



NEW HIRE PACKET CHECKLIST - CSEA

FULL TIME INSTRUCTIONAL & NON-INSTRUCTIONAL

	FORM	ACTION	
Required	Instructional : New York State Teacher's Retirement System Optional for Part-Time Required for Full-Time	Optional for coaches & substitutes. Required for Full-Time teachers, teachers assistants & administrators. Must <u>complete</u> a declination form or a completed application form and return to Payroll, notarized	<input type="checkbox"/>
	Non-Instructional : New York State Employees Retirement System	Return completed form, notarized.	<input type="checkbox"/>
	Information Sheet	Return completed form to Payroll	<input type="checkbox"/>
	Tax Forms Instructional: (NYS, W-4) Non-instructional: (W-4, IT-2104)	Return completed form to Payroll	<input type="checkbox"/>
	I-9 Employment Verification	Return completed form to Payroll with Driver's License and Social Security card	<input type="checkbox"/>
	Employee Statement	Return completed form to Payroll	<input type="checkbox"/>
	Technology Agreement	Read, Sign and Return	<input type="checkbox"/>
	AESOP Form	Return completed form. Keep Instructions.	<input type="checkbox"/>
	K-12 Alert Form	Return completed form. Keep FAQ page FYI	<input type="checkbox"/>
	Paychecks Per Year Form (10 Month Full-Time Only)	Return completed form to Payroll	<input type="checkbox"/>
	Emergency Contact Form	Return completed form.	<input type="checkbox"/>
	Direct Deposit	Return completed form to Payroll with a copy of a voided check	<input type="checkbox"/>
Optional	Tax Shelter: OMNI 403(b) (Please Return Form)	GCSO and GTF Only.	
	Hudson River Financial Federal Credit Union	Complete enrollment form and submit to HRFFCU with a \$6.00 check to open an account. Deductions will be made with account number Enrollment can be done at any time.	<input type="checkbox"/>
	FSA Enrollment Form	GCSO and GTF Only.	
	Health Insurance	GCSO and GTF Only.	
	Dental & Optical	GCSO and GTF Only.	
	AFLAC Benefits	GCSO and GTF Only.	
Keep	Educators' EAP	GCSO and GTF Only.	
	FMLA & COBRA Info.	GCSO and GTF Only.	
	Payroll Schedule	Keep for your records	<input type="checkbox"/>
	Paid Leave Time Form	Keep for future use	<input type="checkbox"/>

Return completed forms to: **Instructional** - Alyssa Larraguibel, alarraguibel@greenburghcsd.org, 914.761.6000 Ext. 3139

Return completed forms to: **Non-Instructional** - Laurie D'Amico, ldamico@greenburghcsd.org, 914.761.6000 Ext. 3106

Part 1 – Employee Instructions

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you do not wish to join the Retirement System, do not complete this application.

Warning: If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

Membership Information:

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and attach it with your membership registration application.
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

Part 2 – Employer Instructions

Field Explanation and Information:

- (1) Employee Payroll Title – If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at www.osc.state.ny.us/retire/employers/classify_an_employee.php.
- (2) Projected Annual Wage- Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

Hourly Employees 12 month Employee $\text{Hourly Rate} \times \text{Standard Workday} \times 260 = \$ \text{Annual Wage}$ 10 month Employee: $\text{Hourly Rate} \times \text{Standard Workday} \times 180 = \$ \text{Annual Wage}$	Daily Employees 12 month Employee: $\text{Daily Rate} \times \text{Standard Workday} \times 260 = \$ \text{Annual Wage}$ 10 month Employee: $\text{Daily Rate} \times \text{Standard Workday} \times 180 = \$ \text{Annual Wage}$
Unit of Work Employees $\text{Unit Rate} \times \text{\# of Events}^{**} = \text{Annual Wage}$ **Estimated or Actual	Unit of Work Employee Example: Paid \$50 per Meeting $\text{\$ 50 Unit Rate} \times \text{12 Meetings}^{***} = \text{\$ 600 Annual Wage}$ ***An estimate of the number of events is acceptable

Note: Any questions regarding annual wage, please contact the Retirement System.

*Social Security Disclosure Requirement

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **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.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

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

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

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

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

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



Department of Taxation and Finance

Employee's Withholding Allowance Certificate**IT-2104**

New York State • New York City • Yonkers

First name and middle initial		Last name		Your Social Security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate <input type="checkbox"/>
Note: if married but legally separated, mark an X in the Single or Head of household box.					
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Complete the worksheet on page 4 before making any entries.					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20)				1	
2 Total number of allowances for New York City (from line 35)				2	
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.					
3 New York State amount				3	
4 New York City amount				4	
5 Yonkers amount				5	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A ☐

B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes ☐ No ☐

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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Instructions**Changes effective for 2020**

Form IT-2104 has been revised for tax year 2020. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2020 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you do not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your

employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.

Worksheet

See the instructions before completing this worksheet.

Part 1 – Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6	Enter the number of dependents that you will claim on your state return (do not include yourself or, if married, your spouse)	6	_____
For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.			
7	College tuition credit	7	_____
8	New York State household credit	8	_____
9	Real property tax credit	9	_____
For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.			
10	Child and dependent care credit	10	_____
11	Earned income credit	11	_____
12	Empire State child credit	12	_____
13	New York City school tax credit: If you expect to be a resident of New York City for any part of the tax year, enter 2	13	_____
14	Other credits (see instructions)	14	_____
15	Head of household status and only one job (enter 2 if the situation applies)	15	_____
16	Enter an estimate of your federal adjustments to income, such as deductible IRA contributions you will make for the tax year. Total estimate \$ _____. Divide this estimate by \$1,000. Drop any fraction and enter the number	16	_____
17	If you expect to be a covered employee of an employer who elected to pay the employer compensation expense tax in 2020, complete Part 3 below and enter the number from line 29	17	_____
18	If you made contributions in 2019 to a New York Charitable Gifts Trust Fund (the Health Charitable Account or the Elementary and Secondary Education Account), complete Part 4 below and enter the amount from line 32	18	_____
19	If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 24. All others enter 0	19	_____
20	Add lines 6 through 19. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> or <i>Married couples with both spouses working</i>	20	_____

Part 2 – Complete this part only if you expect to itemize deductions on your state return.

21	Enter your estimated NY itemized deductions for the tax year (see Form IT-196 and its instructions; enter the amount from line 49)	21	_____
22	Based on your federal filing status, enter the applicable amount from the table below	22	_____
Standard deduction table			
Single (cannot be claimed as a dependent)	\$ 8,000	Qualifying widow(er)	\$16,050
Single (can be claimed as a dependent)	\$ 3,100	Married filing jointly	\$16,050
Head of household	\$11,200	Married filing separate returns	\$ 8,000
23	Subtract line 22 from line 21 (if line 22 is larger than line 21, enter 0 here and on line 19 above)	23	_____
24	Divide line 23 by \$1,000. Drop any fraction and enter the result here and on line 19 above	24	_____

Part 3 – Complete this part if you expect to be a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program (line 17).

25	Expected annual wages and compensation from electing employer in 2020	25	_____
26	Line 25 minus \$40,000 (if zero or less, stop)	26	_____
27	Line 26 multiplied by .03	27	_____
28	Line 27 multiplied by .935	28	_____
29	Divide line 28 by 65. Drop any fraction and enter the result here and on line 17 above	29	_____

Part 4 – Complete this part if you made contributions in 2019 to the Health Charitable Account or the Elementary and Secondary Education Account (line 18).

30	Contributions to these funds in 2019	30	_____
31	Multiply line 30 by 85% (.85)	31	_____
32	Divide line 31 by 60. Drop any fraction and enter the result here and on line 18 above	32	_____

Part 5 – Complete this part to compute your withholding allowances for New York City (line 2).

33	Enter the amount from line 6 above	33	_____
34	Add lines 15 through 19 above and enter total here	34	_____
35	Add lines 33 and 34. Enter the result here and on line 2	35	_____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (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.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's 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 boxes):

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

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9.
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

- ☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identify 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	Additional Information		OR Code - Sections 2 & 3 Do Not Write in This Space	
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title		Document Number	Expiration Date (if any) (mm/dd/yyyy)	
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		Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative	

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Greenburgh Central
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EMPLOYEE STATEMENT

State of New York)

County of Westchester) ss.

I, _____, do hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position of

_____ for Greenburgh Central School District according to the best of my ability.

(Signed) _____

(Date) _____

RETURN TO: District Clerk
Greenburgh Central School District
475 W. Hartsdale Avenue
Hartsdale, NY 10530



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NEW YORK STATE CIVIL SERVICE LAW

§62. Constitutional Oath upon Appointment

Every person employed by the state or any of its civil divisions, except an employee in the labor class, before he shall be entitled to enter upon the discharge of any of his duties, shall take and file an oath or affirmation . . . In lieu of such oath administered by an officer, an employee may comply with the requirements of this section by subscribing and filing the following statement: "I do hereby pledge and declare that I will support the constitution of the United States, and the constitution of the state of New York, and that I will faithfully discharge the duties of the position of . . . , according to the best of my ability." Such oath or statement shall be required only upon original appointment or upon a new appointment following an interruption of continuous service, and shall not be required upon promotion, demotion, transfer, or other change of title during the continued service of the employee, or upon the reinstatement pursuant to law or rules of an employee whose services have been terminated and whose last executed oath or statement is on file. The oath of office heretofore taken by any employee as previously required by law, and the oath of office hereafter taken, or statement hereafter subscribed by any employee pursuant to this section, shall extend to and encompass any position or title in which such person may serve as an employee during the period of his continuous service following the taking of such oath or subscribing of such statement, and his acceptance of such new title shall constitute a reaffirmance of such oath or statement. The oath or statement of every . . . employee of a municipal corporation [shall be filed in the office of] the clerk thereof. . . . The refusal or willful failure of such employee to take and file such oath or subscribe and file such statement shall terminate his employment until such oath shall be taken and filed or statement subscribed and filed as herein provided.

NEW YORK STATE EDUCATION LAW

Title IV Teachers and Pupils

Article 61 Teachers, and Supervisory and Administrative Staff

§ 3002. Oath to Support Federal and State Constitutions

It shall be unlawful for any citizen of the United States to serve as teacher, instructor or professor in any school or institution in the public school system of the state or in any school, college, university or other educational institution in this state, whose real property, in whole or in part, is exempt from taxation under section four of the tax law unless and until he or she shall have taken and subscribed the following oath or affirmation . . . In lieu of the oath administered by an officer, person or member, an employee may comply with the requirements of this section by subscribing and filing the following statement: "I do hereby pledge and declare that I will support the constitution of the United States and the constitution of the State of New York, and that I will faithfully discharge the duties of the position of ---- according to the best of my ability." Such oath or statement shall be filed with the clerk of a school district or with such officer or employee of any such college, university or other educational institution that shall be designated for such purpose. Such oaths or statements shall be available for public inspection and for transmittal to the commissioner of education upon his request. It shall be unlawful for an officer, person or board having control of the employment, dismissal or suspension of teachers, instructors or professors in such a school, college, university or institution, to permit a person to serve in any such capacity therein in violation of the provisions of this section. This section shall not be construed to require a person to take such oath or to execute such statement more than once during the time he or she is employed in the same school, college, university or institution, though there be a change in the title or duties of the position.

The provisions of section sixty-two of the civil service law shall not apply to a person who is required to take the oath or execute the statement prescribed by this section.

CASE ANNOTATION

Members and officers of school boards and library trustees are required to take a constitutional oath before assuming office and this must be filed in the office of either the clerk of the board or the county as the case may be. Teachers are required to take a similar oath which must be filed with the clerk of the school district, and a record thereof must be kept by the school district. 1967 Ops St Compt File #1016



Employee/Substitute Placement & Absence Management System

New User Account Activation Form

Employee/Substitute
(Instructional & Non-Instructional Support Activation)

This Section May Be Completed By: HR Administrator or AESOP User

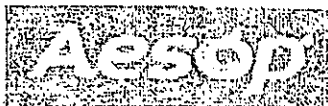
Please Print Clearly

First Name	Middle Initial	Last Name	Date of Birth
Preferred Phone #	Email Address (District Employees Must List Their District Email Address)		Job Title

To Be Completed By HR Office: Business Office or Curriculum Instruction Office

Please Print Clearly

Employee Type:	Must Check One	<input type="checkbox"/> Admin <input type="checkbox"/> Certified TA <input type="checkbox"/> Certified Teacher <input type="checkbox"/> Civil Service <input type="checkbox"/> Sub	
Employee #:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Certified TA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	
Certified Teacher:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Substitute Active in other District:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proficient in Following Languages: Must Check One		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> _____	
Assigned Building Location: <input type="checkbox"/> ECP <input type="checkbox"/> LFJ <input type="checkbox"/> HV <input type="checkbox"/> RJB <input type="checkbox"/> WMS <input type="checkbox"/> WHS <input type="checkbox"/> Mansion Must Check All That Apply			
Please List Qualified (or Preferred) Subject Areas: _____ _____ _____			
Additional Notes: _____ _____ _____			
BOE Approved / Appointed On:			
HR Department Administrator: Please Initial / Sign			



Quick Start Instructions

1. If you do not recall your current PIN or you are getting an incorrect ID or PIN combination message, please click on the *PIN Reminder* options at the login. Select *Substitute* or *Employee* at the *Employee Type* drop down list. Enter the phone number you provided when your account was created. Enter your *First Name* and *Last Name*. Select *Email Pin*. The PIN will be emailed to your Greenburgh CSD address. The email will contain instructions on how to reset your PIN. Create a new PIN and return to the main AESOP login page at <https://www.aesoponline.com/login2.asp>.

FRONTLINE

Welcome To Aesop

The Aesop system is used to manage the placement and absence management system. Please enter your ID and PIN to login to your Aesop account or click the links below to learn more about Aesop's many features and options.

Learn More

Pin

Not sure what your ID is? Try your phone number.

Click 'Email PIN' to have your PIN emailed to you.

Select Correct
Employee Type

Employee Type

Substitute

Phone

First Name

Last Name

Email PIN

2. If you are having difficulties resetting your PIN or do not recall your ID and PIN combination, or have any questions regarding using the ASOEP software application, please send an Email to aesophelp@greenburghcsd.org for assistance. Please include in the Subject Field the topic for assistance. For example, if you cannot retrieve your PIN, please enter "PIN Retrieval" in the Subject Field of your email. A member of the tech support staff will address your request promptly.
3. The ASEOP Support Help line is 914-761-6000 ext. 3000 or ext. 3000 if calling internally. Support Help Line hours are 7:30 a.m. to 4:00 p.m. Please follow steps 1 and 2 for assistance before contacting the ASEOP Support Help Line.

Logging in on the Web

To log into Aesop, type <http://www.aesoponline.com> in your web browser's address bar.

Enter your ID number and PIN; then, click **Login**.

Can't remember your login info?

If you're having trouble logging in, click the **Login Problems** link next to the "Login" button for more information.

Finding Available Jobs

Aesop makes it easy to find available jobs right on the homepage. Jobs available for you to accept show in green on the calendar and in list form under the "Available Jobs" tab.

To accept a job, simply click the **Accept** button next to the absence. If you do not want to accept this job, click the **Reject** button, instead.

Getting Help and Training

If you have questions, want to learn more about a certain feature, or want more information about a specific topic, click the **Help** tab to go to the Aesop Learning Center to search Aesop's knowledge base of help and training materials.

Using Aesop on the Phone

Not only is Aesop available on the web, but you can also find and accept available jobs, manage personal information, change your PIN number, and more, all over the phone.

When You Call Aesop

To call Aesop, dial **1-800-942-3767**. You'll be prompted to enter your ID number (followed by the # sign), then your PIN number (followed by the # sign).

When calling Aesop, you can:

- Find available jobs – **Press 1**
- Review or cancel upcoming jobs – **Press 2**
- Review or cancel a specific job – **Press 3**
- Review or change your personal information – **Press 4**

When Aesop Calls You

If an available job has not been filled by another substitute two days before the absence is scheduled to start, Aesop will automatically start calling substitutes, trying to fill the job. Keep in mind, when Aesop calls you, it will be calling about one job at a time, even if you're eligible for other jobs. You can always call into Aesop (see "When You Call Aesop" section above) to hear a list of all available jobs.

Note: When Aesop calls you, be sure to say a loud and clear "Hello" after answering the call. This will ensure that the system knows you picked up the call.

When you receive a call from Aesop, you can:

- Listen to available jobs – **Press 1**
- Prevent Aesop from calling again today – **Press 2**
- Tell Aesop the Sub it is trying to reach is not available – **Press 3**
- Prevent Aesop from ever calling again – **Press 9**

If you are interested in the available job, **Press 1**. You will be asked to enter your PIN number (followed by the # sign). At this point, Aesop will list the job details, and you will have the opportunity to accept or reject the job.



**Greenburgh Central
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Carlos A. Ramirez, MS Ed
Director of Technology & CIO
T: 914.761.6000 ext. 3116
E: car Ramirez@greenburghcsd.org

Dr. Tahira A. DuPree Chase
Superintendent of Schools

K12 ALERTS

EMERGENCY NOTIFICATION – PHONE BROADCAST SYSTEM

Greenburgh Central School District utilizes **K12 Alerts®**, an automated Telephone, Email and Text message service, to inform you of school weather related emergency closings and other important notifications. The service has two (2) components: Telephone Calls and Email/Text Messages. While you may choose to enroll in either or both, we strongly encourage you to participate in both. Please complete the form below and return. Thank you.

EMPLOYEE CONTACT INFORMATION	
Date:	
* First Name:	
* Last Name:	
Title:	
* Gender:	<input type="radio"/> Male <input type="radio"/> Female
* Language:	<input type="radio"/> English <input type="radio"/> Spanish
* Building/School:	<input type="radio"/> Central Office <input type="radio"/> ECP <input type="radio"/> HES <input type="radio"/> LFJ <input type="radio"/> RJB <input type="radio"/> Transportation <input type="radio"/> WHS <input type="radio"/> WMS

EMAIL INFORMATION	
Your District Email is already on file. However, you can also supply your Personal Email Address to receive Broadcast messages.	
* District Email:	@greenburghcsd.org Personal Email:
CELL PHONE FOR TEXT MESSAGES	
To receive a Text Message, your Cellular Phone Company/Provider's Name is required.	
Mobile Number:	Service Provider:
LANDLINE AND CELL PHONE INFORMATION	
Greenburgh Central School District requires at least one (1) Telephone Number on file for both Emergency and Important District Notifications.	
* Home Number:	<input type="radio"/> Emergency Message <input type="radio"/> Important District Notification
* Mobile Number:	<input type="radio"/> Emergency Message <input type="radio"/> Important District Notification
Other Number:	<input type="radio"/> Emergency Message <input type="radio"/> Important District Notification

** IMPORTANT **

Any changes regarding your contact information **MUST** be communicated to Victoria Lucas, Senior Payroll Clerk of the Business Office, at vlucas@greenburghcsd.org



**Greenburgh Central
School District**
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Carlos A. Ramirez, MS Ed

Director of Technology & CIO

T: 914.761.6000 ext. 3116

E: cramirez@greenburghcsd.org

Dr. Tahira A. DuPree Chase
Superintendent of Schools

FREQUENTLY ASKED QUESTIONS

The power of a phone broadcast system is its ability to share information with our students' families in urgent situations:

- Weather-related closings
- Power outages
- Emergency safety measures
- Transportation changes
- Reminders and announcements

What you and your family need to know

Caller ID. Caller ID will display the district or school's phone number.

Live answers. Answer your phone as you normally would. Say "hello" only once and wait for the message to begin. Please note: Multiple "hello's" will delay the start of the message.

Answering machines. The system will detect that your machine has answered and will play the message to your machine. Please make sure your answering machine answers after 4 rings for optimal delivery of voice alerts from the school.

Morning & day calls. If the decision to cancel school is made the night before, or early in the morning, the broadcast message will be sent to all phone numbers listed. If the decision is made during the school day, the broadcast message will be sent to "home" and "cellular" numbers. General announcements will also be sent to numbers listed.

E-Mails. If you supply the school with your e-mail address, you can be included in the e-mail broadcasting service.

K12 Alerts® uses the best technology in the industry to detect the difference between a human answer and machine answer.

How detection works:

1. If within the first three seconds the system determines that it is a "live" answer, it will start playing the message. If you have a 1-2 second beginning pause in your recording this will lengthen message being played.
2. The system waits up to three seconds then if the system determines that it is a machine, it will wait up to 20 seconds before playing the message so the machine greeting can play first.

Possible reasons for false detection:

- Loud background noise: television, radio, noisy environment.
- Cordless phone that has static or other interference.
- Not saying hello, saying hello more than one time, or delaying saying hello.

Should you have any questions and/or concerns regarding **K12 Alerts®** please contact the Technology Department at 914.761.6000 Ext. 3000

**** IMPORTANT NOTICE ****

Any changes regarding your contact information **MUST** be communicated to Victoria Lucas, Senior Payroll Clerk of the Business Office, at vlucas@greenburghcsd.org



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EMERGENCY CONTACT INFORMATION

In the event of an emergency, it is very important that we have on file the name(s) you would want to be contacted. In the space provided below, please fill in the information requested and return the completed form to the Office of Human Resources as soon as possible.

EMPLOYEE INFORMATION			
Name			
Home Address			
Home Phone		Cell Phone	
Alternative Email Address			

PRIMARY EMERGENCY CONTACT			
Name			
Home Address			
Home Phone		Cell Phone	
Work Phone	Email Address		
SECONDARY EMERGENCY CONTACT			
Name			
Home Address			
Home Phone		Cell Phone	
Work Phone	Email Address		

Please note: This information is confidential. It will only be used for the reasons stated above. Thank you for your cooperation.



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Payroll Schedule for 2019-2020

Payroll Date	Timesheets, Vouchers and Timepiece Approvals Needed By:		Hourly and Per Diem Time Worked	12 Month	GTF	GCSO	CSEA
07/15/19	07/08/19	10:30 AM	6/24 - 7/7	1			
07/30/19	07/22/19	10:30 AM	7/8 - 7/21	2			
08/15/19	08/05/19	10:30 AM	7/22 - 8/4	3			
08/30/19	08/19/19	10:30 AM	8/5 - 8/18	4			
09/13/19	09/03/19	10:30 AM	8/19 - 9/1	5	1	1	1
09/30/19	09/16/19	10:30 AM	9/2 - 9/15	6	2	2	2
10/15/19	10/02/19	10:30 AM	9/16 - 9/29	7	3	3	3
10/30/19	10/14/19	10:30 AM	9/30 - 10/13	8	4	4	4
11/15/19	10/28/19	10:30 AM	10/14 - 10/27	9	5	5	5
11/29/19	11/12/19	10:30 AM	10/28 - 11/10	10	6	6	6
12/13/19	12/02/19	10:30 AM	11/11 - 12/1	11	7	7	7
12/30/19	12/16/19	10:30 AM	12/2 - 12/15	12	8	8	8
01/15/20	01/06/20	10:30 AM	12/16 - 12/29	13	9	9	9
01/30/20	01/13/20	10:30 AM	12/30 - 1/12	14	10	10	10
02/14/20	01/27/20	10:30 AM	1/13 - 1/26	15	11	11	11
02/28/20	02/10/20	10:30 AM	1/27 - 2/9	16	12	12	12
03/13/20	03/02/20	10:30 AM	2/10 - 2/23	17	13	13	13
03/30/20	03/16/20	10:30 AM	2/24 - 3/15	18	14	14	14
04/15/20	03/30/20	10:30 AM	3/16 - 3/29	19	15	15	15
04/30/20	04/13/20	10:30 AM	3/30 - 4/12	20	16	16	16
05/15/20	04/27/20	10:30 AM	4/13 - 4/26	21	17	17	17
05/29/20	05/11/20	10:30 AM	4/27 - 5/10	22	18	18	18
06/15/20	06/01/20	10:30 AM	5/11 - 5/31	23	19	19	19
06/30/20	06/22/20	10:30 AM	6/1 - 6/21	24	20	20	20



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DIRECT DEPOSIT FORM

Employee Name _____

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT NEATLY				
Type of Account	Routing/Transit Number	Checking/Savings Account Number	Financial Institution (Bank) Name	I wish to deposit (check one)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> % of Net Pay <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> % of Net Pay <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remainder of Net Pay

Please attach a voided check for each account listed above.

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS - PLEASE PRINT NEATLY				
Type of Account	Routing/Transit Number	Checking/Savings Account Number	Financial Institution (Bank) Name	I wish to deposit (check one)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> From _____% to _____% of Net Pay <input type="checkbox"/> From \$_____.00 to \$_____.00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> From _____% to _____% of Net Pay <input type="checkbox"/> From \$_____.00 to \$_____.00 <input type="checkbox"/> Remainder of Net Pay

EMPLOYER CONFIRMATION STATEMENT

I hereby authorize Greenburgh Central School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account. This authority is to remain in full effect until the Greenburgh Central School District has received written notification from me of its termination.

Employee Signature _____ Date _____



3563 Mohegan Avenue
Mohegan Lake, N.Y. 10547
(914) 526-4025
www.hudsonriverfinancial.org
Membership Application

How did you hear about us?

- ☐ Work
☐ Family Member
☐ Advertisement
☐ Website
☐ Other _____

A minimum of \$5.00 is required to open an account which includes a \$5.00 minimum deposit. A copy of a picture ID in the form of either a Valid Drivers License, Government ID or Passport is also required. If opening through the mail, a second form of ID is required such as a copy of a Social Security Card, Paystub or Employer Photo ID

Member Name _____ Account# _____

Account Ownership: ☐ Individual ☐ Joint with Right of Survivorship

Account Types & Services:

- ☐ Savings ☐ Kids Club ☐ Teen Club ☐ Holiday Club ☐ Vacation Club
☐ Checking ☐ Visa*Debit Card ☐ Payroll Deduction ☐ Custodial Account

Primary Owner Information

Full Name _____ Birthdate _____ SSN/Tax ID# _____

Street Address _____

City _____ State _____ Zip _____ Email address _____

Home Phone _____ Work Phone _____ Cell Phone _____

ID Type (Drivers License or other government ID) _____ ID# _____

Issued by: _____ Issue Date: _____ Expiration Date: _____

I am eligible for membership through my:

- ☐ Employer/School District Employer/School District Name _____
☐ Family Member Family Member Name _____

Joint Owner Information

Full Name _____ Birthdate _____ SSN/Tax ID# _____

Street Address _____

City _____ State _____ Zip _____ Email address _____

Home Phone _____ Work Phone _____ Cell Phone _____

ID Type (Drivers License or other government ID) _____ ID# _____

Issued by: _____ Issue Date: _____ Expiration Date: _____

Beneficiaries

Payable on Death Beneficiaries are designated for all suffixes established with this form. If a beneficiary is not listed on this form, the new suffixes will not have a payable on death beneficiary.

Beneficiary Name _____ Relationship _____ SSN# _____

Beneficiary Name _____ Relationship _____ SSN# _____

Beneficiary Name _____ Relationship _____ SSN# _____

Tax Certification

By signing below, I certify under penalty of perjury that: I am a U.S. person (including a U.S. resident alien), the Social Security Number shown above is my/the correct number, and I am NOT subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding, or: (check if applicable)

- ☐ Certificate of Foreign Status. I am a foreign person (not a U.S. citizen or resident) Complete form WBBEN. ☐ Backup Withholding. I am subject to backup withholding.

Authorization

I/We agree to the terms and conditions of the Membership and Account Agreement, Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Electronic Funds Transfer Disclosure and to any future amendment you make from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested. I/We authorize HRTCUC to obtain credit information about me/us from a credit reporting agency for the purpose of considering my/our application for any account or service provided. If requested, I/We agree to the terms and conditions of the VISA* Debit card agreement and any future amendment you make from time to time.

The Internal Revenue Service does not require your consent to any provision of the Account Card other than the certifications required to avoid backup withholding or establish your status as a foreign person, and if applicable, obtain a reduced rate of withholding.

Primary Owner Signature _____ Date _____ Joint Owner Signature _____ Date _____

Custodial Account:

_____ as custodian for _____ (minor) under the _____ state UTMA.

Custodian's Signature _____ Date _____

For Credit Union Use Only

Membership Officer: _____ Experian Authentication _____



**Hudson
River
Financial**
Federal
Credit
Union

PAYROLL DEDUCTION FORM-NEW

MEMBERSHIP # _____

MEMBER NAME (Print) _____

ADDRESS _____

SIGNATURE OF MEMBER _____

EFFECTIVE DATE _____

I have this day authorized the Payroll Supervisor of the
_____ to deduct from my pay each payroll

until further notice \$ _____ to be applied as follows:

Savings \$ _____ Loan \$ _____ Other \$ _____



New York State
Deferred Compensation Plan
A Plan for Your Future

Account Executive #

04240

Internal Use Only

HELPLINE: 1-800-422-8463

WWW.NYSDCP.COM

ENROLLMENT APPLICATION

PERSONAL DATA

<input type="checkbox"/> Male <input type="checkbox"/> Female		
Name (Please Print)		Social Security Number
Home Address		Date of Birth
City	State	Zip
Employer		Home Telephone Number
Email Address (Required - Please see eDelivery section for additional detail)		Work Telephone Number
n/a		212631
New York State Employee ID Number		Local Plan ID Number or State Department ID Code*

*If you are unaware of this number, please contact your Payroll Center or the HELPLINE as your enrollment cannot be completed without it. Department ID can also be found on your State Paystub.

DEFERRAL INFORMATION

If your employer is a local town, village, or school, please check with your payroll department or the HELPLINE to determine whether to request a deferral dollar amount or percentage. Also, if your employer is a school and utilizes OMNI as a third-party payroll administrator please contact OMNI to complete the enrollment of your deferral request.

You may select both Pre-tax and Roth. Maximum combined deferral percentage is 100%. If you are paid through the State Comptroller, please enter a deferral PERCENTAGE.

Pre-Tax Deferral: _____ % or \$: _____

~~Roth Contributions: _____ % or \$: _____~~

Your deferral cannot be less than 1% of your gross salary or less than \$10 per pay period.

BENEFICIARY DESIGNATION

Please complete all requested information for each of your primary and contingent beneficiaries. A person may not be listed as both a primary and contingent beneficiary. If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example, if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%.

- Primary Beneficiary(ies): A primary beneficiary is the person or persons who receive your Plan benefits in the event of your death.
- Contingent Beneficiary(ies): A contingent beneficiary is the person or persons who would receive your Plan benefits if all of your primary beneficiaries predecease you.

Primary Beneficiary (ies) (must be in whole percentages and total 100%)

☐ Equal percentages for each primary beneficiary

Beneficiary Name	Relationship	Date of Birth	Social Security Number	Percent
Beneficiary Name	Relationship	Date of Birth	Social Security Number	Percent
Beneficiary Name	Relationship	Date of Birth	Social Security Number	Percent
				Total = 100%

Contingent Beneficiary(ies) (must be in whole percentages and total 100%)

☐ Equal percentages for each contingent beneficiary

Beneficiary Name	Relationship	Date of Birth	Social Security Number	Percent
Beneficiary Name	Relationship	Date of Birth	Social Security Number	Percent
				Total = 100%

EDELIVERY OPT OUT

☐ By checking this box, I elect to receive my quarterly statements and other confirmations from the Plan by regular mail. I understand that by not checking this box, I elect eDelivery for quarterly statements, newsletters, investment performance reports and confirmations. With eDelivery, I will be emailed this information at the address provided under the Personal Data section when the information is posted to the Plan's Web site.

DEFERRAL ALLOCATION

Write the percentage you wish to allocate to each investment option. You may allocate your salary deferrals among any of the investment options listed below. The allocation of your contributions may be in any whole percentage and must total 100%.



DO IT FOR ME

The following investment options are professionally managed asset allocation funds based on your expected retirement date:

VRU#
_____% (1776) TRP Retirement Date 2010 Trust (CIT)
_____% (1777) TRP Retirement Date 2015 Trust (CIT)
_____% (1778) TRP Retirement Date 2020 Trust (CIT)
_____% (1779) TRP Retirement Date 2025 Trust (CIT)
_____% (1780) TRP Retirement Date 2030 Trust (CIT)

VRU#
_____% (1781) TRP Retirement Date 2035 Trust (CIT)
_____% (1782) TRP Retirement Date 2040 Trust (CIT)
_____% (1783) TRP Retirement Date 2045 Trust (CIT)
_____% (1784) TRP Retirement Date 2050 Trust (CIT)
_____% (1785) TRP Retirement Date 2055 Trust (CIT)
_____% (1786) TRP Retirement Date 2060 Trust (CIT)

The following core investment options permit participants to create their own asset allocation:



DO IT YOURSELF

Stable Income Fund
_____% (2756) NYSDCP Stable Income Fund
Bond Funds
_____% (1788) NYSDCB US Debt Index U/A (CIT)
_____% (1794) Voya Core Plus Trust Fund (CIT)
Balanced Funds
_____% (8957) Vanguard Wellington Fund - Admiral (MF)
Large Cap Funds
_____% (1789) NYSDCB Equity Index U/A (CIT)
_____% (1787) Boston Partners Large-Cap Value Equity Fund (CIT)
_____% (1791) T. Rowe Price Equity Income Trust (CIT)
_____% (1792) T. Rowe Price Blue Chip Growth Trust (CIT)
_____% (2765) Vanguard PRIMECAP Fund - Admiral (MF)

SMID Cap Funds
_____% (1790) NYSDCB Russell 2500 Index U/A (CIT)
_____% (653) Vanguard Strategic Equity Fund (MF)
Small Cap Funds
_____% (1692) Delaware Small-Cap Value Fund CL I (MF)
_____% (1793) T. Rowe Price QM US Small-Cap Growth Equity Fund CL I (MF)
International Funds
_____% (5025) NYSDCP International Equity Fund - Active
_____% (5030) NYSDCP International Equity Fund - Passive
Emerging Markets
_____% (1458) MSIF Emerging Markets Portfolio - Institutional (MF)
Specialty Options
_____% (7298) Pax World Balanced Fund - Institutional (MF)
_____% (195) Fidelity OTC Fund (MF)

100 % (MUST TOTAL 100%)

Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses or factsheets carefully.

AUTHORIZATION

I agree to the terms of the New York State Deferred Compensation Plan. I authorize my employer to deduct the amount or percentage set forth herein until I provide further notice for the purposes of contributing it to my Plan account. I further authorize my employer to process any deferral changes I request through the Plan in the future. Deferrals made by participants who are not New York State residents may be subject to the state income tax in the year deferred in their state of residence. Please read your state income tax instructions carefully.

Participant Signature _____

Date _____

DC-4009-0617



ENROLLMENT APPLICATION

Welcome to the New York State Deferred Compensation Plan. The Plan is a voluntary, long-term retirement savings program designed for your retirement needs. The amount you contribute to the Plan is deducted from your pay and any investment returns grow on a tax-deferred basis.

Contributions to the Plan: The minimum contribution to the Plan is 1% of your gross pay (at least \$10 per pay period). The maximum contribution you may make in 2017 is \$18,000. If you are at least age 50 prior to the end of the current calendar year, you are eligible to contribute a maximum of \$24,000. If you are within four years of the date that you are able to retire without a reduction in pension benefits, you may be eligible to make additional contributions. Contact an Account Executive or HELPLINE Representative at 1-800-422-8463 for more information and the forms to use the higher limits.

Pre-Tax Deferrals: The amount you contribute to the Plan will be deducted from your pay on a pre-tax basis for federal and New York State income tax purposes, thereby reducing your taxable income for the calendar year. The investment returns also grow on a tax-deferred basis and income taxes are paid only when money is withdrawn from the Plan.

Roth Contributions: These deductions are made from your pay on an after-tax basis. Contributions grow tax deferred, but when money is distributed from the Plan, qualifying distributions are not subject to federal or New York State income taxes.

Processing Time Frame: Enrollments are processed upon receipt; however, federal law states that deferrals may not begin before the start of the next calendar month, unless you make your election prior to your first day of service. You may change or cancel your deferral amount at any time, but these changes may also be subject to these timing limits.

Next Steps: Please read the bullets below to understand the basics of the Plan and then complete your application.

I understand that:

- Withdrawals from the Plan may be taken only upon separation from employment, absence due to qualified military service, death, an unforeseeable financial emergency, attainment of age 70½, from an account that has been in inactive status for two years and has a balance of \$5,000 or less (inclusive of any outstanding loan balance but exclusive of assets in a rollover account) or as a loan.
- Participation in the Plan is not intended to replace a regular savings program necessary to cover day-to-day unanticipated financial expenses. Plan distributions for "Unforeseeable Financial Emergencies" are strictly regulated by federal laws. Should I need an unforeseeable emergency distribution, the request must be made in writing and detail the circumstances supporting the financial emergency. If my request is denied, I may appeal to the Review Committee.
- I may enroll in the Plan for the purpose of transferring assets from another 457(b) deferred compensation plan, a 403(b), 401(k), 401(a), Keogh plan, a traditional or rollover IRA without becoming an active participant.
- Unless I have opted for a paper statement, I will receive an email notification when my quarterly statement, Quarterly newsletter and investment performance report are available on the Web site. Please call the HELPLINE promptly with any changes.
- If my employer has opted to allow Roth contributions, contributions to the Roth account may not be reclassified after made. The investment allocation for Roth contributions will be the same as for any pre-tax deferrals. Distributions of Roth contributions must meet the same withdrawal requirements as pre-tax withdrawals.
- There is an administrative fee deducted from my Plan account on a semi-annual basis as outlined in the Plan's Investment Options Guide. These fees are subject to change.

Information relating to the Plan or a copy of the Plan Document may be obtained by calling the HELPLINE at 1-800-422-8463 or visiting the Plan's Web site at www.nysdcp.com.

Tips for Completing the Application

State Employees

If you are employed by a State Agency, please see the screen shot below to assist you with identifying the information necessary to complete the application.

This application will require you to include your five-digit Department ID, which is located on the upper left corner of your pay stub, and your NYS Employee ID that is listed next to the Department ID. If you do not have this information, your application cannot be processed.

The screenshot shows a New York State pay stub. A red circle highlights the Department ID '00011000' in the upper left corner. Another red circle highlights the NYS Employee ID '000000012' next to the Department ID. The pay stub also displays the pay period '00/01/2012' to '00/10/2012', the gross pay '2,178.25', and the net pay '2,178.25'. The bottom of the pay stub features a repeating pattern of the New York State seal.

Local Employees

If you are employed by a city, town, or library system that contains its own payroll department, the application requires your Local Plan ID. This six-digit number can be obtained by contacting your payroll department or our HELPLINE at 1-800-422-8463.

Deferral Information

State Employees

When entering your deferral amount, you must provide a percentage of your gross pay. This percentage must be a whole number. If you need assistance calculating a percentage for your deferral, please contact our HELPLINE at 1-800-422-8463.

Local Employees

Before completing your application, please check with your employer or our HELPLINE to find out if your employer requires deferrals to be entered as a dollar amount or as a percentage.

100% Deferrals

Please note that if you elect a deferral rate of 100%, you are authorizing the Plan to deduct the remaining balance of your paycheck after all other required pre-tax deductions have been taken. If you are electing this deferral percentage for a lump sum payment to the Plan, it is important to contact the HELPLINE with the exact date of the lump sum payment.

FORM RETURN

Return to: New York State Deferred Compensation Plan
Administrative Service Agency
P.O. Box 182797
Columbus, OH 43218-2797

Overnight Address: New York State Deferred Compensation Plan
Administrative Service Agency, DSPF-F2
3400 Southpark Place, Suite A
Grove City, OH 43123-4856

OR

Fax to: 1-877-677-4329

When faxing paperwork, please allow two hours from receipt for it to be processed

If your fax is sent after 3 p.m. your paperwork will be processed on the next business day

DC-4009-0617

Plan Highlights



Tell a Friend

NYSDCP MAKES A DIFFERENCE!
WWW.NYSDCP.COM
HELPLINE: 1-800-422-8463

Top Reasons to Participate in the Plan:

- Easy and convenient way to save for retirement
- Income tax benefits
- Diverse selection of investment options
- Flexible distribution options
- Low administrative and investment costs
- Dedicated participant services

Easy and convenient way to save for retirement

Who can participate?

All state employees and employees of localities and school districts that participate in the State Plan are eligible to participate

How do I contribute?

Contributions are deducted directly from your pay. Minimum contribution is 1% of compensation (but not less than \$10 per pay)

How much can I contribute?

- Regular contributions - \$18,500
- If age 50 or over - \$24,500
- Special Retirement Catch up - up to \$37,000

If your deferrals in previous years were less than the amount allowed by law, you may be eligible to make Retirement Catch-Up deferrals. Retirement Catch-up cannot be used in the same year as Age 50 and Over Catch-up

Deferral changes may be made at any time but, under federal law, will not be effective until the following month. There are no fees to change your deferral percentage

Can I rollover money from previous plans and IRAs?

Yes, you can roll over money from a 457(b), 401(k), 403(b) or traditional IRA into your Plan account. Assets rolled over from a qualified plan or individual retirement account may be subject to a 10% tax penalty if withdrawn prior to age 59½

Income Tax Benefits

Do regular pre-tax deferral contributions reduce my taxable income?

Yes, for federal and New York State income tax purposes but not for FICA

Do I pay income taxes on any potential growth or income in the Plan?

Contributions and any investment earnings accumulate on a tax-deferred basis until withdrawn.

Do distributions receive any income tax benefits?

The first \$20,000 in periodic benefit payments you receive each year may be exempt from New York State income tax if you are a New York State resident and at least age 59½. This includes payments from other retirement plans but not your State pension.

There is no premature distribution income tax penalty on the Deferred Compensation Plan benefit payments regardless of age.

If I am also eligible to contribute to a 403(b), can I do both?

Yes. You can contribute the maximum amount to your Plan account and the maximum amount to your 403(b) plan at the same time

May I make Roth contributions to the Plan?

Yes, Roth contributions are also available. You may make any combination of regular and Roth contributions up to the contribution limits mentioned above. Roth contributions are made after-tax and do not reduce your taxable income in the year of the deferral. However, qualifying distributions and growth would not be subject to income taxes when withdrawn

Can I convert existing Plan balances to Roth?

Yes, but the Plan strongly suggests that you consult your tax advisor before doing so.



**New York State
Deferred Compensation Plan**

A Plan for Your Future

Types of investment options offered through the Plan

Mutual Funds are diversified portfolios of stocks, bonds and other investments chosen by a fund manager to achieve a stated objective. Each fund is assigned a five-letter ticker symbol that helps investors find information via financial Web sites and publications. In addition, each fund publishes a prospectus, a formal legal document filed with the SEC that provides details about its investment objective, fees, charges and expenses, and related information.

Collective Investment Trusts (CITs) are similar to mutual funds, offering many of the same diversification and management services as mutual funds but generally at a lower cost. Many CITs are designed specifically for retirement plan investors. Therefore, specific information about a CIT may be available solely through the Plan that offers it. Participants may request fact sheets about CITs offered through the Plan by calling the HELPLINE, or they may download them from www.nysdcp.com.

Custom Funds are diversified investments created for the exclusive use of Plan participants. A custom fund may have several separate account investment management companies used together to create a fund for the Plan. Because of their custom nature, information about these funds is only available through the Plan. As with CITs, participants may request fact sheets about each of the Plan's custom funds from the HELPLINE or download them from www.nysdcp.com.

Three approaches to investing through the Plan

The Plan recognizes that your comfort with investing may not be the same as other participants. Therefore, we have created three approaches that are generally aligned with how comfortable or willing you are to manage how your retirement assets are invested through the Plan.



Do It For Me: An approach that uses target date CITs based on when you plan to retire or begin taking withdrawals.



Do It Yourself: An approach to personally design and monitor your asset allocation and investment options.



Specialty Options: Options that represent special interest such as environmental, social and governance factors or other specialty investment strategies.

Investing involves market risk, including possible loss of principal. No investment strategy—including asset allocation, diversification and dollar-cost averaging—can guarantee a profit or avoid loss. Actual results will vary depending on your investment and market experience.

Before you decide to direct investments under the Plan, carefully consider the fund's investment objectives, investment methods, risks, charges and expenses. This and other information is contained in the fund prospectus, which you should read carefully before investing. To get any prospectus, ask your Account Executive, call the HELPLINE at 1-800-422-8463 or access the Web site at www.nysdcp.com.

There is no prospectus for CITs and Custom Funds because these options are not mutual funds. You may obtain a fact sheet on each of these options from the HELPLINE or our Web site.

Flexible Distribution Options

When can I take distributions?

Distributions are available when you terminate service from your State or local government employer, if you are age 70 1/2 or over or if absent due to qualifying military service. Distributions are not required until you reach age 70 1/2 and may be delayed if still employed.

Are there other instances where I can take distributions while employed?

Yes, if you qualify for an unforeseeable emergency withdrawal, have a small inactive account, or if you have rolled over assets from a 401(k), 403(b), or an IRA. Distribution of assets rolled into the Plan continue to be subject to the distribution rules of the former plan, which could include a 10% early withdrawal penalty if they are received before age 59 1/2.

How are they paid?

Benefit payments may be made in the form of a full withdrawal, partial withdrawals or periodic payments. Periodic payments may be received monthly, quarterly, semi-annually or annually. You may change your payment option at any time.

Can I take a loan against my Plan account?

Yes. The Plan permits loans to participants who are currently employed by the State or a participating employer or who are on an approved leave of absence. The loan cannot exceed the lesser of 50% of your Plan account balance or \$50,000.

When must I take distributions?

Benefit payments must begin at age 70 1/2 or upon termination of employment from the employer that participates in the Plan, whichever is later, under the Required Minimum Distribution (RMD) rules. Otherwise, you are welcome to keep your assets in the Plan.

Low administrative and investment costs

Administrative services are supported by an annual per-participant fee and an asset-based fee. The annualized asset-based fee is set by the Board each Plan Year and levied in two installments in April and October. The asset-based fee is determined based on estimated expenses and is levied on accounts with balances exceeding \$20,000 and is capped at account balances of \$200,000.

Dedicated Participant Services

Web site and VRS — You have access to your account 24 hours a day, seven days a week via www.nysdcp.com and the Voice Response System. On either system, you may: check your account balance, change the investment of your future deferrals, exchange funds between the Plan's investment options, change your deferral rate and explore many online education resources.

Personal Assistance — Personal assistance is available through the HELPLINE from 8 a.m. to 11 p.m. Monday through Friday and 9 a.m. to 5 p.m. Saturday (EST) at 1-800-422-8463. Local Account Executives are also located throughout the state for one-on-one meetings and workshops.

Please visit www.nysdcp.com or call 1-800-422-8463 to learn more. Neither the Administrative Service Agency nor any of its representatives offer legal, investment or tax advice. For such guidance, you should consult your own legal or tax advisor.

Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA.

This material is not a recommendation to buy, sell, hold or roll over any asset, adopt an investment strategy, retain a specific investment manager or use a particular account type. It does not take into account the specific investment objectives, tax and financial condition or particular needs of any specific person. Investors should work with their financial professional to discuss their specific situation.

NRM-0112NY-NY 10 (12/17)