



New Employee Data Form - ADMINISTRATION

SECTION 1: Basic Employee Data

Last Name:		First Name:		Middle Initial:		Gender: ☐ Male ☐ Female	
Hire Date:		Employment Status: PT Temp PT Perm FT Temp FT Perm (circle one)					
Street Address:							
City, State, Zip Code:							
Phone Number Home: Cell:							
Personal Email Address:							
Date of Birth:		Social Security Number:		Marital Status: ☐ Married ☐ Single			
Staff Position:		Facility:					

SECTION 2: Basic Dependent Data (if applicable)

Metro Waste Authority is required to obtain employee’s dependent information in order to comply with provisions of the Affordable Care Act. This information will only be used for reporting purposes.

	Name: (Last, First, M.I.)	Date of Birth: (M/D/Year)	Sex: (M/F)	Social Security Number:
Spouse			☐ Male ☐ Female	
Child			☐ Male ☐ Female	
Child			☐ Male ☐ Female	
Child			☐ Male ☐ Female	

SECTION 3: Emergency Contact Information

Employee Name:		
Primary Emergency Contact		
Last Name:		First Name:
Relationship:		
Contact Home Phone Number:	Work Phone Number:	Cell Phone Number:
Contact Address:		
City, State, Zip Code:		

Alternate Emergency Contact		
Last Name:		First Name:
Relationship:		
Contact Home Phone Number:	Work Phone Number:	Cell Phone Number:
Contact Address:		
City, State, Zip Code:		

Signature of Employee:	Date:
------------------------	-------

SECTION 4: Authorization Agreement for Automatic Deposit

Company Name: Metro Waste Authority
Federal ID No. 42-0957531

****NOTE: If you would like to direct deposit your check, please complete this form and attach a voided blank check and return to the Payroll Department. Direct Deposit will start with the second (2nd) pay period after receipt of this form. This form can be obtained from the Payroll Department.**

Check the one that applies:

Is this a new request?

Yes _____ No _____

Is this a change to an existing direct deposit arrangement?

Yes _____ No _____

I/We hereby authorize Metro Waste Authority, hereinafter called Authority, to initiate credit entries to my/our account indicated below and the depository named below, hereinafter called Depository, to credit the same to such account.

Primary Account Information

Name of Bank/Credit Union:

Account Type (Please check one):

☐ Checking

☐ Savings

Routing Number:

Account Number:

Please deposit to the above mentioned account: Specific Dollar Amount _____ or Net Check _____

Secondary Account Information: (if applicable)

Name of Bank/Credit Union:

Account Type

☐ Checking

☐ Savings

Routing Number:

Account Number:

Please deposit to the above mentioned account: Specific Dollar Amount: _____ or Net Check _____

This authority is to remain in full force and effect until the Authority has written notification from me (or either of us) of its termination in such time and in such manner as to afford the Agency a reasonable opportunity to act on it.

Name(s): _____

Last 4 of Social Security Number: _____

Signature of Employee:

Date:

SECTION 5: Written Authorization to Mail Payroll Check

Written Authorization to Mail Payroll Check	
I, voluntarily authorize Metro Waste Authority to mail my payroll check to the address Metro Waste Authority has on file under the following circumstances: • My automatic direct deposit account has been turned off • My termination of employment with Metro Waste Authority I understand that without such written authorization, Metro Waste Authority may not forward my paycheck by mail. I further understand that this authorization may be revoked at any time with written notice to Metro Waste Authority.	
Signature of Employee:	Date:

SECTION 6: Flex Plan Premium Conversion Plan: *ELIGIBLE INSURANCE PREMIUMS WILL BE 100% TAX-FREE*

The flex plan premium conversion portion of our flexible compensation plan allows you to pay your share of eligible insurance premiums before being taxed. The opportunity to pay your eligible insurance premiums pretax is made possible through IRS Section 125. The taxes saved include State, Federal, and Social Security. The reduction in Social Security taxes may reduce your retirement benefits.

If you choose this pretax benefit, the IRS does not allow you to make changes (including cancellation) to your elections during a plan year unless you have a change in status (i.e. marriage, divorce, legal separation, annulment, change in number of legal tax dependents, termination or commencement of employment by the employee, spouse or dependent, or change in work site of employee, spouse, or dependent). Any change must be on account of, and consistent with the change in status.

It is not necessary to return this form if you choose to participate. As your employer, we will deduct your share of eligible insurance premiums pretax. If you do not wish to take advantage of having your eligible insurance contributions deducted pretax and prefer to be taxed on these dollars please sign below and return to the payroll department.

WAIVER

☐ I hereby waive participation in my company's flex plan premium conversion plan, but I understand that I may elect similar coverage(s) on an after-tax basis and understand that I cannot elect pretax benefits until the next anniversary date unless I experience a change in family status and any after-tax coverage shall be outside the plan.

Name (Please Print):

Signature of Employee:

SECTION 7: ERISA Consent Form for Electronic Distribution of Materials

Under the Employee Retirement Income Security Act of 1974 (ERISA) and related regulations, employee consent must be given in order to receive electronic copies of employee benefits materials in certain situations.

The purpose of this notice is to inform you that **Metro Waste Authority** is offering you the opportunity to receive electronically all notices about your employee benefits. Such notices will include (but not be limited to) company handbook, newsletters, enrollment announcements, Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs), Summary Annual Reports (SARs), COBRA notices, Summaries of Benefits and Coverage, Health Insurance Marketplace Notices and HIPAA certificates of creditable coverage.

All notices are accessible at **www.MyMWABenefits.com**.

Each benefit plan in which you enroll has a Summary Plan Description (SPD) that describes the key provisions of the plan. Plan amendments describe any material changes made to the benefit plan since its SPD was originally drafted. A plan's SPD and plan amendments are very important documents.

In order for us to provide you with this opportunity, you must consent to receive all Employee Benefit notices electronically by signing the form below. Prior to consenting, you should understand that:

- When a new benefit notice, announcement, newsletter, SPD or other document is posted to the Internet, you will receive a notification at the email address you provide to inform you of the availability of the document.
- You have the right to withdraw your consent to electronic distribution at any time at no charge to you. To withdraw consent, you must notify **Kyle Mertz, TrueNorth Companies, 4949 Westown Parkway, Suite 200, West Des Moines, IA 50266** or **kmertz@truenorthcompanies.com** in writing or by email.
- If you consent to electronic distribution, you may still request a paper version of any document free of charge.
- All benefit notices, including SPDs and plan amendments, will be available on the Internet as **pdfs**. If you do not have access to the Internet, or if you do not have the programs necessary to view this type of file, you should not consent.
- To withdraw your consent or update your email address, please contact **Kyle Mertz, TrueNorth Companies, 4949 Westown Parkway, Suite 200, West Des Moines, IA 50266** or **kmertz@truenorthcompanies.com**.

☐ I consent to the electronic disclosure of all Employee Benefit notices, including Summary Plan Descriptions and plan amendments.

☐ I DO NOT consent to the Notice of Electronic Disclosure of my employee benefits.

I acknowledge that I have read this "Notice of Electronic Disclosure" and understand that I am entitled to withdraw my consent at any time at no cost to myself. I understand that I have the right to receive paper copies of all Employee Benefit notices, including Summary Plan Descriptions and plan amendments, upon request at no additional charge. I also confirm that I have the ability and the necessary equipment and software to access the Employee Benefits websites, view the documents and print copies.

Signature of Employee:

Date:

SECTION 8: Employee Acknowledgement

I have received a copy of the MWA Employee Handbook dated **Revised February 2017** and have read and understand the policies described herein. I understand that if I have any questions, I am to talk with my supervisor or the Executive Director.

I understand that this Handbook is not a contract of employment. I understand that my employment is "at-will" and that either MWA or I can terminate the employment relationship, with or without cause, at any time, and without prior notice, warning, procedure, or formality. I further understand that only the Executive Director has the authority to enter into an agreement for employment for any specified period of time or to make any agreement that in any way alters the at-will nature of my employment.

All prior Employee Handbooks are replaced by this October 2015 Employee Handbook. Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the Handbook may occur. I realize that the Company may interpret, clarify, modify, add, or eliminate policies as set forth in this Handbook as they deem necessary and without prior notice. As changes and additions are made to the Handbook, I understand I will be supplied with updated information.

I understand and agree that it is my responsibility to comply with the policies contained in the Handbook and any revisions made to it.

Signature of Employee:

Print Name:

Date: