable during previous employment)

Social Security Number:                    -                    -

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

**Previous Employer** (“Previous Employer” is the entity that employed and paid you)

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

Alternative/former name(s) of employer (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Have you retired from any Ohio Public Retirement System (i.e., PERS, STRS, SERS, OP&F, HPRS)?

Yes No If yes, please identify the retirement system: \_\_\_\_\_ Date of retirement: \_\_\_\_\_

**Section II – Completed by Previous Employer**

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Please provide the following information on the above employee:

Date of Hire: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Employment Status: Full Time Part Time\*

*\*If the employee did not work every pay period, please include the specific number of pay periods worked. If the employee’s schedule was on an intermittent or on-call basis, please include the specific number of days worked.*

Part-time/intermittent only: # of bi-weekly pay periods worked: \_\_\_\_\_ # of days worked: \_\_\_\_\_

*\*If not paid bi-weekly, identify the type of pay period (e.g., monthly, semi-monthly): \_\_\_\_\_*

Number of bi-weekly pay periods/days worked between 7/1/03 and 6/30/05: \_\_\_\_\_

*\*If the employee earned service by pay period, provide the number of pay periods that were worked during 7/1/2003 and 6/30/2005 or if the employee earned service by days worked, provide the number of days worked during this period.*

Is your agency a political subdivision of the State of Ohio? (e.g., city, county, etc.) Yes No

Was this employment covered under an Ohio Public Retirement System (e.g., PERS, STRS)? Yes No

If yes, please identify the retirement system: \_\_\_\_\_

*Note: Coverage by an Ohio Public Retirement System does not guarantee prior service credit eligibility.*

Sick Leave Balance: # of hours \_\_\_\_\_

---

**Information in Section II has been verified by:** Print Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Return completed form to:**

Personnel/HR Name  
Current Agency  
Agency Address  
Agency Phone Number  
Agency Fax Number

OHIO AUDITOR OF STATE  
**KEITH FABER**



**MEMORANDUM**

Prior Service Certification Form - B

I, \_\_\_\_\_ hereby agree that the prior service form is completed appropriately and to the best of my knowledge, the information I have submitted is fully accurate. I, \_\_\_\_\_ understand that any misrepresentation contained in this form may amount to fraud. I understand that if I am retired from any public entity, I shall not complete the prior service form to transfer my prior service from that retirement. I understand that if I complete this form in error, I will owe the state of Ohio the full amount for any inaccurate vacation accruals I receive as a result of my erroneous submission.

---

Employee's Signature

Date

---

Employee's Name (Please Print)

OHIO AUDITOR OF STATE  
**KEITH FABER**



**UNSATISFACTORY PERFORMANCE**

I hereby accept the appointment to the position of \_\_\_\_\_ in the State Auditor's Office. I, \_\_\_\_\_, understand that all newly hired employees may be removed at any time after notice of unsatisfactory performance, and failure to correct or remedy such unsatisfactory performance. Should my performance remain unsatisfactory after an initial warning or notice with implementation of performance improvement plan I, \_\_\_\_\_, understand that I may be removed for failure to improve or meet the standards of my profession and/or my position with the Auditor of State's Office I acknowledge that, by my free and voluntary act of signing below. I agree to all of the terms of this release and intend to be legally bound thereby.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (Please Print)

# 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.

# 2026

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Caution:** To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	3(a)	\$	
	(b) Multiply the number of other dependents by \$500 . . . . .	3(b)	\$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	<b>3</b>	\$	

<b>Step 4:</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .	4(b)	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c)	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <input type="checkbox"/>
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<b>Step 5:</b> <b>Sign Here</b>	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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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 these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

**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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**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 when you file your tax return.

**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; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. 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 5 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 5 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 (plus any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

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



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.
a Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000
b Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation
c Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000
2 Add lines 1a, 1b, and 1c. Enter the result here
3 Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):
a Enter \$6,000 if you are age 65 or older before the end of the year
b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment
4 Add lines 3a and 3b. Enter the result here
5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information
6 Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:
a Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income
b State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)
c Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)
d Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income
e Other itemized deductions. Enter the amount for other itemized deductions
7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here
8 Limitation on itemized deductions.
a Enter your total income
b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9
9 Enter: \$768,700 if you're married filing jointly or a qualifying surviving spouse; \$640,600 if you're single or head of household; \$384,350 if you're married filing separately
10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here
11 Standard deduction.
Enter: \$32,200 if you're married filing jointly or a qualifying surviving spouse; \$24,150 if you're head of household; \$16,100 if you're single or married filing separately
12 Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)
13 Add lines 11 and 12. Enter the result here
14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12
15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4

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.

**Notice to Employee**

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:


- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



**Employee's Withholding Exemption Certificate**

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_  
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed ..... \_\_\_\_\_
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) ..... \_\_\_\_\_
- 3. Exemptions for dependents ..... \_\_\_\_\_
- 4. Add the exemptions that you have claimed above and enter total ..... \_\_\_\_\_
- 5. Additional withholding per pay period under agreement with employer ..... \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

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

**Auditor of State**  
**Municipal Tax & School District Form**  
(complete the entire form)

Employee ID \_\_\_\_\_ Employee Name \_\_\_\_\_

**Determining Work Location**

Headquarter assignment (i.e., home or regional office) should be used for determining work location municipality.

**Work Location**

	<i>Tax Code</i>
<b>Municipality</b>	
<b>Address</b>	
<b>City, State</b>	<b>ZIP Code</b>

**Home Location & School District**

**Home Location**

	<i>Tax Code</i>
<b>Municipality</b>	
<b>Full Street Address</b>	
<b>City, State</b>	<b>ZIP Code</b>
<b>School District</b>	<i>School District Code</i>

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

Payroll Officer Signature \_\_\_\_\_ Date Entered \_\_\_\_\_

Please use the Ohio Tax Finder website to confirm your school district and municipality:

[http://tax.ohio.gov/online\\_services/thefinder.stm](http://tax.ohio.gov/online_services/thefinder.stm)

In accordance with the directive issued in compliance with ORC 9.42 the above information must be furnished by each employee of the state or any of its instrumentalities

**Human Resources Department**  
77 S. High St., Floor 25  
Columbus, OH 43215  
(614) 728-7177

# Group Life Insurance Enrollment

Minnesota Life Insurance Company - A Securian Company  
Group Customer Service • 400 Robert Street North • St. Paul, Minnesota 55101-2098

**EMPLOYERNAME: State of Ohio**

**POLICY NUMBER: 34301**

1. Complete the reason for enrollment and sections A, B, and E.
2. If you are electing coverage on your dependents, complete sections C and/or D.
3. Return completed and signed form to Minnesota Life at the address above.

Reason for enrollment

New Hire  Newly Eligible Exempt Status  Annual Open Enrollment  Family Status Change Marriage Date: \_\_\_\_\_  
Birth/Adoption Date: \_\_\_\_\_

## A. EMPLOYEE INFORMATION

First name Middle initial Last name

Email address

Street address City State Zip code

Have you used tobacco in any form during the past twelve months or are you currently using nicotine in any form? Yes No

Date of birth State of Ohio user ID Date of employment Gender  
Male Female

Total amount of supplemental term life insurance requested (\$10,000 increments to a maximum of \$600,000 or 8 times the employee's calculated annual rate, whichever is less) \$

## B. BENEFICIARY INFORMATION (EMPLOYEE IS THE BENEFICIARY OF ANY DEPENDENT COVERAGE)

Primary beneficiary name(s) and address Relationship Share % (must total 100%)

Contingent beneficiary name(s) and address (Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.) Relationship Share % (must total 100%)

## C. SPOUSE INFORMATION - Must maintain a minimum of \$10,000 employee supplemental coverage in order to apply for spouse coverage

First name Middle initial Last name

Email address

Have you used tobacco in any form during the past twelve months or are you currently using nicotine in any form?  Yes  No

Date of birth Social Security number Gender  
 Male  Female

Total amount of insurance requested (\$10,000 increments to a maximum of \$40,000)

\$

## D. CHILDREN INFORMATION - Must maintain a minimum of \$10,000 employee supplemental coverage in order to apply for child coverage

List of names and dates of birth for your eligible children

Total amount of insurance requested

\$7,000

## E. AUTHORIZATION

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage. Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Employee signature Daytime phone number Evening phone number Date signed

X

# EXEMPT SUPPLEMENTAL LIFE INSURANCE

**BENEFIT COORDINATOR**  
DEBORAH SQUILLACE  
HUMAN RESOURCES  
614-466-4858  
[dasquillace@ohioauditor.gov](mailto:dasquillace@ohioauditor.gov)

## Overview

Exempt State of Ohio employees are eligible to enroll in a supplemental life insurance program, administered by Minnesota Life, at their own cost. This benefit is available upon hire (there is no waiting period) and provides benefits in addition to the state-paid basic life insurance policy that becomes effective after one year of continuous state service.

Some key points about the policy include:

- The minimum electable benefit is \$10,000.
- The maximum benefit available is up to eight times your annualized rate of pay, or \$600,000, whichever is less.
- Some levels of coverage will require that you provide evidence of insurability (proof of good health).
- You may increase your coverage at open enrollment to the lesser of two times your basic annual earnings or \$150,000 without providing proof of good health.
- You may purchase life insurance for your spouse up to \$40,000. Spousal coverage in excess of \$10,000 requires proof of good health.
- You may also purchase life insurance for your dependent children up to \$7,000.
- Supplemental life insurance is portable.

## Enrollment and Eligibility

As a new employee, you have 90 days from your date of hire to purchase coverage up to three times your annualized rate of pay or \$500,000, whichever is less, without evidence of insurability; however, with evidence of insurability you may purchase up to eight times your annualized rate of pay or \$600,000, whichever is less. If you apply for more than the allowable amount of coverage (an amount that requires you to submit evidence of insurability), you will initially be approved for the maximum allowable amount that can be purchased without evidence of insurability.

## Rates

### Exempt Supplemental Life Insurance Rate (Exempt Employee and Spouse) Monthly Costs per \$10,000 of Insurance Coverage

Age	Non-Nicotine Rate/\$10,000/Month		Nicotine Rate/\$10,000/Month	
	Employee	Spouse	Employee	Spouse
Under 25	\$0.49	\$0.50	\$0.64	\$0.67
25-29	\$0.49	\$0.60	\$0.64	\$0.81
30-34	\$0.60	\$0.80	\$0.80	\$1.08
35-39	\$0.80	\$0.90	\$0.95	\$1.21
40-44	\$1.00	\$1.00	\$1.45	\$1.34
45-49	\$1.50	\$1.50	\$2.42	\$2.02
50-54	\$2.30	\$2.30	\$3.73	\$3.09
55-59	\$4.30	\$4.30	\$5.54	\$5.78
60-64	\$6.60	\$6.60	\$8.49	\$8.87
65-69	\$12.70	\$12.70	\$15.24	\$17.07
70 and over	\$20.00	\$20.60	\$27.29	\$27.69

**Child Life: \$0.82 for a maximum of \$7,000 of insurance coverage per month**

### Supplemental Life Insurance Example:

Tom is 38 years old and a non-smoker. He decides to buy an additional \$40,000 in coverage for himself and \$20,000 in coverage for his wife (who is 40 years old and a smoker).

The cost of Tom's supplemental coverage is \$0.80 cents per \$10,000 or \$3.20 (4 x \$0.80 cents = \$3.20).

**The monthly cost for Tom's wife is \$1.34 per \$10,000, or \$2.60 (2 x \$1.34 = \$2.68).**

For more information on supplemental life insurance please go to the following...  
<http://das.ohio.gov/Divisions/HumanResources/BenefitsAdministration/LifeInsurance.aspx>

OHIO AUDITOR OF STATE  
**KEITH FABER**



**PUBLIC RECORDS FORM**

EMPLOYEE NAME \_\_\_\_\_

DEPARTMENT/REGION \_\_\_\_\_ JOB TITLE \_\_\_\_\_

Check all that apply.

I am a peace officer, parole officer, assistant prosecuting attorney, correctional employee, youth services employee, firefighter and EMT or an investigator of the bureau of criminal identification and investigation.

I am the spouse, a former spouse, or child of a peace officer, parole officer, prosecuting attorney, assistant prosecuting attorney, correctional employee, youth services employee, firefighter, EMT, or investigator of the bureau of criminal identification and investigation.

I am a person who is at a "substantial risk of serious bodily harm [or] death" if personal information is publicly released. For instance, a member of your family residing with you has secured a protective order, restraining order, and domestic court or like court order, or you have circumstances that lead you to believe that you may be entitled to exemption for security reasons. A copy of the protective order, restraining order, etc. will need to be submitted to Cindi Becker, Director of Human Resources.

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Does not apply to me.

OHIO AUDITOR OF STATE  
**KEITH FABER**



**NEW HIRE CHECK LIST FORM**  
**UNCLASSIFIED EMPLOYEES**

**Initial each box to indicate you have received each form.**

- \_\_\_\_\_ Personal History Information Form
- \_\_\_\_\_ EEO Form
- \_\_\_\_\_ I-9 Employment Eligibility Verification
- \_\_\_\_\_ Supplemental Employment Agreement
- \_\_\_\_\_ Supplemental Life Insurance Enrollment Form
- \_\_\_\_\_ Deferred Compensation Enrollment Form
- \_\_\_\_\_ Social Security Form SSA-1945 Form
- \_\_\_\_\_ Prior Service Certification Form - A
- \_\_\_\_\_ Prior Service Certification Memo - B
- \_\_\_\_\_ Unsatisfactory Performance Form
- \_\_\_\_\_ Federal Tax Form
- \_\_\_\_\_ State Tax Form
- \_\_\_\_\_ Municipal Income Tax Form
- \_\_\_\_\_ Group Life Insurance Enrollment Form
- \_\_\_\_\_ Public Records Form
- \_\_\_\_\_ New Hire Checklist (this page)

## **State of Ohio Benefit Enrollment for New Hires or Rehires**

Once the State of Ohio User ID is received and a password has been set up, enrollment in State of Ohio benefits may be made. All benefit enrollments **must** be made through myOhio Self-Service at [www.myohio.gov](http://www.myohio.gov) . If enrolling a spouse and/or dependents, verification documents are **required** and **must** be uploaded at the time of enrollment. Please have **all** documents **before** the enrollment process is started. Documents will not be approved unless all required documents are uploaded. **Please go to [www.myohio.gov](http://www.myohio.gov) /My Life & Career/New Hire Life Exempt Event Job Aid for new hire enrollment. Please review before starting your enrollment. Enrollment must be made within 31 days from your start date.**

### **REQUIRED DOCUMENTS**

#### **Enrolling in Single:**

Welcome letter with the employee start date.

#### **Enrolling in Family or Family plus spouse**

Welcome letter with the employee start date

#### **PLUS**

##### **To add an eligible Spouse:**

- Marriage Certificate certified by the county in which you were married or Marriage Abstract

AND

- Social Security Card – If the spouse has not yet legally changed their name, the system must reflect the name as it is currently filed with the Social Security Administration. Once the last name has been legally changed, please submit a Name Change request with your agency human resources office. Please **do not** redact any of the numbers as the social security number must be entered into the system for the purposes of paying claims and validation with the IRS.

AND

- Proof of Joint Ownership – Mortgage/Lease Agreement, credit card statement, auto loan/insurance statement, bank statement, or property tax statement. Separate statements with the employee's name and another in the spouse's name are acceptable as proof of an ongoing marriage as long as the statements are dated, or reflect a due date, within the last 12 months, and indicate the same mailing address. **NOTE:** Proof of Joint Ownership (POJ) is not required if the marriage was within the last 12 months

##### **To add Eligible Children up to the age of 26:**

- Birth Certificate(s) (for newborns only Hospital Birth Record -Birth Certificates required after receipt from the county health department)

OR

- Court documents with court signature and File Date showing that the employee or spouse has adopted the child OR become the legal guardian OR International adoption papers from country of adoption
- Papers from the adoption agency showing intent to adopt and/or placement in the home

AND

- Social Security Card for each enrolled dependent

##### **Dependent children may be enrolled in Dental and Vision up to the age of 26 if they meet the following eligibility criteria:**

- A dependent child
- An Ohio resident or a full-time, out-of-state student
- Unmarried
- NOT employed by an employer that offers coverage where the child is eligible
- NOT eligible for Medicaid/Medicare

If the child is a full-time, out-of-state student the following documents are required:

[Dependent Student Status Certification Form 2024.v1.pdf \(ohio.gov\)](#), plus one of the following:

A "Current Enrollment Verification Certificate" from the National Student Clearinghouse with dependent's name, school name and semesters/quarters enrolled that include the current term (<http://www.studentclearinghouse.org/>), **or** a letter from the registrar with the dependent's name showing current enrollment. If the birthday occurs during a standard school break (e.g., summer), the letter from the registrar must show enrollment in the previous term, or an official transcript with the dependent's name, school name, and semesters/quarters enrolled that include the current term. If the birthday occurs during a standard school break (e.g., summer), the transcript must show enrollment in the previous term. If the dependent is enrolled in their first semester/quarter of class, one of the above documents is required showing proof of current enrollment.