## EMPLOYEE BENEFITS PACKAGE Check list

Name			Date			
School			Position			
Please visit the schoo	l webstie at: <u>somerse</u>	etschools.or	g/Departments/	/Human-Resou	rces/ to find a	dditional
	informat	tion and all	forms listed be	low.		
Appointment	Letter					
W-4 Form					200	
M-4 Form (or	nly necessary if Stat	us for state	is different for	Federal filing)		
Form I-9 (ple	ase see attached list	, must inclu	de two forms o	of ID or Curren	t Passport)	
Social Securi	ty Statement					
Direct Depos	it (voided check)					
Bristol Count	y Retirement Memb	er Enrollm	ent (birth certif	icate required)		
Bristol Count	y Beneficiary Form					
Teachers Ret	irement Enrollment					
Medical Ins.	Enrollment Applica	tion and Me	embership pack	tage		
Mar	riage and/or Birth C	Certificates (	required when	electing Family	y coverage)	
Dental Ins. E	nrollment Form					
Life Ins. enr	collment					
Waiver Forms	S				·	
Medic	cal Dental	Life In	S			
Required Pol	icies and Notices					
Employee Ha	andbook					
Conflict of Ir	nterest					
EPIMS						
Emergency C	Contact list					
Finding Onlin	ne Union Contract /	Staff Site/ S	School Commit	tee site		
School Calen	ıdar					
Cori Request	Pending		Received			
Fingerprints						
	ANN	JUAL	PER N	MONTH		
Sick Time						
Vacation Time						
Personal Time						