

**Authorization to Release Social Security Number and Acknowledgement of Electronic Information
Access & Use Regulation**

Authorization to Release Social Security Number

**I authorize Bloomfield Hills Schools to release my social security number
to the
Oakland Intermediate School District and/or the
Michigan Department of Education.**

Printed Name _____

Signature _____

Date _____

Acknowledgment

Electronic Information Access and Use Regulation

I hereby apply for access to the Bloomfield Hills Public Schools network services. I confirm that I have read and understand the Electronic Information Access and Use Regulation and agree to be responsible for and abide by the terms of this agreement. I understand that should I commit any violation, my privileges may be revoked and that school disciplinary or legal action may be taken.

Printed Name _____

Signature _____

Date _____

STUDENTS ONLY

If you are a student, your parent/guardian must also sign

As the parent/guardian of the above-named student, I acknowledge that I have read the Electronic Information Access and Use Regulation and consent to the District's grant of access to network services.

Printed Name of Parent/Guardian _____

Signature _____

Date _____



Authorization for Release of Information from Current or Former Employer(s)

In accordance with Public Act 189 of 1996 (MCL 380.1230b), I authorize current or former employers to do the following:

- Disclose to Bloomfield Hills Schools any unprofessional conduct by me, and
- Make available to Bloomfield Hills Schools copies of all documents in my personnel record relating to that unprofessional conduct.

"Unprofessional conduct" means one or more acts of misconduct; one or more acts of immorality, moral turpitude or inappropriate behavior involving a minor; or commission of a crime involving a minor. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct.

I hereby waive and release any current or former employer, and employees or agents acting on behalf of a current or former employer, from any liability for disclosing and/or providing information to Bloomfield Hills Schools relating to acts of unprofessional conduct committed during my employment with my current or former employer, or any other information relating to my current or former employment. I release Bloomfield Hills Schools, its employees, agents, and Board members from liability in connection with the use of such information. I further waive any written notice of disclosure or records required under Section 6 of the Bullard Plawecki Employee Right to Know Act (MCL 423.506).

I understand that Bloomfield Hills Schools shall use the information from my current or former employer(s) for the purpose of evaluating my qualifications for the position(s) for which I have applied, and the information will not be disclosed to persons who are not directly involved in the process or evaluating my qualifications for employment.

I further understand that any offer of employment is contingent upon the information received from my current or former employer(s) being satisfactory to Bloomfield Hills Schools. If the information is not satisfactory to the school district, the offer of employment may be withdrawn at the sole discretion of Bloomfield Hills Schools.

APPLICANT'S NAME (please print) _____

APPLICANT'S SIGNATURE _____ DATE _____

**Bloomfield Hills Schools
PRE-EMPLOYMENT CONSENT FOR
CRIMINAL CONVICTION HISTORY CHECK**

I understand that I have been conditionally offered a position as an employee by the Bloomfield Hills School District subject to a criminal conviction history check and/or fingerprinting and a pre-employment physical, if requested.

I understand that the Michigan State Police and FBI require the information below, for the criminal conviction history check. I authorize the Bloomfield Hills School District to utilize this information for the sole purpose of obtaining a conviction-only history file search.

(PLEASE PRINT CLEARLY)

Name: _____
 Last First Middle

Additional name(s) you have been known by: _____

Date of Birth: _____ Sex: _____ Race: _____

Driver's License No: _____ State Issued From: _____

Position applied for: _____ Building/Dept. _____

Pursuant to 1993 Public Act 68, I represent that **(you must check one)**:

_____ I have not been convicted of, or pled guilty, or nolo contend ere (no contest) to any crimes.

_____ I have been convicted of or pled guilty or nolo contend ere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date and court):

a. _____

b. _____

I understand and agree that pursuant to the School Safety Initiative Legislation of 2005:

- (1) The Board of Education must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police and FBI for all employees;
- (2) until the reports are received and reviewed by the School District, I am regarded as a conditional employee; and
- (3) if the reports received from either the Department of State Police or the FBI are not the same as my representation(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my employment contract is voidable at the option of the School District.
- (4) I have been told by an agent of Bloomfield Hills Schools that I am to be fingerprinted prior to my 1st day of employment. I authorize release of my prints and/or criminal history report received from these prints to any Michigan public school district personnel department.
- (5) I have been fingerprinted **within the last year** for employment with _____ and authorize the release of my prints and/or criminal history report. *(Name and Address of District previously printed with)*

Signature _____ Date _____

Return this form to the Human Resources Department

E-VOUCHER INFORMATION



VIEW PAYCHECK ON-LINE FROM ANYWHERE

JUST FOLLOW THESE SIMPLE STEPS:

- Step 1: Go to <https://hrweb.resa.net/eEmployee/>
- Step 2: Log in if you have already registered, or choose “*Not a Registered User? Click Here*” to create a **Log-in** and **Password*** (You will only need to do this once. Please write down your user name and password in a safe place).
- Step 3: Enter your user name and password, select **Bloomfield Hills Schools** in the drop-down box and click Log-in. Our name and logo will appear on the left side of the screen.
- Step 4: Select a check date and view your voucher.
- Step 5: **Logoff** (top right side of screen).

*Your employee ID number is: _____.

New Hires: *it may take several days before you are in the system and can access your e-voucher information*

ALL EMPLOYEES: *You must create an e-voucher account while employed in order to retain access when you are no longer employed by the district.*

Note: If you have any questions regarding the log-in or if you have lost your employee ID number, please contact the Payroll Department at 248.341.5435.



Authorization Agreement for Direct Deposits

I hereby authorize Bloomfield Hills Schools to make deposits in the account identified below at _____ (Deposit Financial Institution, hereinafter referred to as DFI) and authorize the DFI to accept these deposits. Adjusting entries to correct errors and/or overpayments is also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Company. I acknowledge my responsibility to retain a copy of this document.

Name _____

Address _____ City _____

State _____ Zip _____ Building _____

Signature _____ Date _____

Phone number _____ - _____ - _____

**DIRECT DEPOSIT(S) MUST BE ACCOMPANIED BY A VOIDED CHECK (OR COPY OF THE CHECK)
A DEPOSIT SLIP CANNOT BE ACCEPTED FOR THIS PURPOSE**

Partial direct deposit to the following account:

Checking **OR** Savings

\$ _____ Account # _____ Routing # _____

Partial direct deposit to the following account:

Checking **OR** Savings

\$ _____ Account # _____ Routing # _____

I authorize my **NET/ BALANCE** payroll deposit to be distributed as follows:

Checking **OR** Savings

Account # _____ Routing # _____

I would prefer to have my net payroll deposited on a pay card



NAME _____ DATE _____

Please answer BOTH parts (A & B)

Part A Are you Hispanic/Latina? (Choose only one)

- No, not Hispanic/Latina
- Yes, Hispanic/Latina (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race).

Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, please answer Part B by marking one or more boxes to indicate what you consider your race to be.

Part B What is your race? (Choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American, including Central America)
- 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).
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

NOTE: Both Parts A and B MUST be completed. We encourage you to select an answer for both parts. If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

- Please check this box if you do not want your telephone number listed in our staff directory.
- Please check this box if you do not want your address listed in our staff directory.

SIGNATURE _____ DATE _____

Bloomfield Hills Schools
7273 Wing Lake Road · Bloomfield Hills, MI 48301 · 248.341.5425 · www.bloomfield.org

LIVE SCAN FINGERPRINT REQUEST INSTRUCTIONS:

- Pre-register by phone or Internet to receive a printing time.
- Complete the attached fingerprint request form.
- You will be required to provide a picture ID at the time of printing.

To register by phone (OR to cancel an existing print time) dial 1-866-226-2952.

You will not be able to access the print date and location the day of your appointment as the appointment date will be closed at midnight the prior night.

The website for online registration is: www.identogo.com
(website will state *MorphoTrust USA*)

For online registration, you will be asked to provide the following information:

- Agency Name: Bloomfield Hills School District
- Agency Number: #2001A
- State of Printing: Michigan
- Region of Printing: Metro Area
- Purpose for Prints: SE- School Employment, MCL 380.1230
- Zip Code: To provide the closest fingerprint location

Once you are registered for printing and have a time and date, bring the following to the fingerprinting location:

- COMPLETED LIVESCAN REQUEST FORM (attached)
- Money order made payable to: MorphoTrust USA
- Credit card (Visa or MasterCard) payment can only be made over the phone or online at time of registration
- No personal checks or cash will be accepted

You must complete the attached form prior to registration and return a copy to Human Resources.

LIVESCAN FINGERPRINT REQUEST

AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.162; **COMPLIANCE:** Voluntary, however failure to complete this form will result in denial of request.

After fingerprinting, return signed and completed form to employer or licensing agency.

I. Fingerprint Reason					
1. Code SE - School Employment; MCL 380.1230a & MCL 380.1230g REVISED SCHOOL CODE					
2. Requestor/Agency ID 2001A		3. Agency Name BLOOMFIELD HILLS SCHOOLS			
II. Applicant Information: Type or clearly print answers to all fields before going to be fingerprinted.					
1a. Last Name		1b. First Name		1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases (Optional)					
3. Place of Birth (State or Country)		4. Date of Birth		5. Social Security Number (Optional)	
6. Driver License State		7. Driver License Number			
8. Address					
9. City		10. State		11. ZIP Code	
12. Sex <input type="checkbox"/>	13. Race <input type="checkbox"/>	14. Height (Ft. & In)	15. Weight (Lbs)	16. Eye Color <input type="checkbox"/>	17. Hair Color <input type="checkbox"/>
III. Live Scan Information: Type or clearly print answers to all fields at the fingerprinting site.					
1. Date Printed			2. Picture ID Type Presented		
3. TCN			4. Live Scan Operator		

I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.

Signature: _____ **Date:** _____

28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

**** ENSURE THAT THE CORRECT FINGERPRINTING REASON CODE AND AGENCY ID ARE USED. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT CODES. ****



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (<i>Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.</i>)						
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town	State	Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number	E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

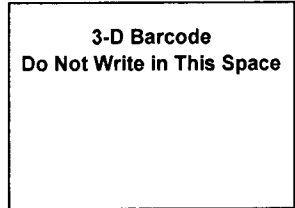
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		
Address (<i>Street Number and Name</i>)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**MICHIGAN PUBLIC SCHOOL EMPLOYEES
RETIREMENT SYSTEM (MPSERS)
OFFICE OF RETIREMENT SERVICES (ORS)**

NEW HIRE RETIREMENT PLAN ELECTION

If you are already a member of MPSERS with previous paid work experience in a Michigan public school, please go to page 37.

There is no need to complete the election form. This form is for a new employee entering MPSERS for the first time.

If you have any questions concerning your membership or election, please contact ORS at 1.800.381.5111.



New Hire Retirement Plan Election

Michigan Public School Employees Retirement System

For public school employees who first work on or after September 4, 2012

Welcome to the Michigan Public School Employees Retirement System:

Public Act 300 of 2012, gives you a choice between two retirement plans: the **Pension Plus** plan and a **Defined Contribution (DC)** plan. The Pension Plus plan is a hybrid plan that contains a pension component with an employee contribution (graded, up to 6.4 percent of salary) and a savings component consisting of a tax-deferred investment account with an employer match of 50 percent (up to 1 percent of salary) on employee contributions. The Defined Contribution (DC) plan provides a savings component in the form of a tax-deferred investment account with a 50 percent employer match (up to 3 percent of salary) on employee contributions.

As a new employee you were automatically enrolled in the Pension Plus plan as of your date of employment and you began making contributions to your pension plan and a 2 percent contribution to your retirement account (earning you a one percent employer match). You have 75 calendar days from your first payroll date to elect to opt out of the Pension Plus plan and become a participant in the DC plan; if no election is made you will remain a member of the Pension Plus plan. If you elect to opt out of the Pension Plus plan, you will become a participant in the DC plan, retroactive to your date of employment; and you would be automatically enrolled in a 6 percent employee contribution earning you a 3 percent employer match. Previous contributions made by you and your employer will be reconciled and deposited to your DC plan.

*Make your retirement plan election within **75 days of your first payroll date** (the last day of the first pay period as reported by your employer to ORS).*

Your election is irrevocable. Carefully review the attached information. To submit your election, complete form R0940C (attached) and return it to your employer within 75 calendar days of your first payroll date.

There are no extensions. If you do not make an election within 75 calendar days from your first payroll date you will remain a member of the Pension Plus plan.

Your retiree healthcare benefit

Your retirement plan election has no bearing on your retiree healthcare benefit. As a public school employee who first worked on or after September 4, 2012, you will be placed into the **Personal Healthcare Fund (PHF)**, a portable, tax-deferred investment account that can be used to pay for healthcare expenses in retirement. As a participant in the PHF, you will be automatically enrolled in a 2 percent employee contribution earning you a 2 percent employer match. These contributions began immediately upon your date of employment and are in addition to whatever retirement plan contributions you may elect.

In addition, as a participant in the PHF, after 10 years of service you become eligible to receive a credit into a Health Reimbursement Account (HRA) when you terminate employment. The credit will be \$2,000 if you are at least 60 years of age at termination or \$1,000 if you are less than 60 years of age at termination.

ORS has partnered with ING to provide the savings components of the retirement plans and the Personal Healthcare Fund. Contact them with any questions you may have at (800)748-6128, 8:00 a.m. - 8:00 p.m., Monday -Friday, ET.

Sincerely,

Office of Retirement Services



Department of Technology, Management, & Budget
 Office of Retirement Services
 www.michigan.gov/ors (800) 381-5111
 P.O. Box 30171
 Lansing, MI 48909-7671

New Hire Retirement Plan Election

Michigan Public School Employees Retirement System

For new hires who first work on or after September 4, 2012. As a new employee under the Michigan Public School Employees Retirement System (MPERS), you have 75 calendar days from your first payroll date (the last day of the first payroll period reported to ORS) to make your retirement plan election. If you do not make an election, you will become a member in the Pension Plus plan.

Section I: Personal Information (Please print.)

MEMBER NAME (LAST, FIRST, M.I.)		LAST FOUR OF SSN XXX-XX-
MAILING ADDRESS		EMPLOYER (REPORTING UNIT NAME)
CITY, STATE, ZIP	PHONE: HOME OR CELL ()	REPORTING UNIT NUMBER
EMAIL ADDRESS	WORK PHONE ()	FIRST PAYROLL DATE

Section II: Retirement Plan Selection

Please read the information included with this form carefully before choosing your option! Your retirement plan election is irrevocable.

- Option 1: Pension Plus.** I voluntarily choose to become a member of the MPERS Pension Plus plan. I understand that the Pension Plus plan is a hybrid plan that contains a pension component with a mandatory employee contribution (graded, up to 6.4 percent of salary) and a MPERS Defined Contribution (DC) plan component that provides an employer match of 50 percent (not to exceed 1 percent of salary) on voluntary employee contributions of up to 2 percent of salary. I understand that retroactive to my date of employment, I will be treated as having been automatically enrolled for a 2 percent employee contribution to my account in the DC 457 plan, which qualifies me for a 1 percent employer match paid into my account in the DC 401(k) plan.
- Option 2: Defined Contribution.** I voluntarily choose to not become a member in the MPERS Pension Plus plan and to become only a participant in the MPERS DC plan that provides a 50 percent employer match (not to exceed 3 percent of salary) on voluntary employee contributions of up to 6 percent of salary. I understand that retroactive to my date of employment, I will be treated as having been automatically enrolled for a 6 percent employee contribution to my account in the DC 457 plan, which qualifies me for a 3 percent employer match paid into my account in the DC 401(k) plan. I understand that previous employer and employee contributions will be reconciled and deposited to the DC plan.

Section III: Plan Selection Approval (Signature required.)

I acknowledge that my election is based on my individual circumstances. I understand that this election is based on current federal and state law, which takes precedence over any contrary information contained in this election form, and that those federal and state laws may change in the future and have an impact on the election I have made. I understand that each option has pluses and minuses for my situation. I further understand that I may change the automatic enrollment for either DC plan and elect a different contribution percentage, on a prospective basis only. With these understandings, I voluntarily agree to this election.

MEMBER'S SIGNATURE	DATE
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New Employee: Return this completed and signed form to your employer as soon as possible but no later than 75 calendar days from your first payroll date (the last day of the first payroll period reported to ORS).

Employer: Fax the completed and signed form within 5 days of the employee's signature date to Office of Retirement Services, Attn: Employer Reporting, (517) 322-5190.



New Hire Retirement Plan Election Plan Choices Overview & Things to Consider

Michigan Public School Employees Retirement System

You have 75 days to choose your retirement plan

Welcome to the Michigan Public School Employees Retirement System. When you began public school employment, you were automatically enrolled in the Pension Plus plan. You have 75 calendar days from your first payroll date to elect between two retirement plans: the **Pension Plus** plan and the **Defined Contribution (DC)** plan (first payroll date is the last day of your first pay period as reported by your employer to ORS). If you don't make your plan election before the deadline, you will remain a member of the Pension Plus plan. Your decision is irrevocable.

Your two retirement plan choices

1. The **Pension Plus** plan offers two types of retirement plans in one: a **pension component** (a pension), and a **portable savings component** (a retirement investment account combining your employee and employer contributions). This option provides you a lifetime benefit through the pension component once you meet age and service requirements, and enrolls you in a tax-deferred investment account through the savings component to help you enhance your savings for retirement.
2. The **Defined Contribution (DC)** plan is a portable, tax-deferred retirement plan made up of a portable **savings component** (a retirement investment account combining your employee and employer contributions). This option is an investment plan which can help you build your future retirement income.



Healthcare

Regardless of your retirement plan choice, if you first worked for a Michigan public school on or after September 4, 2012, you are enrolled in the **Personal Healthcare Fund (PHF)** to help pay your healthcare expenses in retirement. This feature provides an additional employer match into your investment account throughout your career (part of the **savings component**), and a Health Reimbursement Account (HRA) at termination if you meet eligibility requirements.

Deciding which plan is best for you

Use the information on the following pages to help you understand the features of each plan. Discuss your retirement goals with your family and compare each retirement plan option with your unique goals. If necessary, you may want to consult a financial planner for help making this decision. Remember, your decision is irrevocable.

Plan choices overview

Use this information to help understand each plan's features. Note: The Pension Plus plan combines a **pension component**, a **savings component**, and the **Personal Healthcare Fund**. The Defined Contribution (DC) plan combines a **savings component** and the **Personal Healthcare Fund**.

	Pension Plus	Defined Contribution (DC)								
Plan Features	<p>Pension (pension component): You'll receive a guaranteed monthly pension for life after vesting in this portion of the plan.</p> <p>Investment Account (savings component): You'll receive your employee and employer contributions and any related earnings, subject to vesting and distribution rules.</p> <p>Personal Healthcare Fund: You'll receive your employee and employer contributions and any related earnings, subject to vesting and withdrawal rules, and a \$1,000 or \$2,000 credit into an HRA at termination if you meet eligibility requirements (amount depends on age at termination).</p>	<p>Investment Account (savings component): You'll receive your employee and employer contributions and any related earnings, subject to vesting and distribution rules.</p> <p>Personal Healthcare Fund: You'll receive your employee and employer contributions and any related earnings, subject to vesting and withdrawal rules, and a \$1,000 or \$2,000 credit into an HRA at termination if you meet eligibility requirements (amount depends on age at termination).</p>								
When will you receive retirement benefits?	<p>Pension: At age 60 with 10 or more years of service.</p> <p>Savings/Personal Healthcare Fund: Your employee contributions are invested into a 457 account and your employer contributions are invested into a 401(k) account. These accounts have specific rules for when withdrawals can be taken. <i>457 Account:</i> The earliest you could begin withdrawing funds from your 457 account is 30 days after you terminate your Michigan public school employment. The IRS premature distribution penalty tax doesn't apply to amounts you contribute to the 457 account, but may apply to amounts you rollover to the account from other non-457 plans. <i>401(k) Account:</i> Withdrawals may be made from this account beginning at age 59-1/2 or 30 days after you terminate your Michigan public school employment. An IRS premature distribution penalty tax will apply to distributions taken prior to age 59-1/2 unless you meet an IRS exception. <i>HRA:</i> At termination with 10 or more years of service.</p>	<p>Savings/Personal Healthcare Fund: Your employee contributions are invested into a 457 account and your employer contributions are invested into a 401(k) account. These accounts have specific rules for when withdrawals can be taken. <i>457 Account:</i> The earliest you could begin withdrawing funds from your 457 account is 30 days after you terminate your Michigan public school employment. The IRS premature distribution penalty tax doesn't apply to amounts you contribute to the 457 account, but may apply to amounts you rollover to the account from other non-457 plans. <i>401(k) Account:</i> Withdrawals may be made from this account beginning at age 59-1/2 or 30 days after you terminate your Michigan public school employment. An IRS premature distribution penalty tax will apply to distributions taken prior to age 59-1/2 unless you meet an IRS exception. <i>HRA:</i> At termination with 10 or more years of service.</p>								
How much will you contribute?	<p>Pension: You contribute to the pension component based on the following:</p> <table border="1"> <thead> <tr> <th>Your Compensation</th> <th>Your Contribution Rate</th> </tr> </thead> <tbody> <tr> <td>\$0 - \$5,000</td> <td>3% (up to \$150 total)</td> </tr> <tr> <td>\$5,000.01 - \$15,000</td> <td>3.6% on compensation above \$5,000 (up to \$510 total)</td> </tr> <tr> <td>\$15,000.01 and over</td> <td>6.4% on compensation above \$15,000</td> </tr> </tbody> </table> <p>Savings: You will automatically begin contributing 2 percent of your pay. You can change this amount at any time but you won't get the full employer match unless you contribute at least 2 percent.</p> <p>Personal Healthcare Fund: You will automatically begin contributing an additional 2 percent to the Personal Healthcare Fund. You can change this amount at any time but you won't get the full employer match unless you contribute at least the additional 2 percent.</p>	Your Compensation	Your Contribution Rate	\$0 - \$5,000	3% (up to \$150 total)	\$5,000.01 - \$15,000	3.6% on compensation above \$5,000 (up to \$510 total)	\$15,000.01 and over	6.4% on compensation above \$15,000	<p>Savings: You will automatically begin contributing 6 percent of your pay retroactive to your date of employment. You can change this amount at any time but you won't get the full employer match unless you contribute at least 6 percent.</p> <p>Personal Healthcare Fund: You will automatically begin contributing an additional 2 percent to the Personal Healthcare Fund. You can change this amount at any time but you won't get the full employer match unless you contribute at least the additional 2 percent.</p>
Your Compensation	Your Contribution Rate									
\$0 - \$5,000	3% (up to \$150 total)									
\$5,000.01 - \$15,000	3.6% on compensation above \$5,000 (up to \$510 total)									
\$15,000.01 and over	6.4% on compensation above \$15,000									

	Pension Plus	Defined Contribution (DC)
How much will your employer contribute?	<p>Savings: Your employer will match 50 percent of your contributions up to 1 percent of salary.</p> <p>Personal Healthcare Fund: Your employer will match up to an additional 2 percent if you contribute up to 2 percent on top of your contributions to the savings component. This employer match is not available for plan loans.</p>	<p>Savings: Your employer will match 50 percent of your contributions up to 1 percent of salary.</p> <p>Personal Healthcare Fund: Your employer will match up to an additional 2 percent if you contribute up to 2 percent on top of your contributions to the savings component. This employer match is not available for plan loans.</p>
What happens if you leave public school employment?	<p>Pension: If you leave public school employment and begin working for an employer not part of the Michigan Public School Employees Retirement System, you cannot take your pension account with you. If you vest in the pension plan, you're guaranteed a pension benefit once you reach eligibility. However, if you leave before vesting, you may request a refund of your pension contributions with interest but you will forfeit all corresponding service credit in the plan.</p> <p>Savings/Personal Healthcare Fund: If you stop working or change employers before you retire, you can take a distribution of your savings component benefits (including the employee contribution, vested employer match, and related earnings to the Personal Healthcare Fund); distributions are subject to IRS premature distribution penalty taxes if applicable. However, you can choose to postpone the payment of benefits until a later date and leave your benefits to accumulate. In certain situations, you may also be eligible to rollover your benefits to another eligible retirement investment account or IRA. If you leave public school employment before you're 100 percent vested in your employer's contributions to your retirement investment account, the non-vested portion will be removed from your account and will not be included in future statement balances.</p>	<p>Savings/Personal Healthcare Fund: If you stop working or change employers before you retire, you can take a distribution of your savings component benefits (including the employee contribution, vested employer match, and related earnings to the Personal Healthcare Fund); distributions are subject to IRS premature distribution penalty taxes if applicable. However, you can choose to postpone the payment of benefits until a later date and leave your benefits to accumulate. In certain situations, you may also be eligible to rollover your benefits to another eligible retirement investment account or IRA. If you leave public school employment before you're 100 percent vested in your employer's contributions to your retirement investment account, the non-vested portion will be removed from your account and will not be included in future statement balances.</p>
What happens if you become disabled?	<p>Pension/savings: If you suffer a disability of any kind and terminate public school employment, you will receive your employee contributions and any related earnings in your retirement investment account, along with any vested employer contributions and related earnings. If and when you meet age and service requirements (10 years of service, 60 years of age), you would also be eligible for a payment based on the pension component of your Pension Plus plan.</p> <p>Personal Healthcare Fund: If you suffer a disability of any kind and terminate public school employment, you would have access to your 2 percent employee contributions and related earnings, as well as any vested employer 2 percent matching contributions and related earnings in your PHF. A credit into an HRA would also be made if you have at least 10 years of service at termination (amount depends on age at termination). Neither you nor your beneficiaries would be eligible for any health insurance subsidy from the state.</p>	<p>Savings: If you suffer a disability of any kind and terminate public school employment, you would receive your employee contributions and any related earnings in your retirement investment account, along with any vested employer contributions and related earnings.</p> <p>Personal Healthcare Fund: If you suffer a disability of any kind and terminate public school employment, you would have access to your 2 percent employee contributions and related earnings, as well as any vested employer 2 percent matching contributions and related earnings in your PHF. A credit into an HRA would be made if you have at least 10 years of service at termination (amount depends on age at termination). Neither you nor your beneficiaries would be eligible for any health insurance subsidy from the state.</p>

Pension Plus

Defined Contribution (DC)

What happens if you die?

Pension/savings: A survivor pension may be payable depending on the timing and cause of your death.

- If you suffer a duty-related death while an active employee, a survivor pension may be payable if a worker's compensation benefit is awarded; no vesting required.
- If you suffer a non-duty related death while an active employee, a survivor pension may be payable if you are vested with 10 years of service.
- If you die after retirement, a monthly pension may be payable to your surviving pension beneficiary if you are vested with at least 10 years of service and chose a survivor option at retirement.

If you die while your retirement is in deferred status (that is, you leave public school employment after becoming vested for your pension, but before you're old enough to draw your pension), a monthly survivor pension will be payable to your eligible beneficiary provided you designated your beneficiary with ORS before you terminated employment. The default provision does not apply while in deferred status. Your employee contributions and related earnings, and your vested employer contributions and related earnings, will go to your designated beneficiary or your estate.

Personal Healthcare Fund: *If you suffer a duty-related death*, the state will pay the maximum health premium allowed by statute for your spouse and health benefit dependents. Your spouse's insurance subsidy may continue until his or her death; your dependents' insurance subsidy may continue until their eligibility ends. The 2 percent employer matching contributions and related earnings in your tax-deferred account will be forfeited. Your beneficiaries would receive your 2 percent employee contributions and related earnings. *If you suffer any other type of death while an active, deferred, or retired employee*, your survivors have access to your 2 percent employee contributions and related earnings in your PHF. Their access to your employer's 2 percent matching contributions and related earnings in your PHF would be determined based on your vesting status. A credit into an HRA would be made upon your death if you had at least 10 years of service. The credit would be considered part of your estate. Your survivors would not be eligible for any health insurance subsidy from the state.

Pension: 10 years of service.

Savings/Personal Healthcare Fund: HRA: 10 years of service at any age for \$1,000; 10 years of service at 60 years old for \$2,000. *Investment accounts:*

Years of service	Your contributions	Employer contributions
	Percent vested	Percent vested
Before 2 years	100%	0%
After 2 years	100%	50%
After 3 years	100%	75%
After 4 years	100%	100%

Vesting schedule

Savings: Your employee contributions and related earnings, and your vested employer contributions and related earnings, will go to your designated beneficiary or your estate.

Personal Healthcare Fund: Your survivors would have access to your 2 percent employee contributions and related earnings in your PHF. Their access to your employer's 2 percent matching contributions and related earnings would be determined based on your vesting status. A credit into an HRA would be made upon your death if you had at least 10 years of service. The credit would be considered part of your estate. Your survivors would not be eligible for any health insurance subsidy from the state.

Savings/Personal Healthcare Fund: HRA: 10 years of service at any age for \$1,000; 10 years of service at 60 years old for \$2,000. *Investment accounts:*

Years of service	Your contributions	Employer contributions
	Percent vested	Percent vested
Before 2 years	100%	0%
After 2 years	100%	50%
After 3 years	100%	75%
After 4 years	100%	100%

Things to consider

Each plan has advantages and disadvantages -- which plan is best depends on your unique situation and retirement goals. Use the information below as you think through your retirement goals and how each plan may help you reach or exceed those goals.

IMPORTANT: All items in the Defined Contribution column also apply to the savings component of the Pension Plus plan.

	You may prefer the Pension Plus plan if...	You may prefer the Defined Contribution (DC) plan if...
Retirement income	You want a guaranteed monthly benefit for life in retirement (pension component).	You want to decide how much and when you withdraw your vested contributions and investment earnings.
Your contributions	You are comfortable knowing your contribution rate is set by law (pension component).	You want the ability to increase or decrease your contributions throughout your career to meet your retirement goals.
Withdrawal flexibility	You prefer a guaranteed monthly benefit in retirement (pension component) rather than setting/ changing your monthly withdrawal amount (you will still have this flexibility with your withdrawals in the savings component).	You want to decide how much and when you withdraw your vested contributions and investment earnings.
Beneficiary options	You want the ability to provide a lifetime monthly benefit for an eligible survivor after your death (if you choose a survivor option at retirement).	You want to pass on any remaining vested contributions and investment earnings to your beneficiary(ies) upon your death.
Risk	<p>You are not comfortable with the risk of falling short of meeting your retirement goals due to low returns or market fluctuations (pension component).</p> <p>You want a guaranteed benefit in retirement and are not comfortable with your monthly income being determined by your investment returns (the savings component will be based on this however).</p>	<p>You are comfortable risking investment losses while investing to meet your retirement goals.</p> <p>You are comfortable that your monthly income in retirement is determined by your employee and employer contribution amounts and your investment returns.</p>

Contact

Contact your employer for the *New Hire Retirement Plan Election (R0940C)* form you'll use to make your election.

Contact ING for help choosing between the Pension Plus and DC plans at (800) 748-6128, 8:00 a.m. - 8:00 p.m., Monday - Friday ET.

FOR ALL: SUBSTITUTES

Completion of on-line training course: All substitute staff are required to complete a concussion awareness online training course. The course takes about 35 minutes to complete. Upon completion of the training session, a certificate is provided for printing. New employees are to print out the certificate and bring it to the new hire appointment.

The on-line course is available [here](#). The course addresses the signs/symptoms and consequences of concussions.

Note: The certificate must be printed at the conclusion of the training session. If the course is closed out without printing the certificate, the employee will have to retake the training in order to recover the certificate.



Human Resources, Payroll & Benefits

Booth Center

7273 Wing Lake Road
Bloomfield Hills, MI 48301

t: 248.341.5430

f: 248.341.5449

www.bloomfield.org

WORKERS COMPENSATION PROCEDURE ACKNOWLEDGEMENT STATEMENT

USE OF FORM:

The Employee Accident Report form must be used to report all work related injuries to employees of Bloomfield Hills Schools that occur on or off school premises.

Injuries where an employee must be admitted to a hospital must be reported to the Benefits Coordinator (248)341-5431 or the Executive Manager of Human Resources and Payroll (248)341-5432 by telephone as soon as possible. Information on this form is used generally to satisfy State and Federal Information requirements under the Occupational Safety and Health Act (OSHA). All of the information must be provided in full detail.

HOW TO FILE:

This form must be completed and signed by *both* the injured employee and the Supervisor. The form must be filed *immediately* even if the injured employee cannot sign the report until a later time. If the employee and/or Supervisor is unable to complete the report at the time of injury, it shall be completed within 3 calendar days following the occurrence.

REVIEW OF INJURIES:

The circumstances and conditions of each injury will be investigated by the Supervisor. Where such circumstances indicate, a Supervisor's Investigation Report may be requested.

MEDICAL TREATMENT:

The cost of the medical treatment for work-related injuries or illnesses is covered under Worker's Disability Compensation laws. The procedures for obtaining treatment must follow established requirements in order to have medical costs covered.

1st 28 DAYS

For the first 28 days from the date of reporting job injuries, treatment must be obtained only from medical facilities authorized by the District. After the employee notifies his/her Supervisor or Building Principal, all routine medical services shall be obtained from Emcura Immediate Care, 4050 West Maple Road, Suite 101, Bloomfield Township, MI 48301. Contact the Benefits Coordinator or Executive Manager of Human Resources and Payroll for approval at SDare@bloomfield.org or (248)341-5431 or KHealy@bloomfield.org or (248)341-5432.



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For life-threatening injuries, or accidents outside normal business hours, medical treatment shall be obtained at St. Joseph Mercy Hospital, 900 Woodward Avenue, Pontiac. No other medical facilities may be used by an employee without prior authorization. Contact the Benefits Coordinator or Executive Manager of Human Resources and Payroll for approval.

After 28 DAYS

All medical visits after 28 days may be made only after an Employee has notified the Benefits Coordinator when and where treatment will be obtained. In no event, however, will authorization for service include prior agreements to pay for the costs of the service unless such costs are considered reasonable fees for the service by our insurance service agent.

FAILURE TO FOLLOW THESE WORKERS COMPENSATION PROCEDURES MAY RESULT IN A DISPUTE OF THE CLAIM AND NON PAYMENT BY THE WORKERS COMPENSATION CARRIER. THE EMPLOYEE MAY BE SOLEY RESPONSIBLE FOR ALL COSTS INCURRED. THE MEDICAL INSURANCE CARRIER WILL NOT ACCEPT LIABILITY FOR A WORKERS COMPENSATION INJURY PAYMENT WHEN A DISPUTE AND NON PAYMENT IS MADE FROM THE WORKERS COMPENSATION CARRIER.

I HAVE READ AND ACKNOWLEDGE THE AFOREMENTIONED POLICY ON REPORTING AND TREATING FOR WORK RELATED INJURIES OR ILLNESSES. I UNDERSTAND I MAY BE RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH A DISPUTED CLAIM IF I DO NOT COMPLY WITH THESE INSTRUCTIONS.

Employee Signature: _____

Print Name _____

Date: _____