

Welcome to Harford County Public Schools!

New Hire Information



Harford County Public Schools

102 South Hickory Avenue

Bel Air, MD 21014

www.hcps.org

Contact Information

HUMAN RESOURCES DEPARTMENT

Benefits	-----	(410) 588-5275
Certification	-----	(410) 588-5258
Compliance	-----	(410) 588-5247
HRIS	-----	(410) 588-5225
Investigations	-----	(410) 588-5247
Recruitment & Staffing	-----	(410) 588-5238
Senior Staff & Staff Relations	-----	(410) 588-5226

CENTRAL OFFICE DEPARTMENTS

Main Office/Receptionist	-----	(410) 838-7300
Communications	-----	(410) 588-5214
Equity and Cultural Proficiency	-----	(410) 809-6065
Facilities	-----	(410) 638-4084
Food & Nutrition	-----	(410) 638-4078
Operations	-----	(410) 588-5256
Payroll	-----	(410) 588-5241
Professional Development	-----	(410) 273-5621
Special Education	-----	(410) 588-5246
Technology – Help Desk	-----	(410) 588-5242
Transportation	-----	(410) 638-4092

Table of Contents

We hope this packet of information serves as a resource for you. The majority of this packet is for informational purposes only. Pages marked with an asterisk (*) should be completed and submitted back to Human Resources.

- New Hire Orientation Checklist* 1
- Payroll Schedule 4
- Direct Deposit Authorization Form* 5
- Tax Withholding Forms* 7
- Multicultural Training for New Hires 13
- Certification Requirements 15
- MSDE Application for Certification* 17
- Benefit Plan Offerings 21
- Dependent Verification 23
- Maryland State Retirement & Pension System 25
- Maryland State Retirement Application for Membership (Form 1)* 27
- Maryland State Retirement Designation of Beneficiary (Form 4)* 29
- HCEA Sick Leave Bank Application 31
- New Hire Personal Information* 37
- New Hire Resources 39
- SMARTFINDEXPRESS 41
- Address, Name, and Family Status Change Form 43

Name _____
(please print)

Work Location: _____

New Hire Orientation Checklist

Use this checklist to track your progress in completing the online orientation training program. Once this checklist is completed, clip to all new hire forms and return to Human Resources, Harford County Public Schools, 102 S. Hickory Avenue, Bel Air, MD 21014. Be sure your name is on this sheet.

Access the orientation at <https://courses.yourtrainingprovider.com> and complete by your employment date. Refer to your welcome letter for login information.

	COMPLETED
Module 1 – Introduction / Welcome.....
Module 2 – Finances.....
<i>Direct Deposit Authorization Form*</i>	Enclosed..... Completed in ESS.....
<i>Tax Withholding Forms*</i>	Enclosed..... Completed in ESS.....
Module 3 – Certification & Tenure.....
<i>MSDE Application for Certification</i>
Module 4 – Medical Insurance Plans.....
<i>Dependent Verification Form</i>
Module 5 – Other Health and Welfare Plans.....
Module 6 – Sick Leave Bank (Teachers Only).....
<i>HCEA Sick Leave Bank Authorization</i>
Module 7 – Retirement / Pension / Tax Deferred Annuities.....
<i>Maryland State Retirement Application for Membership</i>
<i>Maryland State Retirement Designation of Beneficiary</i>
Module 8 – Using Technology.....
Module 9 – Professional Development.....
Module 10 – Important Documents.....
Additional Documents	
<i>New Hire Personal Information*</i>	Enclosed..... Completed in ESS.....
<i>Copy of Driver's License</i>
<i>Copy of Social Security Card</i>

*These documents are available electronically in ESS or included in this booklet. An employee ID is required for ESS access.

I have completed the new hire orientation.

Signature

Date

Pay Information

10-month employees are paid bi-weekly in 22 equal installments. 11-month and 12-month employees are paid bi-weekly throughout the entire fiscal year. The Payroll Calendar is available on the following page and on SharePoint.

Employees receive electronic pay stubs, which can be viewed through Employee Self Service.

Income Tax Withholding

When completing tax withholding forms, record your name exactly as it appears on your social security card.

You do not need to complete the tax forms unless you want to withhold something other than HCPS's system defaults. The HCPS system defaults are Single for Federal and Single with 0 exemptions for state taxes. Note – the IRS has eliminated Federal exemptions for new tax forms and for changes made after 1/1/2020.

If you are a Maryland or Delaware resident, you are subject to Maryland state income tax.

Pennsylvania residents will have Pennsylvania state taxes withheld. HCPS does not withhold Pennsylvania local taxes. Residents of all other states will have Maryland state and local taxes withheld. Questions may be directed to the Payroll Office at 410-588-5241.

Tax Withholding can be changed online through Employee Self Service or by completing an IRS W4 form and a Maryland MW507 form. Forms are available on SharePoint and can be obtained from Human Resources, Payroll and from each school office.

If you need assistance, please contact a tax consultant, the Internal Revenue Service at 1-800-829-1040, or the Maryland Income Tax Division at 1-800-638-2937.

Direct Deposit

HCPS encourages everyone to enroll in direct deposit. Lost/stolen checks will not be replaced until two weeks from the date of the check.

Direct deposit can be added, changed or deleted online through Employee Self Service. If you do not make changes online, you need to complete a Direct Deposit Authorization Form, which is available on SharePoint and can be obtained from Human Resources, Payroll and from each school office.

The net amount of your pay will be deposited in the account(s) you provide at the bank(s) of your choice.

10-month employees are not paid over the summer. A portion of each pay may be designated to go into a separate bank account that you access over the summer.

FY 2021-22 PAYROLL CALENDAR
261 DAYS

2021

2022

Sun Mon Tue Wed Thu Fri Sat

Sun Mon Tue Wed Thu Fri Sat

July

January

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August

February

				5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

			1	2	3	4	5
6	7	8	9	10	11	12	13
14	15	16	17	18	19	20	21
22	23	24	25	26	27	28	29

September

March

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

			1	2	3	4	5
6	7	8	9	10	11	12	13
14	15	16	17	18	19	20	21
22	23	24	25	26	27	28	29
30	31						

October

April

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

November

May

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	


December

June


			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	


				1	2	3	4
5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28
29	30	31					

Notes: The date of data transfer is two days prior to the effective date boxed above.

 1st and last pays for 10 month employees.

 HCPS Closed.

 HCPS 3 hour early dismissal

 261st day

Harford County Public Schools Employee Self Service Online Direct Deposit Instructions

Do not submit a paper Direct Deposit Authorization Form if you enter your direct deposit information in Employee Self Service (ESS). Substitutes, Coaches and Home Teachers do not have access to ESS.

You will need your HCPS User ID# and Password to log into ESS.

From HCPS's Internal Home Page, click on LAWSON Employee Self Service. The direct link is <http://covs-mingle.hcps.k12.local/SitePages/inforsuite.aspx>.

- Log into ESS.
- Click through the following path to access your direct deposit account information: Pay>Direct Deposit
- You may ADD, CLOSE, or CHANGE your accounts.
- Click on the action you want to perform and follow the instructions. If you need additional information, click on "Tips".

Important Notes:

- The default or balance account is that account to which 100% of all funds not otherwise allocated will be deposited. If you enter only one account, it will be your default account.
- An email to the Payroll Office will be generated for each action you perform. Be sure to review all your account information (percentages, amounts, default account) before clicking "Send".

Helpful Information:

- *The Bank Routing Number is the nine-digit number in the bottom left corner of your check. The number to the right of the Routing Number is your account number. To the right of your account number is the check number. DO NOT include this number as part of your account number as it will generate a data error with your bank and your deposit will be returned.*
- *Enter your account number exactly as it is displayed on your check.*

If you need help with your UserID and Login information call the Help Desk at 5242.

If you do not have access to Employee Self Service, complete the Direct Deposit Form on the (reverse side) and send it via courier to the Payroll Office at the Central Office.

If you need assistance or have questions, please contact the Payroll Manager at 410-588-5241.

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.**

2021

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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents	If your 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 and 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 employment	Employer identification number (EIN)

General Instructions

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 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 2021 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, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 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.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

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

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



- 1 Enter an estimate of your 2021 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 10% of your income
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 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-"
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
5 Add lines 3 and 4. 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 possessions 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 Widow(er)

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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

**MARYLAND
FORM
MW507**

Purpose. Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

Exemption from withholding. You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- a. Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
- b. This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Certification of nonresidence in the State of Maryland. Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

Duties and responsibilities of employer. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

1. You have any reason to believe this certificate is incorrect;
2. The employee claims more than 10 exemptions;
3. The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
4. The employee claims an exemption from withholding on the basis of nonresidence; or
5. The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

Duties and responsibilities of employee. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

**FORM
MW507 Employee's Maryland Withholding Exemption Certificate**

Print full name	Social Security Number
Street Address, City, State, ZIP	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)
<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. 1. _____
2. Additional withholding per pay period under agreement with employer. 2. _____
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
 - a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
 - b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements).
If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. _____
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
 - District of Columbia Virginia West Virginia
 - I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. 4. _____
5. I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. 5. _____
6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. 6. _____
7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. 7. _____
8. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. 8. _____

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Employee's signature	Date
Employer's name and address including ZIP code (For employer use only)	Federal Employer Identification Number

Personal Exemptions Worksheet

Line 1

- a. Multiply the number of your personal exemptions by the value of each exemption from the table below. (Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. **Do not claim any personal exemptions you currently claim at another job, or any exemptions being claimed by your spouse.** To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. **NOTE:** Dependent taxpayers may not claim themselves as an exemption. a. _____
- b. Multiply the number of additional exemptions you are claiming for dependents age 65 or over by the value of each exemption from the table below. b. _____
- c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you currently claim at another job or any amounts being claimed by your spouse. **NOTE:** Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,550 and a maximum of \$2,300. c. _____
- d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse age 65 or over and/or blind.. . . . d. _____
- e. Add total of lines a through d. e. _____
- f. Divide the amount on line e by \$3,200. **Drop any fraction. Do not round up.** This is the **maximum** number of exemptions you may claim for withholding tax purposes. f. _____

If your federal AGI is		If you will file your tax return	
		Single or Married Filing Separately Your Exemption is	Joint, Head of Household or Qualifying Widow(er) Your Exemption is
\$100,000 or less		\$3,200	\$3,200
Over	But not over		
\$100,000	\$125,000	\$1,600	\$3,200
\$125,000	\$150,000	\$800	\$3,200
\$150,000	\$175,000	\$0	\$1,600
\$175,000	\$200,000	\$0	\$800
In excess of \$200,000		\$0	\$0

FEDERAL PRIVACY ACT INFORMATION

Social Security numbers must be included. The mandatory disclosure of your Social Security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

Education That Is Multicultural Training for New Hires

Harford County Public Schools strives to provide a work and learning environment that celebrates diversity. As approved by the Board of Education on June 14, 1999, Harford County Public Schools requires that new hires complete a multicultural course or training session.

SCHOOL-BASED PROFESSIONAL STAFF

New school-based professional staff, including teachers, counselors, administrators, speech pathologists, pupil personnel workers, media technicians, and psychologists are required to complete the MSDE approved, three-credit, 45-hour multicultural course entitled *Education That Is Multicultural in the Classroom of the 21st Century* within the first two (2) years of employment. The course is primarily virtual and offered through the itslearning platform. For each course session, the instructor will hold a required 45-minute to 1-hour synchronous Microsoft Teams meeting. All additional coursework will be completed asynchronously.

SUPPORT STAFF

New support staff, including paraeducators, inclusion helpers, interpreters, clerical, custodians, food service workers, bus drivers, and bus attendants are required to attend a 2-hour cultural proficiency training session. Information regarding the training schedule will be sent to support staff and their supervisors during the first year of employment. The training may be held virtually (asynchronously) using the itslearning platform OR may be held synchronously by Microsoft Teams meeting. School nurses will follow training schedules set by the Supervisor of Health, Mary Nasuta.

EXEMPT EMPLOYEES

The following new employees are not required to complete the multicultural training course/session: Central Office administrators, computer technicians, facilities department staff, i.e. plumbers, electricians, and carpenters.

Please contact the Office of Equity and Cultural Proficiency with questions at (410) 809-6065.

Certification Requirements

Welcome to *Harford County Public Schools* (HCPS)! **A valid Maryland certificate is an employment requirement. Failure to submit certification documentation will result in your having to take additional coursework, teacher certification tests, or being placed on long-term substitute status (resulting in a reduction in pay and loss of benefits).** In order to get your certificate, please read the following carefully. If you have any questions, please contact Aretha Young in the Office of Human Resources at 410-588-5258.

- ✓ If you have a current Maryland certificate go to **(A)**.
- ✓ If you have an expired Maryland certificate go to **(B)**.
- ✓ If you are already in the process of obtaining certification with the Maryland State Department of Education (MSDE) go to **(C)**.
- ✓ If you have not started the certification application process at all, or do not hold an out-of-state certificate go to **(D)**.
- ✓ If you have a current or expired out-of-state certificate go to **(E)**.

A. Current Maryland certificate (including PEC): We need a completed MSDE Application for Certification, a copy of the current certificate and official transcripts for all coursework (showing grade and number of credits received) including all degrees conferred. Please inform us if the name on the certificate is spelled incorrectly or needs to be changed.

B. Expired Maryland certificate (including PEC): We need a completed MSDE Application for Certification, a copy of the expired certificate, and official transcripts for all coursework (showing grade and number of credits received) including all degrees conferred. Please inform us if the name on the certificate is spelled incorrectly or needs to be changed.

C. Pending Maryland certification: We need a copy of any correspondence from MSDE, a completed MSDE Application for Certification, official transcripts for all coursework (showing grade and number of credits received) including all degrees conferred, and teacher certification test scores. Teacher certification test scores must be submitted in one of the following ways: original examinee's score report, original examinee's additional score report, a photocopy of either report, notation on an official college transcript, or by verification from a state department of education. Once you are hired with HCPS, you will work through our Office of Human Resources instead of working directly with MSDE.

D. Have not started the certification process or do not hold an out-of-state certificate: We need a completed MSDE Application for Certification **AND** you must complete a Portal application by logging on to mdcert.org to create your MSDE Portal account, official transcripts for all coursework (showing grade and number of credits received) including all degrees conferred, and teacher certification test scores. Teacher certification test scores must be submitted in one of the following ways: original examinee's score report, original examinee's additional score report, a photocopy of either report, notation on an official college transcript, or by verification from a state department of education.

E. Have a current or expired out-of-state certificate: We need a completed MSDE Application for Certification **AND** you must complete a Portal application by logging on to mdcert.org to create your MSDE Portal account, a copy of the current certificate, official transcripts for all coursework (showing grade and number of credits received) including all degrees conferred, a copy of all current and expired out-of-state certificates, a copy of all test scores taken to obtain your out-of-state certificate, and verification of prior teaching experience (please use HCPS form).

The above documentation must be on file with Human Resources prior to the start of your employment.

Please make sure you follow through with sending the white HCPS Employment Verification Form to all previous central office employers for all PreK-12 teaching or school administrative experiences. This form is part of the contract/new hire packet.



Initial Application for Educator Certification

Educator Profile

First Name:	Last Name:	Middle Initial
Maiden Name:	Last 4 Digits of Social Security Number	Date of Birth
Address:	City, State	Zip Code:
Email:	Home Phone:	Mobile Phone:

Race	Ethnicity	Gender (check appropriate code)
<input type="checkbox"/> 1. American Indian/Alaskan Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 5. White	<input type="checkbox"/> 1. Hispanic <input type="checkbox"/> 2. Non-Hispanic	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female

Area/s of Certification Requested: _____

Education History (List your complete educational history, whether or not a degree was conferred)

Institution	Degree	Conferred On*	Major/Minor	GPA	Initial Teacher Preparation

*Commencement is not a guarantee of conferral.

Supervised Student Teaching and/or Practicum

Name of Employing System	Location of School City, State, Zip	Grade(s)/Subject(s) Taught	From (Mo/Yr)	To (Mo/Yr)

Out-of-State Certificates (Attach photocopies of all out-of-state certificates)

Certificate Type	State	Valid Dates	Areas Certified to Teach

Employment History * (List in reverse chronological order)

Employer	Position	Start	End	Address	Subjects and Grades Taught

*If additional space is needed, please attach supplemental sheets.

Suspension/Revocation

	Yes Indicate name of state and date	No
1. Is action pending to suspend, revoke, or deny your certificate or application for certification in another state? (A determination of academic ineligibility is not considered denial of a certificate.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a certificate or license revoked, suspended, voluntarily surrendered or denied by any state? (A determination of academic ineligibility is not considered denial of a certificate.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever resigned or been dismissed after notice of allegations of misconduct involving a student?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of, pleaded guilty or nolo contendere with respect to, or received probation before judgment with respect to a crime against children or a crime of violence*?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had a criminal history background check completed?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide an explanation and relevant documentation if you identified a state and date for questions 1-4 above.

*If you are unsure whether a crime is a "crime of violence," please err on the side of disclosure as filing false or misleading information on an application for certification may be grounds to deny a certification request. Crime of violence is defined in the Maryland Code Criminal Law Article Section 14-101.

Affirmation Statement

Educator Testing

All Candidates applying for an initial educator certificate are required to present qualifying scores on the appropriate certification tests, where applicable. Photocopies are acceptable.

Educator Transcript

Official transcripts of all college credits (original transcript in unopened mailer or student copy in unopened mailer) must be submitted in order to process this application.

Fee Payment

A certification fee is required on initial applications for certification. You will receive a notification to submit your fee payment when MSDE has confirmed your eligibility.

Affirmation Statement

I hereby affirm under the penalties of perjury that the information given by me in this application is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification of a material fact, my application will be disapproved and/or my certificate will be rescinded.

I agree with the above affirmation statement and agree to abide by the consequences delineated above.

Initial Here (*Typed initials will not be accepted*)

Privacy Notice

The principal purpose served by gathering the requested information is to provide necessary data and background records for the Superintendent of Schools as required by state law and regulation.

The consequence of refusal to provide the requested information is non-issuance of a Maryland Certificate.

You have the statutory right to inspect, amend, or correct the requested information under State Government Article §§10-611-10-629, Annotated Code of Maryland.

The requested information is not generally available for public inspection, unless specifically authorized by law.

The requested information is not routinely shared with other governmental agencies; however, by accepting this notice of privacy, I understand that local school systems will be able to review education records pertaining to my certification.

I hereby affirm, under the penalties of perjury, that the information given by me in this application is true, and complete, to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification of a material fact, my application will be disapproved and/or my certificate will be rescinded.

Date: _____ Signature: _____
(Typed signatures will not be accepted)

If you need additional space to provide answers to questions from previous sections, please use the space provided below or attach supplemental sheets.

Group Health, Life, and Dental Insurance

View the mandatory online New Hire Orientation for important information on benefit offerings. Access the presentation at <https://courses.yourtrainingprovider.com>. Refer to your welcome letter for login information.

Harford County Public Schools (HCPS) benefit eligible employees may select from:

Three Medical Plans

- CareFirst Blue Cross Blue Shield PPO Core
- CareFirst BlueChoice Open Access HMO
- CareFirst Blue Cross Triple Option

Prescription coverage is included in all medical plans.

Two Dental Plans

- Delta Dental PPO Plus Premier (Standard benefits)
- Delta Dental PPO Plus (Comprehensive benefits)

Two Voluntary Term Life Insurance Options

- Basic Life w/ Accidental Death and Dismemberment (AD&D)

Benefit is equivalent to one times annual salary rounded up to nearest thousand.

- Supplemental Life

Benefit is equivalent to one to six times annual salary rounded up to nearest thousand.

- Dependent Life

You may purchase a flat coverage amount for your Spouse - \$25,000 or Child(ren) up to age 26 - \$10,000.

Currently the Board of Education pays 90% of the premium for Basic Life and employees pays full cost of Supplemental and Dependent Life.

Flexible Spending Accounts (FSA) Plan Year July 1 - June 30

Two types of FSA's are available to employee

- Health Care Flexible Spending Account (\$2,750 maximum)
- Dependent Care Flexible Spending Account (\$5,000 maximum)

Employee Assistance Program

HCPS provides an Employee Assistance Program (EAP) for all employees and their family members or significant others that reside in their immediate household. Kepro is the provider of this confidential service.

Tax Deferred Compensation plans

The Board of Education provides a selection of Tax Deferred Compensation (457B & 403B) plans for all employees through Lincoln Financial Group.

You may review the current Active Employee Benefit Enrollment Guide on www.hcps.org under Human Resources and Benefits Info/Guides.

ALL NEW HIRES ARE REQUIRED TO ENROLL OR WAIVE BENEFITS

New Hires have 30 days from date of hire (1st duty day) to enroll in benefits. If your enrollment is not completed within the 30-day window, your next opportunity to enroll for benefits will be Open Enrollment, which occurs in May for a July 1st effective date.

To Enroll in our Benefits

- Using a computer with the Internet, go to <https://hcps.benelogic.com> (Enter in the address field, not search).
 - Enter your user ID (Social Security number with no dashes).
 - Enter your password (last four digits of your Social Security number).
 - Change your password. (If you log into the website again, you will need this new password).
 - Follow the instructions on the website and enroll in your benefits.
 - Review your elections to check for errors (highlighted in yellow).
 - Confirm that you have linked all dependents to the coverage in which they are to be enrolled.
 - You must click on the SUBMIT button to have your elections processed.
 - VIEW AND PRINT YOUR ENROLLMENT SUMMARY.

If dependents are on your coverage, you must submit verification of eligibility for all dependents on your account within 30 days of enrollment, or they will be removed. Complete and submit the dependent verification form, found on the Human Resources page of the HCPS website, and requested documentation to the Benefits Office at 102 S. Hickory Ave., Bel Air, MD 21014.

When will your benefits start?

Benefits for all new hires will be effective the first of the month following your date of hire (1ST duty day).

Any employee needing assistance with enrollment should contact the Benefits Office by email at benefits@hcps.org, or by phone at 410-588-5275, Monday – Friday 7:30 a.m. – 4:30 p.m.

Dependent Verification for Health/Dental/Dependent Life Coverage

Part I *(To be completed by employee)*

Documentation must be provided if you wish to add a dependent (*spouse or child*) to your health and/or dental coverage.

Employee Name (Print)

Employee ID#

School/Location

This certifies that all dependents covered under my health and/or dental insurance are my legal dependents as defined in the Harford County Public Schools Benefit Guide. I understand that engaging in insurance fraud, which is defined as the "intentional misrepresentation of material facts and circumstances to an insurance company to obtain payment that would not otherwise be made" is subject to disciplinary action. In addition, I understand I will be held liable for any claims or fees incurred for the individual that is not a dependent.

Employee Signature

Date

Return this form with required documentation attached to:

HCPS, Human Resources – Benefits Office
102 S. Hickory Avenue
Bel Air, MD 21014
410-588-5275 - Fax: 410-588-5316

Part 2 *(To be completed by the Benefits Office)*

This certifies that proper documentation was received to verify that all dependents covered on Harford County Public Schools health and/or dental insurance are legal dependents as defined in the HCPS Benefit Guide. Provided Documentation Includes:

▪ Proof for Dependent Child

- Birth certificate
- Document from the hospital with name and date of birth
- Adoption papers
- Legal Guardianship substantiated by a court order
- Qualified Medical Child Support Order (QMCSO)
- Social Security Card (for newborns submit when received)

▪ Proof for Dependent Spouse

- Marriage license
- Copy of Federal Tax Return
- Other _____
- Social Security Card

Signature of Benefits Coordinator

Date

DEPENDENT ELIGIBILITY DOCUMENTATION REQUIREMENTS

Relationship to Employee	Eligibility Definition	Documentation for Verification of Relationship
Spouse	A person to whom you are legally married.	<ul style="list-style-type: none"> ▪ Copy of marriage certificate, copy of Social Security Card, and most recent Federal Tax Form (1040 or 1040A)* that identifies employee-spouse relationship (<i>attach 1st page only; black out financial information</i>) <p><i>*If marriage occurred in current year, tax form is not needed.</i></p>
Dependent Child(ren)	Dependent children until the end of the month in which they reach age 26.	<p>Natural Child – Provide a copy of Social Security Card and one of the following:</p> <ul style="list-style-type: none"> ▪ Copy of birth certificate showing employee’s name, or ▪ Hospital verification of birth (<i>must include child’s name, date of birth, and parent’s names</i>), or ▪ Certificate of birth <p>Step Child – Provide a copy of Social Security Card and one of the above showing employee’s spouse name; and a copy of marriage certificate showing the employee and parent’s name.</p> <p>Legal Guardian, Adoption, Grandchild(ren), or Foster Child(ren) – Copy of Final Court Ordered Custody with presiding judge’s signature and seal, or Adoption Final Decree with presiding judge’s signature and seal, and a copy of Social Security Card.</p> <p>Child for whom the court has issued a QMCSO – A copy of the Qualified Medical Child Support Order and a copy of Social Security Card.</p>
Disabled Dependents	Unmarried dependent children over the age limit if: <ol style="list-style-type: none"> 1. They are dependent on you for primary financial support and maintenance due to a physical or mental disability, 2. They are incapable of self-support, and 3. The disability existed before reaching age 26 or while covered under the plan. 	<ul style="list-style-type: none"> ▪ Copy of Social Security disability award (<i>if a disability ruling by Social Security is pending, include a current copy of the application for disability</i>): <p style="text-align: center;">and</p> <p style="text-align: center;">Federal Tax Return for year just filed</p> <p style="text-align: center;">and</p> <p style="text-align: center;">copy of Social Security Card</p> <p style="text-align: center;">and</p> <p style="text-align: center;">Completed Disability Form (<i>Request from Benefits Office</i>)</p>

Welcome to the Maryland State Employees' and Teachers' Pension System for members enrolled on or after July 1, 2011!

The Maryland State Retirement and Pension System has a long history of providing retirement benefits to employees and teachers of Maryland state and local employers.

This overview deals with the highlights of the Employees' and Teachers' Pension System ("EPS" and "TPS"). Please refer to your system handbook on our website at sra.maryland.gov for more details about any of these topics.

A retirement coordinator, usually someone in your human resources department, can help you file enrollment forms and answer basic questions about your benefits. The Maryland State Retirement Agency also maintains a staff of retirement benefits specialists to answer questions from members and retirees.

Enrollment

Enrollment Membership in the EPS and TPS is mandatory, with very limited exceptions. Please see the pension system handbook on our website for information about these exceptions.

To properly enroll, you must submit to the Retirement Agency an Application for Membership (Form 1) and a valid proof of birth date document. You are strongly encouraged at the time of your enrollment to also submit to the Retirement Agency a Designation of Beneficiary (Form 4). These forms are available from your retirement coordinator or on our website.

If you have membership credit in another Maryland state or Maryland local retirement/pension system, you may be able to transfer that service credit to your new record in the EPS or TPS. To qualify for the transfer, your employment must be continuous and you almost always must apply to transfer your service within one year of becoming a member of the EPS or TPS. Contact a retirement benefits specialist if this situation applies to you.

Member Contributions

You contribute 7% of your annual compensation to the EPS or TPS.

Service Credit

You earn service credit toward your retirement benefits each day you work and pay your required contribution. Your service credit and age determine when you are eligible for retirement and how much your retirement benefit will be.

Eligibility service is used to determine when you are eligible for a benefit. You earn one year of eligibility service during any fiscal year when you work a minimum of 500 regular hours, excluding overtime.

Creditable service is used to determine the amount of your retirement benefit. A full-time employee will earn one month of creditable service for each month of employment. Creditable service also can include purchased prior service, qualifying military service, and accrued sick leave that is unused as of your retirement date.

Your Benefits

The ETS and TPS provide survivor, disability and service retirement benefits. Please see the handbook on our website for more detailed information.

Survivor Benefits

If you die while in active membership and after you have earned at least one year of eligibility service, your beneficiaries are eligible to receive a one-time payment equal to your annual salary plus your balance of accumulated contributions and interest. If, at the time of death, you were an active member, your spouse or your qualifying children may be eligible to receive a monthly benefit in lieu of the one-time payment if: you were eligible to retire, or you had at least 25 years of eligibility service, or you were at least 60 years old and had at least 15 years of eligibility service.

In lieu of the survivor benefits mentioned here, you are eligible for a special death benefit if you are killed in the line of duty. That benefit is a monthly allowance of two-thirds of your average final compensation that will be paid to the first of the following who survives you: your spouse, your children who are under age 26 or disabled, or your dependent parents. Also, a return of your balance of accumulated contributions with interest will be paid to your designated beneficiaries.

Disability Benefits

If you are permanently and totally disabled from performing your job duties, as determined by the System's medical board and Board of Trustees, you may be eligible for a lifetime monthly disability retirement benefit.

Types of Disability Retirement

There are two types of disability benefits:

Ordinary: For a physical or mental condition that permanently disables you from performing the duties of your job. To file for ordinary disability, you must have accrued five years of eligibility service.

Accidental: For a physical or mental condition that permanently disables you from performing the duties of your job, and which results from an on-duty accident without your willful negligence. As an active member, you are eligible to file for accidental disability from your first day on the job provided you file within five years after the date of the accident.

Your retirement coordinator can provide you with the necessary forms to file for a disability retirement benefit. These forms are also available on our website.

Service Retirement

There are two types of service retirement: early and normal. Normal service retirement provides full benefits, while early service retirement provides a reduced benefit. Your eligibility for either type of service retirement depends on two factors: your service credit and age.

Early Service Retirement: Age 60 with at least 15 years of eligibility service.

Normal Service Retirement: At least 90 years of combined age and years of eligibility service. For example:

- Age 57 with 33 years of service,
- Age 60 with 30 years of service, or
- Age 63 with 27 years of service.

Members with at least 10 years of eligibility service become eligible for normal service retirement at age 65.

When you retire, you will be able to choose from a number of payment options. These options range from the Basic Allowance, which provides the highest monthly allowance for you alone, to options that reduce your monthly payment but provide varying degrees of protection to your beneficiaries upon your death.

Vested Retirement: If you leave employment after you have earned at least 10 years of eligibility service, but before you are 65 years old, you are eligible to receive a future benefit based on your service at your termination.

If you are not vested when you leave employment and you don't anticipate returning to membership, you may contact the agency to receive a refund of your balance of accumulated contributions and interest.

If you withdraw your balance of accumulated contributions and interest, you will forfeit your right to a future benefit.

During Retirement

As a retiree, once you have been retired one full year as of July 1, your retirement allowance may be adjusted each July to help your benefit payments keep pace with inflation.

Resources

Register for the Retirement Agency's secure online participant portal, mySRPS, to view your account information, create estimates of your service retirement benefits, and communicate securely with the Retirement Agency. You may begin the registration process for mySRPS by visiting the Retirement Agency's website, sra.maryland.gov, and clicking on the mySRPS Login button.

The Retirement Agency's website also has lots of additional information for you, including newsletters, member handbooks, printable forms, and updates on the system's financial performance.

To visit the office or write a letter:

State Retirement Agency
120 East Baltimore Street, Baltimore, MD 21202-6700

Email inquiries to sra@sra.state.md.us

To speak with a retirement benefits specialist:

410-625-5555 or 1-800-492-5909

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700



APPLICATION FOR MEMBERSHIP

FOR RETIREMENT USE ONLY

FORM 1 (REV. 5/20)

IMPORTANT: PLEASE READ THE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.

SECTION ONE — TO BE COMPLETED BY APPLICANT

APPLICANT'S SOCIAL SECURITY NUMBER

[SSN Grid]

GENDER (M or F)

[Gender Box]

DATE OF BIRTH

[Date of Birth Grid]

Month

Day

Year

APPLICANT'S NAME

[Name Grid]

First
HOME ADDRESS

Initial

Last

[Home Address Grid]

Number and Street

[Address Grid]

City

State

ZIP Code

[City/State/ZIP Grid]

Home Phone Number

[Phone Number Grid]

Home Email Address

[Email Address Box]

1. Have you ever been a member of the Maryland State Retirement and Pension System? Yes No
2. Have you ever been a member of the Optional Retirement Plan (ORP)? Yes No
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? Yes No
4. Are you presently a member of another State or local retirement or pension system operated under the laws of Maryland or any political subdivision of Maryland? Yes No
IMPORTANT: If yes, read carefully the transfer provisions on the back of this form and then initial here: _____
5. Have you attached acceptable proof of birth date as described on the back of this form? Yes No

I certify that all statements made on this application are correct. I authorize any required deductions from my salary at the prescribed rate. And if I am presently a member of another State or local retirement or pension system, I have read and understand the transfer provisions.

Applicant's Complete Signature _____

Date _____

SECTION TWO — TO BE COMPLETED BY RETIREMENT COORDINATOR

- A. IS THE APPLICANT A PERMANENT EMPLOYEE? Yes No
 If part-time, what percentage of time is the applicant employed? _____ percent
- B. When did applicant begin present continuous service? Month _____ Day _____ Year _____
- C. What is the applicant's complete job classification or title? _____
- D. Is applicant's current position Optional Retirement Plan (ORP) eligible? Yes No
 If yes and the applicant checked "Yes" to question 2 above (individual previously participated), STOP and complete Form 60 *Election Not to Participate in the Teachers'/Employees' System by Faculty or Administrative Officers of Institutions of Higher Learning.*
- E. What is the applicant's annual salary? \$ _____ What is the applicant's annual standard hours? _____
- F. If applying for membership in the Law Enforcement Officers' Pension System, does the applicant meet the eligibility requirements? Yes No
- G. If the applicant is eligible to request a transfer of service credit between retirement or pension systems as a result of this new employment, have you reviewed the transfer provisions on page two with the applicant? Yes No

INDICATE SYSTEM: Teachers' Pension Employees' Pension Correctional Officers' Retirement
 State Police Retirement Law Enforcement Officers' Pension

EMPLOYING AGENCY CODE [Grid] # OF RETIREMENT CONTRIBUTIONS DEDUCTED PER FISCAL YEAR [Grid] SYSTEM [Grid]

FOR RETIREMENT USE ONLY

MO [Grid] DAY [Grid] YEAR [Grid]

ENTRANCE DATE

Retirement Coordinator's Complete Signature/Date _____

Telephone # _____

INSTRUCTIONS

Purpose of this Form: The Application for Membership form provides the Maryland State Retirement Agency (“Agency”) with the information necessary to properly enroll new members in the Maryland State Retirement and Pension System (“System”).

Special Note: Electronic signatures created with either Adobe Sign or DocuSign applications are acceptable on this form during the state of emergency and catastrophic health emergency declared by the Governor of Maryland on March 5, 2020. Forms submitted with electronic signatures must be accompanied by a “Final Audit Report” (if created in Adobe Sign) or a “Certificate of Completion” (if created in DocuSign).

Instructions for Applicant (Section One):

1. Use a pen, print clearly, and provide the information requested in **Section One**, including: your Social Security number, gender, date of birth, first name, middle initial, last name, home address including city, state, and zip code, home telephone number and home email address.
2. Review and answer all of the questions in **Section One**. Note that if you answer “Yes” to question #4, you must read the important information at the bottom of this page on Transfer Provisions, and then initial in the space provided.
3. Sign and date the form.
4. Make a copy of the form for your records and submit the form to your retirement coordinator along with a visible and readable copy of your proof of birth date document. Acceptable documents validating your date of birth include: your valid driver’s license, Maryland identification card, birth certificate, and United States passport.
5. It is **strongly recommended** by the Agency that at the same time you submit your completed *Application for Membership* form to your retirement coordinator that you also submit a completed *Designation of Beneficiary* form. The *Designation of Beneficiary* form allows you to name the person (beneficiary) or persons (beneficiaries) that you want to receive any death benefits payable if you die while a member of the System.

Instructions for Retirement Coordinator (Section Two):

1. Review the applicant’s answers to questions 1-5 in **Section One**.
If the applicant answered “Yes” in question 3, please call the Agency to determine if he or she should be enrolled in the System.
2. Use a pen, print clearly, and answer questions A – G in **Section Two**. Pay particular attention to questions D and G. If in question D, you have indicated that the applicant’s current position is eligible to participate in the Optional Retirement Plan (ORP) and the applicant has indicated in question 2 from **Section One** that he or she has ever previously participated in the ORP then the applicant is NOT eligible for enrollment in the System. If in question G, you have indicated that the applicant is eligible to transfer service credit then you must review the Transfer Provisions on page two of the form with the applicant.
3. Indicate the retirement or pension system of participation for the applicant by checking the appropriate box.
4. Enter the required information in the employee agency code, number of retirement contributions to be deducted per year, and the system box.
5. Sign and date the form.
6. Make a copy of the completed form and the proof of birth date document for your files, and mail the original form and a copy of the proof of birth date document to the Agency.

Transfer Provisions for Service Credit Earned in Another Maryland State or Maryland Local Retirement or Pension System

If an applicant was previously a member of the Maryland State Retirement and Pension System or a member of another retirement or pension system administered by a political subdivision within Maryland (e.g. county government, city government, etc.), and their current employment requires a membership change in a retirement or pension system, the applicant may be eligible to transfer their service from their previous retirement or pension system to their new retirement or pension system with the Maryland State Retirement and Pension System.

To be eligible to transfer service credit, the following requirements must be met:

1. The applicant’s employment must be continuous, meaning a change in jobs without a break in employment.
2. The transfer of service must be completed within one (1) year of the applicant becoming a member of the new retirement or pension system.

To transfer service credit from one retirement or pension system within the Maryland State Retirement and Pension System to another retirement or pension system within the Maryland State Retirement and Pension System, a completed *Election to Transfer Service* (Form 37) must be submitted to the Agency.

To transfer service credit from a retirement or pension system outside of the Maryland State Retirement and Pension System (e.g. a county, city, or local government system) to a retirement or pension system within the Maryland State Retirement and Pension System to another retirement, a completed *Request to Purchase Previous Service* (Form 26) and *Election to Transfer Service* (Form 37) must be submitted to the Agency.

If you need help to complete this form or require clarification, please call 410-625-5555 or 1-800-492-5909.



DESIGNATION OF BENEFICIARY

IMPORTANT: Please return completed form to the address listed above. Print clearly and read the instructions first. Fill in all sections. Retain a copy for your records.

FOR RETIREMENT USE ONLY FORM 4 (REV. 3/21)

APPLICANT'S SOCIAL SECURITY NUMBER

Grid for Social Security Number

CHECK ONE: Active Vested Retired (If retiring, retirement date _____)

IMPORTANT: If you are retired under Option 2, 3, 5 or 6, **STOP**. You cannot use this form. You must complete a Form 66 to initiate any beneficiary changes.

APPLICANT'S NAME

Grid for Applicant's Name (First, Initial, Last)

HOME ADDRESS

Grid for Home Address

Number and Street

Grid for Number and Street

City

State

ZIP Code

PRIMARY BENEFICIARY(IES) All money shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death.

Check if you used an additional Form 4 to name additional primary beneficiaries.

Form for Primary Beneficiary 1: Name, Relationship, Gender, Birthdate, Address

Form for Primary Beneficiary 2: Name, Relationship, Gender, Birthdate, Address

CONTINGENT BENEFICIARY(IES) If all primary beneficiaries die before me all money shall be paid in equal shares to the following person(s) who are living at the time of my death.

Check if you used an additional Form 4 to name additional contingent beneficiaries.

Form for Contingent Beneficiary 1: Name, Relationship, Gender, Birthdate, Address

Form for Contingent Beneficiary 2: Name, Relationship, Gender, Birthdate, Address

TO THE MARYLAND STATE RETIREMENT AGENCY: I authorize the Maryland State Retirement Agency to pay any benefits due upon my death to my designated beneficiary(ies). I agree on behalf of my estate, heirs, and assigns that payment by the agency releases the agency from any further obligation regarding these benefits. I direct the agency to pay any benefits to my estate if I have not designated any beneficiary(ies) or if they all die before me. I understand that I may change my beneficiary(ies) at any time by filing a new Designation of Beneficiary form with the Maryland State Retirement Agency. Any new Designation of Beneficiary form I file will replace this form. I understand that payment due to a minor shall be made only to a legally appointed adult. SIGN IN THE PRESENCE OF A NOTARIAL OFFICER (Notary Public, Clerk of the Court, etc.)



Signature _____

Date Signed _____



Sign in the Presence of a Notarial Officer (Notary Public, Clerk of the Court, etc.)

State of _____, County of _____ (or City of Baltimore)

This form was acknowledged before me on the _____ day of _____, 20____,

By _____

Name of individual whose signature is being acknowledged*

Signature of Notarial Officer _____

Title of office (Notary Public, Clerk of the Court, etc.) _____ My commission expires _____

Check here if this notarial act involved a remotely located individual and the use of communication technology.

* IMPORTANT: If the name of the individual whose signature is being notarized is not filled in, this form will be invalid and have no legal effect.

{ Official stamp must be affixed }

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS FORM

1. Important terms/definitions:

- a. **Active Member:** a member who is currently employed by a participating employer, including a member who is currently on a Qualifying Leave of Absence
- b. **Vested Member or Former Member:** a member or former member who is no longer employed by a participating employer, but who is eligible to receive a deferred vested allowance based on the number of years of service credit earned during employment
- c. **Retiree:** an individual who has separated from employment with a participating employer and receives a monthly retirement allowance
- d. **Primary Beneficiary:** person(s) to receive any benefits payable on your death
- e. **Contingent Beneficiary:** person(s) to receive any benefits payable upon your death only if all of the primary beneficiaries die before your death

2. Purpose of this form:

This Form applies to the Employees' and Teachers' Retirement and Pension Systems, Correctional Officers' Retirement System, Law Enforcement Officers' Pension System and State Police Retirement System.

If you are an **Active Member** or a **Vested Member or Former Member**, use this form to name or change the person or persons you want to receive any payable death benefits. The beneficiary(ies) of an active member may be entitled to a one-time payment equal to your annual salary at death plus any member contributions with accumulated interest. The beneficiary(ies) of a vested member or former member may be entitled to payment of any member contributions with accumulated interest.

Important note for active members who are married: If you die as an active member and you meet certain requirements related to your age and/or the years of service, your spouse may be eligible to elect to receive a monthly survivor allowance instead of the standard death benefit payable for members who die during employment. If you want your spouse to be eligible to make this election, you must name your spouse as your **sole/only** primary beneficiary.

If you are a **Retiree**, use this form to change your beneficiary(ies) **only** if you chose the Basic Allowance, Option One or Option Four at retirement. If you chose Option Two, Three, Five or Six at retirement, **STOP**. You **may not** use this form to change your beneficiary. Changing your beneficiary under Options Two, Three, Five or Six is a two-step process. You must first submit a *Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary* (Form 66) in order to receive an estimate of your recalculated allowance based on the new proposed beneficiary. This form is available on the Retirement Agency website at sra.maryland.gov or by calling a retirement benefits specialist. When you receive a written estimate of the recalculated allowance, you will be provided with a different form (Form 67) to complete and submit if you decide to change your beneficiary.

Important note for participants of more than one State system: If you participate in more than one system, you must properly complete and submit a *Designation of Beneficiary* (Form 4) for each system. Members of the Judges'

Retirement System please use Form 4.1. Members of the Legislative Retirement System please use Form 55.

3. Number of beneficiaries:

Fill out only the spaces needed. If you need space for more beneficiaries, complete another form and check the box or boxes to show that you have used a second form.

4. Full names of beneficiaries:

Give the full names of your beneficiaries. For example, "Mary Jones" not "Mrs. John Jones."

5. Who can be a beneficiary:

Beneficiaries do not need to be related to you.

Minors: You may name a minor (child less than 18 years of age) as a beneficiary, but in some cases payments can only be made to the legal guardian of a minor. You cannot use this form to name a legal guardian for minor children.

Your estate: You may name "my estate" as your sole primary beneficiary. Do not name a personal representative of your estate as your beneficiary. Instead, use the space for the beneficiary's address to show the address of the person or business that will administer your estate. If your estate is named as the primary beneficiary, do not designate contingent beneficiaries.

Trustee: If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

Church or charitable organization: List the complete corporate or legal name.

6. How benefits are divided among your beneficiaries:

Any benefits due at your death are paid in equal shares to the living primary beneficiaries named on your Designation of Beneficiary form. If you name multiple primary beneficiaries, and one of the primary beneficiaries dies before you, the total benefits due at your death are divided in equal shares among the remaining primary beneficiaries. If all of the primary beneficiaries are deceased on your death, any benefits are payable in equal shares to your contingent beneficiaries who are then living. A deceased beneficiary's share of your total benefits cannot be paid to that deceased beneficiary's heirs. Payment is made only to the living beneficiaries listed on your Designation of Beneficiary form

7. Notarization

This form is not valid unless notarized by a Notary Public.

Properly completed forms should be mailed to: Maryland State Retirement Agency, 120 E. Baltimore St., Baltimore, MD 21202-6700

Important note for all individuals filing this form: This form must be filed with the Maryland State Retirement Agency and is not considered to be filed if it is not submitted to the MSRA, but instead submitted to the employing agency. MSRA shall use the last form properly completed and filed with MSRA on or before the date of death to determine who is entitled to receive any benefits owed.



Harford County Education Association

2107 LAUREL BUSH RD ● SUITE 201
BEL AIR, MD 21015 ● PHONE: (410) 838-0800 ● WWW.HARFORDCEA.ORG

SICK LEAVE BANK APPLICATION FOR ENROLLMENT/CANCELLATION

ALL ENROLLMENT FORMS MUST BE RECEIVED AT THE HCEA OFFICE BY MAY 31ST AT 4PM

Please return the completed form to the attention of
"HCEA 2107 Laurel Bush Rd Suite 201 Bel Air MD, 21015."

Teachers' unit, i.e., school counselors, psychologists, media specialists, occupational therapists, physical therapists, and speech and hearing clinicians.

Application For: **ENROLLMENT** _____ **CANCELLATION** _____

Applicant Information

Full Name: _____ Date: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Work Phone: () _____ School : _____

Date of Birth: _____ Social Security #: _____ Employee ID #: _____
(required) (required)

Position: _____ Hire Date: _____

Have you ever received treatment for any condition or illness in the past six months? YES NO

Signature

*I certify that my answers are true and complete to the best of my knowledge.
I understand that false or misleading information in my application may result in termination from the Sick Leave Bank.*

Signature: _____ Date: _____

**CURRENT MEMBERS WHO DESIRE TO CONTINUE
MEMBERSHIP NEED TO DO NOTHING. MEMBERSHIP WILL BE
AUTOMATICALLY RENEWED.**

Harford County Education Association/Harford County Board of Education
SICK LEAVE BANK RULES AND PROCEDURES

Statement of Intent

The Harford County Education Association (HCEA) Sick Leave Bank (SLB) is a benefit, available to all Harford County teachers who choose to be members. The SLB exists as a safety net for teachers who may encounter catastrophic and incapacitating illnesses and who have exhausted all of their allotted sick and personal business days. The Bank is administered jointly by HCPS and HCEA and is contained in the negotiated agreement. The day to day operation of the bank is handled by HCEA employees.

The existence of the Sick Leave Bank and participation by a unit member in the Bank does not negate or eliminate any other sick leave policies of Harford County Public School System, nor does it in any way negate the rights of individual unit members who participate in the Bank to other sick leave benefits.

The Sick Leave Bank may only be used for the contributor's own personal illness; it may not be used for illness of other members of the contributor's family, or by the contributor to remain away from his/her position in order to assist a member of his/her family who is ill. The Bank does not cover cosmetic or elective surgery. Complications arising from elective procedures may be eligible if they meet the normal standards for SLB grants.

Eligibility of Membership

Any certificated teacher currently employed by the HCPS may be a member of the SLB.

Participation in the Bank is voluntary, but requires contributions to the Bank. Only contributors will be permitted to use the Bank for payment for qualifying incapacitating and catastrophic personal illness occurring on regularly scheduled duty days.

Joining the Bank

Employees must complete the appropriate form and submit it either during the open enrollment period or within thirty (30) days of being hired or returning from a leave of absence. The contribution on the appropriate form will be authorized by the member. Membership will continue from year to year unless canceled in writing by the member during an open enrollment period.

The open enrollment period will be May 1 through May 31 of any given year.

Eligible employees who do not elect to join the Sick Leave Bank at the time all benefits forms are submitted each year will not be permitted to join the bank until the subsequent annual open enrollment period.

Cancellation of Membership in Bank

Members may opt to resign from the bank during the open enrollment period.

Eligibility for Drawing Leave

No member shall be considered eligible for compensation through the Sick Leave Bank unless such member was on duty or authorized absence including vacation, holiday or personal days on the duty day preceding the commencement of the disabling illness.

No member shall be required for purposes of maintaining membership status in the Sick Leave Bank, to contribute more sick leave days than other members.

There will be a 60-day waiting period from the first duty day of the following school year for the new Sick Leave Bank members who join during the open enrollment period, during which time they will not have access to the Sick Leave Bank. The 60-day waiting period will start on the first day of the new school year for those who join during Spring Enrollment. New hires have a 30-day waiting period, during which time they will not have access to the Sick Leave Bank. For new hires, the 30-day waiting period will start their first duty.

Catastrophic and Incapacitating Personal Illness. Regularly scheduled duty days for periods of personal illness, injury or quarantine which is not only prolonged but is also catastrophic and incapacitating and which is not likely to permanently disable the teacher. The Bank may not be used by the contributor to remain away from his/her position in order to assist a family member who is ill.

Mental Health. Sick leave for a mental health diagnosis, consistent with a debilitating and catastrophic requirement of SLB, may be granted as follows:

- First 30-day grant -if a mental health diagnosis (debilitating and catastrophic in nature) is certified by a general practitioner or licensed mental health provider and a treatment plan is provided that is accepted by the Sick Leave Bank Committee which provides satisfactory evidence of the goal to return the member to work.
- Second 30-day grant — the SLB Committee may consider an additional thirty (30) day grant if the applicant provides evidence of a scheduled appointment or documented multiple attempts to schedule an appointment with a licensed psychiatrist or licensed psychologist. The current treatment provides satisfactory evidence of the goal to return the member to work.
- Grant extension beyond 60 days - if mental health diagnosis (debilitating and catastrophic in nature) is certified by a licensed psychiatrist or licensed psychologist and a treatment plan is provided that is accepted by the Sick Leave Bank Committee and provides satisfactory evidence of the goal to return the member to work.

Pregnancy. Normal pregnancy will not fall under the definition of incapacitating and catastrophic for purposes of qualifying for a grant from the Sick Leave Bank. Normal pregnancy is defined as the nine (9) month period prior to delivery. Applicants are eligible for a grant of ten (10) days for a Caesarian section.

Pre-Existing Conditions. Anyone who joins the Sick Leave Bank with a pre-existing diagnosed condition or illness for which they have received treatment within the last six months, will not be allowed to utilize the Sick Leave Bank for illness resulting from or related to that specific condition until the member has remained ninety (90) days treatment-free or one full year (365 days) in the Sick Leave Bank. For the purposes of this section, "treatment" shall mean any period of hospitalization, doctor's treatment, clinic treatment, surgery, diagnosed procedure or prescription.

Contribution Procedures

Upon enrolling and being accepted, a SLB member will be assessed one sick leave day from those currently available to him or her. Should a member who is currently enrolled in the SLB not have sufficient leave available for an assessment the member will be allowed to continue enrollment in the SLB and once leave is available the member will be assessed any outstanding assessments owed to the bank.

The bank will continue to evaluate the program on a regular basis and make adjustments necessary in order to ensure the solvency of the bank and the quality of the protection it affords to members. In addition, should the number of days in the bank fall below one thousand eight hundred (1,800) days on March 1st of each year an assessment will occur during the following school year. Should there be a need for an assessment, member will be notified prior or during the opening enrollment period.

Upon enrolling and being accepted, a SLB member will be assessed one sick day from those currently available to him or her. The bank will continue to evaluate the program on a regular basis and make adjustments necessary in order to ensure the solvency of the Bank and the quality of the protection it affords to members. Should there be a need for an assessment, the members will be notified prior or during the opening enrollment period.

Procedures to Draw from The Bank

The maximum number of Sick Leave Bank days that can be granted in any one fiscal year will be no more than the number of days left in the school year.

In no event will a member receive more than a lifetime total of 190 days of Bank Leave while employed by the Harford County Public School System. Teachers in their first year of employment have a limit of 90 days of Sick Leave Bank utilization. Thereafter, eligible participants shall have a limit of up to 190 days (lifetime), including any Sick Leave Bank time utilized the first year.

In order to receive a grant from the Sick Leave Bank, the member must first be absent for (5) five consecutive duty days for the existing condition. An approved grant shall become effective following the exhaustion of all available paid sick leave and after (5) consecutive unpaid days of absence for the illness (Sick leave grants granted due to cesarean section are excluded from the 5 days unpaid).

Sick Leave Bank grants shall be in units of not more than 30 duty days.

Grants from the Bank shall not exceed 30 duty days or the member's remaining duty days for that year if the duty days are less than 30.

If a member does not use all of the days granted from the Bank, the unused Sick Leave Bank days will be returned to the Bank.

Members who draw from the Bank must be current in their assessment of sick days.

It must be noted that the Sick Leave Bank cannot grant more days than it has on deposit.

Bank grants will not automatically be carried over from one Sick Leave Bank year to another. All Bank grants will end as of the last duty day of the Bank year and must be renewed through the Committee each year.

All requests to draw upon the Bank must be made upon an authorized Sick Leave Bank Request Form and submitted to HCEA within 30 calendar days of the first date bank usage is requested. All information must be provided, or the form will be returned and no action will be taken until it is resubmitted with all required information.

All requests to draw upon the Bank must be accompanied by the Sick Leave Bank Physician's Statement Form confirming the cause of illness or confinement and certifying existence of an incapacitating or catastrophic illness or disability. Dates of the intended leave must be specified. The form must be personally signed by the physician. The Sick Leave Bank Committee will not honor any physician's statement unless it is on the official Sick Leave Bank Physician's Statement Form and is an original. Copies of these forms will not be accepted.

An applicant may be required to undergo a medical review by a physician of the Committee's choice at any time at the member's expense. This physician's report is to be sent directly to the Committee on the Sick Leave Bank Physician's Statement Form before the Committee may act upon the unit member's application for a grant from the Sick Leave Bank. Extension or renewals of each 30 day grant shall require a new up-to-date Sick Leave Bank Physician's Statement.

When a contributor has been incapacitated, his/her application may be submitted to the Committee by his/her agent or family.

A request for a meeting with the applicant may be requested by the Sick Leave Bank Committee for purposes of clarification.

All decisions made by the HCEA Sick Leave Bank Committee are final.

The Sick Leave Bank Committee shall have the authority and responsibility of receiving requests, verifying the validity of requests, approving or denying requests and communicating its decision to the member and the Harford County Public Schools Office of Human Resources and the Payroll Department.

Confidentiality of Actions. All records, proceedings and actions of the Sick Leave Bank Committee and all other parties privy to the records, proceeding and actions shall be held in strictest confidence.

Workers' Compensation. In cases where a member requesting leave from the Sick Leave Bank may be eligible for Workers' Compensation benefits, the member requesting the sick leave shall initiate timely action through the Workers' Compensation Commission or lose all rights to Sick Leave Bank coverage for absence related to that illness or injury.

In cases where a member applies for and is eligible for Workers' Compensation benefits, leave from the Sick Leave Bank will be adjusted so that when combined with the Workers' Compensation benefits, it equals, but does not exceed, the member's regular net salary.

Disability Retirement

When the Sick Leave Bank Committee may reasonably presume that an applicant for a grant or an extension of a grant may be eligible for disability retirement benefits from the Maryland State Retirement Systems and/or Social Security, the Committee will require the member to apply for disability benefits. Submission for the application for disability retirement and the necessary supporting medical documentation to the HCPS Human Resources Department must be made within 20 calendar days from the date of issuance of the request by the Sick Leave Bank Committee in order for the member to continue to be eligible for a Sick Leave Bank grant.

When disability retirement is approved by the MSRS Board of Trustees and/or the Social Security Administration, any grant from the HCEA Sick Leave Bank that has been approved will automatically cease at the end of the month in which the disability was approved. Any remaining days will be returned to the Sick Leave Bank.

If disability retirement is denied by the Retirement Systems, the Sick Leave Bank Committee and the HCPS must be notified immediately by the member. A Sick Leave Bank recipient may lose his/her eligibility for a grant for each day the Sick Leave Bank Committee is not notified after the Sick Leave Bank member has received his/her denial. If a denial is received from the MSRS, the Sick Leave Bank Committee will review the doctor reports submitted to the MSRS, and it will determine whether benefits should continue, cease, or whether there is a need for another medical opinion at the applicant's expense.

Grant Extensions

After an applicant has drawn and used a grant from the Bank, he/she shall be required to provide a new up-to-date Sick Leave Bank Request Form and an up-to-date Sick Leave Bank Physician's Statement Form. The new application must be filed within the guidelines.

Applicants must submit requests for extension of Bank Leave grants five workdays before their current grant expires.

Applications for extensions of grants will not be considered unless accompanied by a new up-to-date statement from the physician.

Loss of Right to Use Sick Leave Bank

A member of the Sick Leave Bank will lose the right to use benefits of the Sick Leave Bank through:

- Termination of employment with the Harford County Public School System. This becomes effective as of the last day of employment.
- Employment with another employer or self-employed. Approval of a bank loan is automatically and immediately rescinded upon verification by the Sick Leave Bank Committee that the applicant is employed, including part-time and/or self-employment.
- Loss of Certification. A person is no longer eligible for membership in the Sick Leave Bank if they lose their certification.
- The member's suspension without pay or any illness occurring during the period of suspension. In the event that the suspension is overturned, Sick Leave Bank benefits will be retroactively reinstated.
- The member's voluntary cancellation during Open Enrollment, of his/her membership in the Sick Leave Bank as of the effective date of cancellation.
- The member's abuse or misuse of the rules of the Sick Leave Bank.
- The member's placement on an approved leave of absence for other than personal illness.
- Bank grants shall not be authorized for illness or disability for which the member is eligible for any disability retirement payment.

Sick Leave Bank Committee

The SLB Committee consists of three HCEA members named by the HCEA President and three representatives of HCPS named by the Superintendent.

Daily administration of the SLB is the responsibility of the HCEA office staff and the HCEA President.

All forms for application for participation in the Bank, grant request forms, and cancellation shall be available at the HCEA office, the Harford County Public School Human Resources office, and at each school office. These forms shall be sent to any eligible employee and/or member at his/her request.



Sean W. Bulson, Ed.D., Superintendent of Schools
102 S. Hickory Avenue, Bel Air, Maryland 21014
Office: 410-838-7300 • www.hcps.org • fax: 410-893-2478

Human Resources Office
Office: 410-588-5238
Fax: 410-588-5315

NEW HIRE PERSONAL INFORMATION

Employee ID or last 4 digits of Social Security No.: _____
First Name: _____ Middle: _____ Last Name: _____
Maiden Name (if applicable): _____ Preferred Name: _____
Date of Birth (optional): _____
Email Address: _____ Primary Phone: _____

GENDER: Male Female Non-Binary

ETHNICITY: Are you Hispanic or Latino? Yes No

RACE IDENTIFICATION:

Using the descriptions below, please select the race(s) that you most closely identify with. You must select at least one race.

- American Indian/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.
- 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.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. The term "Native Hawaiian" does not include individuals who are native to the state of Hawaii by virtue of being born there. In addition to Native Hawaiian, Guamanian, and Samoan, this category would include the following Pacific Islander groups reported in the 1990 census: Carolinian, Fijian, Kosraean, Melanesian, Micronesian, North Mariana Islander, Palauan, Papua New Guinean, Ponapean (Pohnpelan), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan Tongan, Trukese (Chuukese), and Yapese.
- White: A person having origins in any of the original peoples of Europe, the Middle East or North America.

EMERGENCY CONTACT INFORMATION

First Name: _____ Middle: _____ Last Name: _____
Address: _____ Relationship: _____
City/State/Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

New Hire Resources

Fingerprinting / Background Checks / I-9

Your employment is contingent upon completing the I-9 form, criminal background check/fingerprinting and the Child Protective Services Background Clearance. You may complete these steps at the following link:

http://www.hcps.org/Registration/HR_FingerPrint_Registration/Default.aspx

You must have payment (only check or money order accepted if PayPal was not used at time of making the appointment), proper identification and the completed Child Protective Services Background Clearance form to complete your appointment. If you are missing documentation or proper form of payment, your appointment will be rescheduled.

If you have any questions about this information, please contact (410)588-5247.

Employee Identification Badge

During your fingerprinting appointment with the Department of Investigations, if your position requires an ID Badge, you will have your photograph taken and a badge will be printed for you. Further badge instructions will be given during your appointment.

Employee Identification Number

Your employee identification number is a unique 5-digit number used for employment purposes. You will not receive your employee identification number when you are hired. You will be provided with your number at a later date.

Email Address

Your HCPS email address will follow the general format of firstname.lastname@hcps.org. You will not receive your email address when you are hired. You will be provided with your email address and instructions at a later date.

Benefits

For eligible employees, the health, dental and life insurance becomes effective the first of the month following your start date. E.g. if your start date is August 27, your benefits will begin September 1. New hires have a 30-day window to enroll in their benefits online at: <https://hcps.benelogic.com>

Ten-month employees are paid over a 10-month period. Although you are paid over 10 months, we withhold enough premiums to cover you for 12 months.

Eleven and twelve-month employees are paid over a 12-month period with biweekly premium deductions.

You can review our benefit plans available at:

<http://www.hcps.org/departments/HumanResources/default.aspx>

HCPS Share

HCPS Share is our intranet resource for employees. Below you will find the most commonly used links:

Main Page

<https://hcps365.sharepoint.com/SitePages/Home.aspx>

Benefits

Insurance • Retirement • Medical Leave Requests

<https://hcps365.sharepoint.com/Sites/HumanResources/Benefits/default.aspx>

Curriculum and Instruction

<https://hcps365.sharepoint.com/sites/CurriculumandInstruction/default.aspx>

Employee Self Service

Electronic Pay Stub • Edit information

<http://start.hcps.org/>

Human Resources

<https://hcps365.sharepoint.com/Sites/HumanResources/default.aspx>

Negotiated Agreements

Leave Accrual • Tuition Reimbursement • Salary Schedules

<https://hcps365.sharepoint.com/sites/HumanResources/HRForms/Negotiated%20Agreements/Forms/AllItems.aspx>

Staff Driver Procedure

A procedure related to HCPS personnel who drive in the course and scope of their job has been adopted. The purpose of this procedure is to set forth criteria regarding an employee's eligibility and conduct for driving. Personnel driving a Board of Education owned vehicle are subject to driver record monitoring and other conditions as outlined in the procedure. General conduct is listed that applies to all employees who drive in the course and scope of their job at HCPS. The procedure is referenced in the Employee Handbook and can be found on SharePoint by accessing the following link:

<https://hcps365.sharepoint.com/sites/Administration/AdministrativeProcedures/Administrative%20Procedures/Staff%20Driver%20Procedure.pdf>

Technology and User Support

<https://hcps365.sharepoint.com/sites/OTIS/default.aspx>

SMARTFINDEXPRESS

for SCHOOL-BASED STAFF

How do I report an absence?

How do I arrange for a substitute?

Most school-based employee absences will be reported in SmartFindExpress.

All staff should consult with their immediate supervisor to understand the appropriate method for requesting leave of any kind.

Register as soon as possible after your start date.

IMPORTANT: Before you can use SFE to report absences, you must REGISTER with the system.

**Access ID =
Employee ID Number**

**Pin =
Employee ID Number**

Once registered, you may access SFE via internet or phone.

SFE Help Desk phone number: 410-809-6341

email address: subsupport@hcps.org



**ADDRESS, NAME, AND FAMILY STATUS
CHANGE FORM**

Submit form to: Human Resources

Effective Date of Change: _____

Employee ID #: _____

Social Security #: _____

Name (*print clearly*): _____

New Phone Number: _____

Address: _____

Current Position: _____

School/Office: _____

I am requesting the following change:

- Address/Phone: *To update your address/phone number online, access HCPS Employee Self Service (ESS).*
- Name: *NEW Social Security card required.* Provide Former Name: _____
- Family Status Change: *Must be made within 31 days of event.*

Certain qualifying life events allow you to make a change to your benefits outside of the open enrollment period. A change in family status may create the need for a different level of coverage, e.g., individual, husband/wife, parent/child, or family, and may affect the amount of your payroll deduction for healthcare. Your change request must be made through the Benelogic online enrollment system no later than 31 days following the effective date of one of these qualifying events. You must send documentation of the qualifying event to the Benefits Office within the same time period in order for the change request to be authorized. Below are examples of qualifying events for status changes.

EVENT	REQUIRED VERIFICATION
▪ Marriage, divorce, or annulment	Marriage certificate, divorce decree
▪ Birth, adoption, or death of a dependent	Birth certificate, hospital's verification of birth, final court ordered custody decree with seal, final adoption decree, death certificate
▪ Loss of other insurance coverage ▪ Change in employee or spouse's employment status (termination, layoff, start new job)	Certificate of Coverage or letter on employer's letterhead showing effective date of change, coverage, and employee/subscriber name(s)

TO REQUEST STATUS CHANGES DUE TO A QUALIFYING LIFE EVENT, FOLLOW THE STEPS BELOW:

1. Log on to the HCPS Benelogic Online Benefits Enrollment Employee Portal: <https://hcps.benelogic.com>
2. Carefully read the instructions on each screen; select your change(s). Remember that Basic and Supplemental Life Insurance Beneficiary additions or changes are to be made through Benelogic and may be changed at any time.
3. View and print a confirmation statement of your change request for your records.
4. Mail or fax (410-588-5316) the appropriate documentation to verify your change to the Benefits Office within 31 days of the qualifying event.

THE BOARD WILL NOT PROVIDE TWO INSURANCE PROGRAMS FOR ANY ELIGIBLE EMPLOYEES OR ELIGIBLE MEMBERS OF THEIR FAMILY.

Is your spouse employed by HCPS? YES NO If yes, provide spouse's name, social security number, and employee ID number:

➤ Spouse's Name and SS#: _____ Employee ID #: _____

Employee's Signature: _____

Date: _____

EMPLOYER'S SECTION

- Benefits Department: Information Updated By: _____ Date: _____
- Human Resources: Information Updated By: _____ Date: _____
- Payroll _____ SFE _____ Staff Relations _____ OTIS _____ Personnel File _____