

## BENEFITS/SERVICES AVAILABLE

### **ENROLLMENT DEADLINE**

The Benefit Enrollment Packet must be completed and **returned as soon as possible but no later than 30 days** from pre-employment date. If enrollment forms and documents are not signed and returned to your Benefit Representative within 30 days, benefits will be “waived” in accordance with State of Delaware Eligibility and Enrollment Rules.

### **STATE OF DELAWARE BENEFITS**

For more information on the below benefits/services, visit the Statewide Benefits Office website: <https://dhr.delaware.gov/benefits/> and select DOE, K12, DTCC & DCU Employees Group

**Medical Insurance with Prescription – Aetna or Highmark:** The State of Delaware provides a state share for permanent employees working 30 hours or more per week, after 3 months of service. The District will pay a medical stipend (flex credit) starting the first day of the month following the hire date based on negotiated contractual agreements. **Prescription coverage** through CVS Caremark is automatic with your Aetna or Highmark Health Plans at no extra cost.

**Contributory Pension Plan** – State Pension Plan provides Service and Vested Pensions. Employees become vested after completing 10 years of State of Delaware service. Employees are required to contribute 5% of earnings above \$6,000.00 annually.

**State Disability Insurance – The Hartford:** Short-term and Long-term benefits provided by the State at no cost to the employee.

**State Group Life Insurance – Securian Life Insurance:** Employees can purchase 1x to 6x annual salary. Eligible **after 3 months** of service. Dependent insurance is also available. Rates vary based on age and coverage elections.

**Supplemental Insurance – Securian Life Insurance:** Accident Insurance and Critical Illness Insurance are options available to employees. Rates vary based on age and coverage elections. Must apply during 90-day initial eligibility period.

**457(b) State Deferred Compensation Plan – Voya:** A State sponsored retirement savings plan available to all pension-eligible employees. There are no age or length of service requirements.

**Flexible Spending Account – ASI Flex:** Two distinct flexible spending account (FSA) options for benefit-eligible State of Delaware employees: **Health Care FSA** qualified expenses include medical, dental, vision and prescriptions for you & your dependents. **Dependent Care FSA** qualified expenses include care for the protection and well-being of a child (under age 13) or elder dependent while you work. Benefit eligible employees may enroll after completing the **initial waiting period of 90 days**.

**There are many other benefits available to employees through the State of Delaware. Please access their website for additional benefits and services at <https://dhr.delaware.gov/benefits/>.**

**CHRISTINA SCHOOL DISTRICT - LOCAL BENEFITS**

For more information on the below benefits/services, visit: <https://www.christinak12.org/benefits>

**Dental Insurance** – **Cigna**: Coverage pays benefits for many preventive and corrective dental services for the employee and eligible dependents. There are two (2) plan options available. Your member number is 000 + Your Employee ID #.

**Vision Insurance** – **Vision Benefits of America (VBA)**: Coverage pays for services such as exams, lenses, frames and contacts for the employee and eligible dependents. Your member number is 000 + Your Employee ID #.

**Group Life/Accidental Death & Dismemberment Insurance** – **Prudential Life Insurance**: Covers only the employee for an amount up to 2x the annual salary (up to age 65). Coverage amount decreases after 65 years of age.

**Group Long Term Disability Insurance** – **Hartford**: Enhances State long-term disability plan by providing the employee with a 6 2/3% buy-up option, after meeting the 182-day elimination period and approval.

**403(b) TSA Retirement Plan** – **Voya**: a voluntary plan available to all employees working in a public school, charter school, DTCC, DSU and the Dept. of Education regardless of pension eligibility. There are no age or length of service requirements.

**OTHER SERVICES OFFERED**

**Credit Union** – **New Castle County School Employees Federal Credit Union**: Located at 113 W 6th St, New Castle, DE 19720. Checking/Savings accounts, reduced rate interest loans, Visa Credit Card Accounts, Vacation/Christmas Club Accounts and many more. Additional information available at <https://www.edufcu.org/> or by phone at 302-613-5330.

**DEPENDENT ELIGIBILITY/AGE LIMITS**

An employee's dependent (son, daughter, stepchild and/or adopted child) is eligible for Medical/Express Scripts Prescription, Dental, and Vision coverage through the end of the month age 26 is reached.

## Benefit Enrollment and Change Form

This form **MUST** be completed, signed, dated, and returned within 30 days. If no election is made, benefits will be **WAIVED**.

Employee Name		Employee ID#	Social Security #	Date of Birth
Phone #	Street Address		City, State Zip	
Email Address (Print Clearly)				

### SPOUSAL COORDINATION OF BENEFITS FOR HEALTH COVERAGE

Is your spouse a **STATE OF DELAWARE** Employee or Pensioner? (If **yes**, complete)

Spouse's Name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Spouse's Birth Date: \_\_\_\_\_

### COVERAGE ELECTION EVENT (Circle One)

<b>ADD COVERAGE</b>	<input type="checkbox"/> New Hire	<input type="checkbox"/> Marriage	<input type="checkbox"/> Birth/Adoption/ Guardian	<input type="checkbox"/> Change in Employment
<b>DROP COVERAGE</b>	<input type="checkbox"/> Divorce	<input type="checkbox"/> Change in Employment	<input type="checkbox"/> Death	<input type="checkbox"/> *Other (Explain Below)

\*

### HEALTH INSURANCE

<b>Check One</b> Plan Type	<input type="checkbox"/> Highmark DE Comprehensive PPO	<input type="checkbox"/> Aetna HMO	<input type="checkbox"/> Aetna CDH Gold	<input type="checkbox"/> Highmark DE First State Basic
<b>Check One</b> Coverage Type	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Employee & Child(ren)	<input type="checkbox"/> Family
<input type="checkbox"/> <b>DECLINE MEDICAL COVERAGE</b>				

### DENTAL INSURANCE

<b>Check One</b> Plan Type	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B		
<b>Check One</b> Coverage Type	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Employee & Child(ren)	<input type="checkbox"/> Family
<input type="checkbox"/> <b>DECLINE DENTAL COVERAGE</b>				

### VISION INSURANCE

<b>Check One</b> Coverage Type	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Employee & Child(ren)	<input type="checkbox"/> Family
<input type="checkbox"/> <b>DECLINE VISION COVERAGE</b>				

#### District Life/AD&D Insurance (Check One)

<input type="checkbox"/> Enroll	<input type="checkbox"/> Decline Coverage
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#### LTD Supplemental Disability (Check One)

<input type="checkbox"/> Enroll	<input type="checkbox"/> Decline Coverage
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Additional Information: <https://www.christinak12.org/benefits>

Questions: [CSDPayrollBenefits@christina.k12.de.us](mailto:CSDPayrollBenefits@christina.k12.de.us)

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If enrolling in the **Aetna HMO Medical Plan**, include the Primary Care Physician's ID number for yourself and each covered family member.

Search for the PCP ID# at this website: <https://dhr.delaware.gov/benefits/medical/aetna/doc-find.shtml>

Dependent Information								
Dependent Name(s)	A-Add, D-Drop	Social Security #	Birth Date	M-Medical, D-Dental, V-Vision (Select Coverage)			Relationship EE-Employee Sp-Spouse D-Daughter S-Son	PCP ID# (Aetna HMO Only)
				M	D	V		

Dependents Age Out - End of the month that age 26 is reached

**IF ADDING A SPOUSE, PROVIDE A COPY OF YOUR MARRIAGE CERTIFICATE/CIVIL UNION CERTIFICATE AND A LEGIBLE COPY OF THE SPOUSE'S SOCIAL SECURITY CARD.**

If adding a spouse to Medical, employee must read the Spousal Coordination of Benefits policy and submit an online Spousal Coordination of Benefits form as outlined in your packet on the Coordination of Benefits Information Sheet.

**IF ADDING A DEPENDENT CHILD(REN), PROVIDE A COPY OF THE BIRTH CERTIFICATE AND A LEGIBLE COPY OF THE SOCIAL SECURITY CARD FOR EACH DEPENDENT.**

If covering a Dependent Child (to age 26), employee must read the Dependent Coordination of Benefits Policy and submit a Dependent Coordination of Benefits form (if applicable) as outlined in your packet on the Coordination of Benefits Information Sheet.

**CERTIFICATION (must sign and date)**

By my signature below, I hereby certify that the benefit elections I have made on this form are the benefit elections I have chosen, and that I have completed the required forms necessary to enroll. I understand that by completing and signing the required forms, I am making a binding election regarding my benefits for the current plan year unless I have a permissible status change as defined by the Internal Revenue Service or I terminate my employment with the State of Delaware. I understand and agree my regular pay will be reduced by the required contribution amount for the benefit options I have elected. I understand if employment ends I am eligible to continue District Life Insurance by contacting the insurance carrier within 30 days of termination date for conversion to an individual coverage.

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

Additional Information: <https://www.christinak12.org/benefits>

Questions: [CSDPayrollBenefits@christina.k12.de.us](mailto:CSDPayrollBenefits@christina.k12.de.us)



## DESIGNATION/CHANGE OF BENEFICIARY FORM

Local Life Insurance

Employee Name		Social Security #	Date of Birth
Phone #	Street Address	City, State Zip	

### Primary Beneficiary(ies): *(if additional beneficiaries are needed, see reverse side)*

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:

### Contingent Beneficiary(ies): *(if additional beneficiaries are needed, see reverse side)*

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:

Benefits that may be payable at the time of my death are payable in equal shares to the primary beneficiary(ies) listed above. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies). If **all** primary beneficiaries are disqualified or die before me, benefits may be payable in equal shares to the contingent beneficiary(ies) listed above. If no beneficiary survives, payment shall be made in accordance with the terms of the policy. The beneficiary designation with the most recent date, in good form and properly signed, constitutes the only effective designation. The right is reserved to revoke this designation and to designate new beneficiaries at any time by filing a new Designation/Change of Beneficiary Form.

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

**DESIGNATION/CHANGE OF BENEFICIARY FORM** CONT.  
**Local Life Insurance**

**Primary Beneficiary(ies):** Page 2

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:

**Contingent Beneficiary(ies):** Page 2

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:



STATE OF DELAWARE  
OFFICE OF PENSIONS

ACTUARIAL FORM  
(NEW HIRE ONLY)

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

PERSONAL DATA (please print)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last Name, First Name) (Maiden Name)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Female ☐ Male ☐ Marital Status: Married ☐ Single ☐ Widow ☐

EMPLOYMENT DATA

Current Organization: \_\_\_\_\_

Department ID: \_\_\_\_\_ Date of Hire with Organization: \_\_\_\_\_

Plan: (check one) ☐ State Employees ☐ State Police ☐ Judiciary ☐ Legislative  
☐ C/M General ☐ C/M Police/Fire ☐ Volunteer Fire

Previous State of Delaware pension creditable service: (do not include durational or casual/seasonal)

NAME OF ORGANIZATION	FROM		THROUGH	
	MONTH	YEAR	MONTH	YEAR

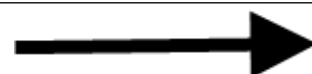
OTHER SERVICE

Did you serve in the Armed Forces of the United States: YES ☐ NO ☐ (If yes, please provide a DD-214)

Have you ever rendered full-time service in professional educational employment or full-time employment for another State or the Federal Government, a county or municipality of the State of Delaware, a political subdivision of the State of Delaware, or in an accredited private school or college?

YES ☐ NO ☐ (If yes, please submit documentation as requested on Other Governmental/Educational Service Verification Form under Active Members/Active Members Forms on our website.)

COMPLETE AND SIGN ON PAGE 2



**SPOUSE INFORMATION (if applicable)**

Name of Spouse: _____ <div style="display: flex; justify-content: space-between; font-size: small;"><span>(Last Name, First Name)</span><span>(Maiden Name)</span></div>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address: _____ Telephone Number: _____	
Date of Birth: _____ SSN: _____ Date of Marriage: _____	

**DEPENDENT INFORMATION (if applicable)**

Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"><span>(Last Name, First Name)</span><span></span></div>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Disabled before the Age of 18: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Address: _____ Telephone Number: _____	
Date of Birth: _____ SSN: _____ Relationship: _____	

Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"><span>(Last Name, First Name)</span><span></span></div>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Disabled before the Age of 18: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Address: _____ Telephone Number: _____	
Date of Birth: _____ SSN: _____ Relationship: _____	

Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"><span>(Last Name, First Name)</span><span></span></div>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Disabled before the Age of 18: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Address: _____ Telephone Number: _____	
Date of Birth: _____ SSN: _____ Relationship: _____	

**I hereby certify that all information given is accurate and true to the best of my knowledge and belief.**

**X** \_\_\_\_\_  

**SIGNATURE****DATE**



**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.

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

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

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

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

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

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

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

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$ _____

**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)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

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

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

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

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

## Specific Instructions

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

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

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



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

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

### Step 4 (optional).

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

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

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

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

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

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

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

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

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

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

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

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

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

**Married Filing Jointly or Qualifying Surviving Spouse**

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

**Single or Married Filing Separately**

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

**Head of Household**

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



**DELAWARE** F O R M  
DIVISION OF REVENUE W-4  
EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE



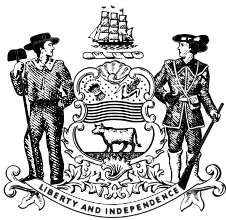
1 FIRST NAME AND MIDDLE INITIAL		LAST NAME		2 TAXPAYER ID	
HOME ADDRESS (Number and street or rural route)				3 MARITAL STATUS	
				<input type="checkbox"/> Single <input type="checkbox"/> Married	
CITY OR TOWN		STATE		ZIP CODE	
4 Total number of dependents you can claim on your return .....				4	
5 Additional amount, if any, you want withheld from each paycheck .....				5	\$

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature**

(This form is not valid unless signed) ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

6 Employer's name and address ( <b>Employer:</b> Complete boxes 6 through 8 if sending to the Delaware Division of Revenue and the State Directory of New Hires.)	7 First date of employment	8 Employer identification number (EIN)



**DELAWARE** F O R M  
DIVISION OF REVENUE W-4R  
RESIDENT WITHHOLDING ALLOWANCE(S)  
COMPUTATION WORKSHEET



Use the following instructions to determine the correct number of allowances for withholding.  
Include only those individuals that you would include on your final income tax return.

<b>A</b>	Enter "1" for Yourself (2 if 60 years old or older) if no one else claims you as a dependent	<b>A</b>	
<b>B</b>	Enter "1" for your Spouse (2 if 60 years old or older) if no one else claims your spouse as a dependent	<b>B</b>	
<b>C</b>	Enter number of dependents other than your spouse that you will claim	<b>C</b>	
<b>D</b>	Enter "1" if you qualify to take a child/dependent care <i>credit</i> for one child or dependent and "2" if you qualify to take the credit for two or more	<b>D</b>	
<b>E</b>	Enter "1" for you are 65 or over OR blind. Enter "2" if you are both 65 or over AND blind.	<b>E</b>	
<b>F</b>	Enter "1" if your spouse is 65 or older OR blind. Enter "2" if your spouse is 65 or older AND blind.	<b>F</b>	
<b>G</b>	Add Line A through Line F	<b>G</b>	

If you plan to itemize, or you receive non-wage income, or you can claim other deductions and wish to adjust your withholding, continue with the following Section H. Otherwise, **STOP HERE** and enter the number from Line G onto the Delaware Form W-4.

**H DEDUCTIONS AND INCOME ADJUSTMENTS**

**NOTE:** Use this section only if you plan to itemize, claim other deductions, or have nonwage income. If computing this section on **Married Filing Separate** or **Combined Separate** status, include only the amount of itemized deductions that may be claimed on your separate return.

<b>1</b>	Enter an estimate of your itemized deductions for the current year, i.e. home mortgage interest, real estate and other taxes (excluding state income tax paid) limited to \$10,000, charitable contributions, medical expenses in excess of 10% of adjusted gross income, and miscellaneous deductions (most miscellaneous deductions are now deductible only in excess of 2% of your adjusted gross income).	<b>1</b>	\$
<b>2</b>	Delaware Standard Deduction of \$3,250	<b>2</b>	\$ 3,250.00
<b>3</b>	Subtract Line 2 from Line 1. If less than zero, enter 0.	<b>3</b>	\$
<b>4</b>	Enter an estimate of your adjustments to income for the current year including alimony paid, IRA contributions, the pension exclusion and the exclusion for certain persons over 60 years old or disabled	<b>4</b>	\$
<b>5</b>	Add Lines 3 and 4	<b>5</b>	\$
<b>6</b>	Enter an estimate of your non-wage income for the current year	<b>6</b>	\$
<b>7</b>	Subtract Line 6 from Line 5	<b>7</b>	\$
<b>8</b>	Divide the amount on Line 7 by \$2,000. Round down to nearest whole number.	<b>8</b>	
<b>9</b>	Enter the number from Line G above	<b>9</b>	
<b>10</b>	Add Lines 8 and 9. Report this number of allowances to your employer on Delaware Form W-4.	<b>10</b>	

**H SPECIAL INSTRUCTIONS**

If the total on Line 10 is less than zero you may need additional withholding as a result of non-wage income to avoid owing tax on your income tax return. You can calculate the amount of additional withholding as follows:

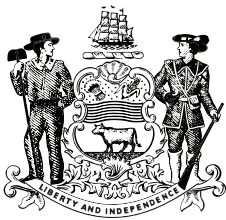
- (1) Multiply number on Line 10 by \$110;
- (2) Divide the result by the number of pay periods during the year (e.g., if you are paid monthly, divide by 12); The result is the additional amount of withholding required per pay.

**EXAMPLE:** Total on Line 10 is "-2" and you are paid once a month.

- (1) Line H = 2 x \$110 = \$220.00
- (2) Number of pay periods = \$220.00/12 = \$18.33

You should notify your employer on a Delaware Form W-4 that your withholding allowance should be "0" and an additional \$18.33 per pay should be withheld for the current year.





# DELAWARE

DIVISION OF REVENUE

F O R M

W-4NR

## NON- RESIDENT WITHHOLDING ALLOWANCE(S) COMPUTATION WORKSHEET



<b>A</b>	Enter "1" for Yourself (2 if 60 years old or older) if no one else claims you as a dependent	<b>A</b>	
<b>B</b>	Enter "1" for your Spouse (2 if 60 years old or older) if you claim your spouse as a dependent on the State tax return	<b>B</b>	
<b>C</b>	Enter number of dependents other than your spouse that you will claim	<b>C</b>	
<b>D</b>	<b>Add Lines A through C</b>	<b>D</b>	

			Column A	Column B
			TOTAL	DELAWARE SOURCE
<b>INCOME AND ADJUSTMENTS</b>				
<b>1</b>	Wages	<b>1</b>		
<b>2</b>	Non-wage Income (Net of Losses - See Instructions)	<b>2</b>		
<b>3</b>	Total Income ( <b>Add</b> Line 1 and Line 2)	<b>3</b>		
<b>4a</b>	Federal Adjustments to Income (See Instructions)	<b>4a</b>		
<b>4b</b>	Delaware Adjustments to Income (See Instructions)	<b>4b</b>		
<b>4c</b>	Total Adjustments to Income ( <b>Add</b> Line 4a and Line 4b)	<b>4c</b>		
<b>5</b>	Adjusted Gross Income ( <b>Subtract</b> Line 4c from Line 3)	<b>5</b>		
<b>6</b>	<b>PRORATION DECIMAL</b> (Line 5: Column B ÷ Column A)	<b>6</b>		

### DEDUCTIONS

<b>7</b>	Deductions (Higher of Standard or Itemized - See Instructions)	<b>7</b>	
<b>8</b>	Estimated Taxable Income ( <b>Subtract</b> Line 7 from Line 5, Column A)	<b>8</b>	
<b>9</b>	Gross Tax Liability (Computed using Line 8 - See Example Below)	<b>9</b>	
<b>10</b>	Personal Credits ( <b>Multiply</b> Line D by \$110)	<b>10</b>	
<b>11</b>	Net Liability before Proration ( <b>Subtract</b> Line 10 from Line 9)	<b>11</b>	
<b>12</b>	Proration Decimal (Enter from Line 6)	<b>12</b>	
<b>13</b>	Estimated Tax Liability ( <b>Multiply</b> Line 11 by Line 12)	<b>13</b>	
<b>14</b>	Number of Pay Periods (From Employer or See Instructions)	<b>14</b>	
<b>15</b>	Withholding per Pay Period ( <b>Divide</b> Line 13 by Line 14)	<b>15</b>	

TAX TABLE			
Taxable Income Between	Pay	Plus	On Amounts Over
\$ 0 - 2,000	\$ 0.00	0.00 %	\$ 0
2,001 - 5,001	\$ 0.00	2.20 %	\$ 2,000
5,001 - 10,001	\$ 66.00	3.90 %	\$ 5,000
10,001 - 20,001	\$ 261.00	4.80 %	\$ 10,000
20,001 - 25,001	\$ 741.00	5.20 %	\$ 20,000
25,001 - 60,001	\$ 1,001.00	5.55 %	\$ 25,000
60,001 & over	\$ 2,943.50	6.60 %	\$ 60,000

### EXAMPLE OF GROSS TAX LIABILITY CALCULATION:

If you Estimated Taxable Income, (Line 8) is \$12,000:

$$\begin{aligned}
 \text{PAY: } & \$261.00 + \{(12,000 - 10,000) \times 0.048\} \\
 & = \$261.00 + (2,000 \times 0.048) \\
 & = \$261.00 + 96.00 \\
 & = \$357.00
 \end{aligned}$$

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## PHRST Direct Deposit Authorization Form Instructions

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This form is to be completed and submitted by the employee only. Please complete all information requested on the Direct Deposit Authorization Form.

YOU ARE RESPONSIBLE for ensuring the routing and account numbers on the form are correct. Please contact your bank to confirm routing/account numbers if you are unsure. Incorrect or illegible routing and/or account numbers may result in your pay being delayed.

State of Delaware employees may contribute to the Fidelity College Investment Plan (Section 529 accounts) with direct deposit. Employees are required to complete a **Fidelity College Investing Plan Direct Deposit Form** AND the **State of Delaware Direct Deposit Authorization Form**.

### **If you designate only one account**

Complete **Section A –Balance Account** only, sign, and date the form. All of your net pay will be direct deposited to the designated account.

### **If you have multiple direct deposit accounts**

Complete **Section A –Balance Account** and **Section B - Additional Accounts for Multiple Direct Deposits**. Indicate the priority (beginning with 100, 200, etc.) and the **flat amount** to be deposited into each account. The remaining balance will be deposited into the account listed in **Section A**.

A pre-notification (pre-note) will be initiated to your financial institution(s) prior to making deposits based on this authorization. The pre-note process verifies the account and transit numbers provided and entered into the PHRST system are valid. Adding a new or changing existing Direct Deposit instruction will cause that account to go through the pre-note process for one pay period. Each time you add a new or change an existing account, complete a new Direct Deposit Authorization Form with all account information to replace any previous instructions.

If you change or close any Direct Deposit account(s), you must notify your employer immediately and complete an authorization form with your new account information so it can be entered into the PHRST system before the next pay period. This will prevent your Direct Deposit from being transmitted to a “closed account” on payday. Failure to promptly notify your employer of changes to your Direct Deposit information may cause a delay in receiving your total net pay. The receiving bank must return funds sent to a closed account to the State of Delaware before a replacement check can be issued to the employee.

To sign up for Direct Deposit, make a change, or if you have any questions, please contact your Human Resource or Payroll Representative.



# PHRST DIRECT DEPOSIT AUTHORIZATION FORM

This form is to be completed and submitted by the employee ONLY. Please return directly to your Human Resource or Payroll Department.

Date:

Employee Name:

Empl ID:

Work Phone:

## **Direct Deposit Instructions:**

If only one banking instruction is set up, **Section A** designates the account to receive the balance of net pay. If there are multiple banking instructions in **Section B**, then **Section A** designates the account to receive any balance funds left over after all other direct deposit instructions are processed. The priority number of 999 is established for the account in Section A. For multiple accounts, all accounts with the exception of the last account (Section A) shall be processed as **Flat Amount** and shall be designated by Priority beginning with 100, 200, etc. in Section B.

**Section A: Balance Account:** The following account is either the only account to be used for Direct Deposit or the account which is to receive the net amount remaining after all other deposits have been made as indicated in **Section B**, the list of Additional Accounts.

**999**

**Balance**

Priority

Amount

Transit #

Account #

☐ Checking

☐ Savings

Bank Name:

Bank Address:

## **Section B: Additional Accounts For Multiple Direct Deposits**

Priority

Flat Amount

Transit #

Account #

☐ Checking

☐ Savings

Bank Name:

Bank Address:

Priority

Flat Amount

Transit #

Account #

☐ Checking

☐ Savings

Bank Name:

Bank Address:

Priority

Flat Amount

Transit #

Account #

☐ Checking

☐ Savings

Bank Name:

Bank Address:

I hereby authorize the State of Delaware to deposit my net pay to the financial institution(s) listed above. I understand my net pay will be deposited to my designated account(s) so the funds are available to me on the day of pay. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the State of Delaware to direct the bank to return said funds.

Direct Deposit of my net pay will remain in effect until my employment with the State of Delaware is terminated. The State may terminate this service at any time. These Direct Deposit instructions replace any previously dated instructions.

Employee Signature:

Date:

**YOU ARE RESPONSIBLE** for ensuring the routing and account numbers on this form are correct.

Please contact your bank to confirm routing/account numbers if you are unsure.

**INCORRECT OR ILLEGIBLE ROUTING AND/OR ACCOUNT NUMBERS  
WILL RESULT IN YOUR PAY BEING DELAYED.**