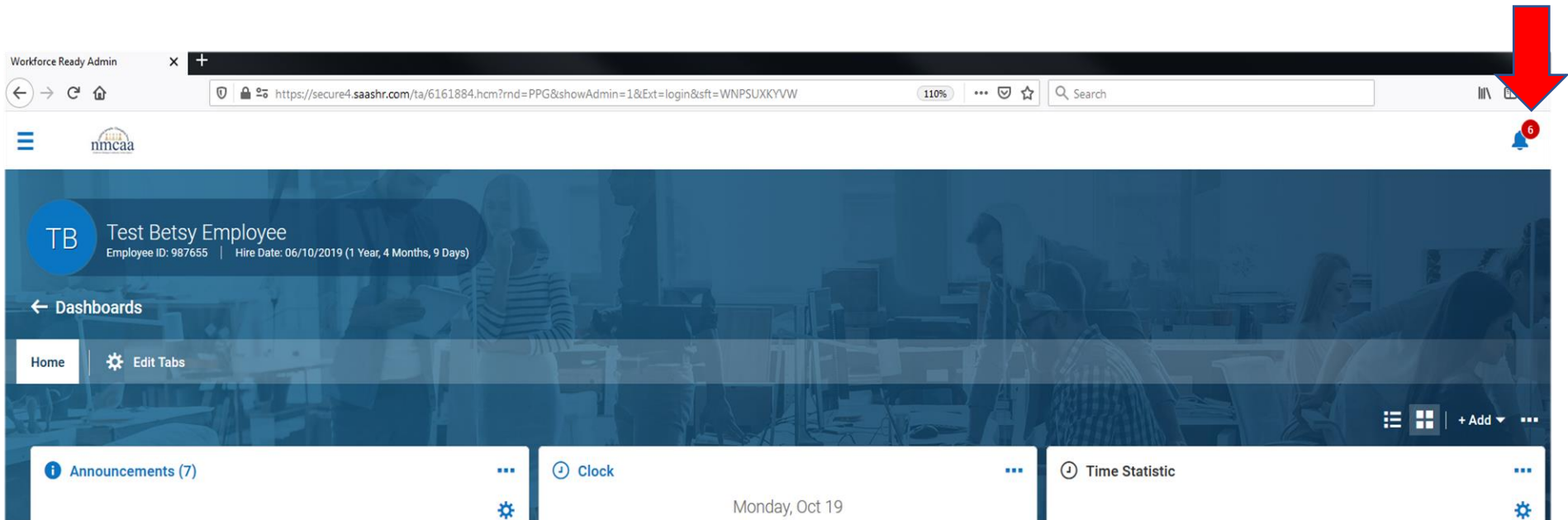


NMCAA New Employee Onboarding Instructions



To begin the new employee onboarding process, log in to UKG; click on the **bell** in the upper righthand corner.



The next screen will show 3 tabs on the top left of the screen; click on the “My Checklists” tab, and then “GO TO CHECKLIST” in the lower right of the screen.

The screenshot displays the Workforce Ready Admin web application. At the top, a browser window shows the URL <https://sec...ashr.com/ta/6161884.hcm?rnd=PPG&showAdmin=1&Ext=login&sf=WNPSUXKYVW>. The application header includes the 'nmcaa' logo and navigation tabs: 'My To Do Items' (with a red notification badge '5'), 'My Notifications' (with a red notification badge '0'), and 'My Checklists' (which is the active tab). A large red arrow points to the 'My Checklists' tab.

Below the header, the 'My Checklists' page is shown. It features a left sidebar with a card for 'New Hire Checklist Full Time' for 'Test Betsy Employee', created on Oct 19, 2020, at 10:44 am, with 0% completion. The main content area displays the details for this checklist, including a progress bar labeled 'Incomplete (0 out of 18)' at 0%, and the start date 'Started on Oct 19, 2020'. A 'Created' timestamp of 'Oct 19, 2020, 10:44 am' is also visible.

In the bottom right corner of the main content area, there is a blue button labeled 'GO TO CHECKLIST'. A large red arrow points to this button.

The checklist will look like this with 16 – 19 items to complete depending on the position that you are hired for. Work through each item: **Follow the directions on each page, taking your time to finish the task completely.** Some of the items that are a bit trickier are highlighted in this document. In most cases, as you move through the items to complete, your checklist will be checked off. If not, the instructions will advise you as to when the item will be completed.

Items with a red “*” are required to be completed. Some pages will require you to “save” the screen first and then also “submit.” Be sure to do both to complete your task, if required.

The screenshot displays the 'New Hire Checklist Full Time' interface. At the top, there's a navigation bar with the 'nmcaa' logo and 'MY HR' text. A red arrow points to the 'Personal Information Update' section, which is highlighted in a light blue bar. Below this, a list of instructions is provided: 1. Click on the hyperlink to be taken to a new page. 2. Please verify the information already in place, make any corrections, and fill in any blank fields if applicable. There are 2 tabs/pages that require your completion. 3. Click Submit once you are finished. 4. Navigate back to your checklist by selecting the blue back arrow. Select "Continue" to move to your next checklist item. Thank you!

A **Please Note** states: HR will receive an email to approve this item after you click Submit. This checklist item will not show as completed until HR has approved your submission.

Below the instructions is a table titled 'Personal Information New Hires' with a right-pointing arrow. The table has three columns: 'Due Date', 'Workflow Status', and 'Employee Name'. The first row shows a due date of '06/11/2019 (Overdue)', a workflow status of 'Not Started', and the employee name 'Test Betsy Employee'. A 'Waiting On' label is positioned above the employee name. A chat icon is visible in the bottom right corner of the table area.

On the left side, there are two main sections: 'Employee To-Dos (10) 0% complete' and 'Benefit Information (3) 0% complete'. The 'Employee To-Dos' list includes: Personal Information Update (highlighted), Complete Form I-9, Complete Federal Withholding Form, Michigan State Withholding Form, Complete Direct Deposit Information, Review Employee Personnel Policies, Complete Handbook Acknowledgment, E-Mail Encryption Policy, Email Use Instructions, and Cell Phone Policy. The 'Benefit Information' list includes: OMB Full Time and Sec 125 Summary Plan Description.

For the **Personal Information Update** task, you will verify your information and then be asked to add contact information. You **MUST** add an **emergency contact**, and may want to add information on dependents and beneficiaries if you are eligible for benefits. Select the appropriate boxes across the top of the entry screen for each contact added. The contact's SSN and DOB will also need to be added for dependents that will be added to medical, dental, and/or vision policies.

The screenshot shows the 'Manage Contacts' form in the 'MY HR' system. The form is overlaid on a 'Personal Information New' page. A blue arrow points to the 'Personal Information New' header, and a red arrow points to the 'Emergency' checkbox. The form includes fields for Salutation, First Name, Middle, Last Name, Suffix, Relationship, Work Phone, Gender, Height, Weight, Ethnicity, Smoker, Marital Status, and Full Time Student. There are 'SAVE' and 'SUBMIT' buttons on the right side of the form.

Once the information is completed, save and submit the contact. Add additional contacts as required. When entry is complete, **“SAVE”** and **“SUBMIT”** your information. Navigate back to the checklist by selecting the **blue back arrow**. The checklist item **“Personal Information Update”** will not show completed until HR has approved the submission. Select **“CONTINUE”** to move to the next checklist item.

Completing the I-9 Form: When selected to complete, the top of the I-9 will populate with your personal information. You should check to make sure that the information is correct and adjust as necessary. **Please note: All personal information fields require an answer, so you will need to type N/A even if a field like Maiden Name or Apt Number does not apply to you. If you are unsure which fields are required, click the "Submit" button and they will be highlighted with a red exclamation point.** Once the information has been completed, click **"SUBMIT I9"** to sign the form electronically.

nmcaa

← Form

Employee: Status: New

SUBMIT I9 **DOWNLOAD PDF** **VIEW INSTRUCTIONS**

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): N/A
- 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: N/A

OR

2. Form I-94 Admission Number: N/A

OR

3. Foreign Passport Number: N/A

Country of Issuance: N/A

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)

Waiting for secure4.entertimeonline.com...

To electronically “sign” the I-9, enter the UKG password. Then select “I Agree.”

The screenshot shows the 'Form I-9' submission page. At the top left is the 'nmcaa' logo. On the right, there are notification icons for messages (0) and alerts (21). Below the header are three buttons: 'SUBMIT I9', 'DOWNLOAD PDF', and 'VIEW INSTRUCTIONS'. The main content area is titled 'Form I-9' and shows 'Employee: [redacted]' and 'Status: New'. A table lists documents that establish identity and employment authorization, including U.S. Passport, Permanent Resident Card, Foreign passport, Employment Authorization Document, and various tribal and driver's licenses. A modal dialog box titled 'Submit I9' is overlaid on the table. It contains the text: 'Please read all information below. Populating required fields and clicking 'I Agree' button below will submit this form to your manager for further verification.' Below this is a warning: '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.' The form fields are: Signature (Amanda B. Mettler), Password (masked with dots), and Date (12/03/2019). At the bottom of the modal are 'Cancel' and 'I Agree' buttons. Red arrows point to the 'I-551 printed notation' field in the table and the 'I Agree' button.

Employee: [redacted] Status: New

Documents that Establish Both Identity and Employment Authorization OR Documents that Establish Documents that Establish

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:

a. Foreign passport; and

b. Form I-94 or Form I-94A that has the following:

(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.

8. Native American tribal document

9. Driver's license issued by a Canadian government authority

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

For persons under age 18 who are unable to present a document listed above:

Submit I9

Please read all information below. Populating required fields and clicking 'I Agree' button below will submit this form to your manager for further verification.

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.

Signature *Your Full Name*

Password Please type password you (AMettler) used for login to confirm

Date

The Federal W-4 will be completed by clicking on the “**Start Federal Withholding Form**” hyperlink as indicated below.

File Edit View History Bookmarks Tools Help

(4 unread) - bree41@yahoo.c... Healthy Pastors, Healthy Cong... Home Workforce Ready Admin

https://secure4.saashr.com/ta/6161884.hcm?rnd=WNC&showAdmin=1&Ext=login&sf=BYXUEIESIH 110%

nmcaa MY HR

← New Hire Checklist Full Time

New Hire Checklist Full Time

⚠ Incomplete (2 out of 18) 11% Started on 10/19/2020

CONTINUE

Employee To-Dos (10) 20% complete

- Personal Information Update
- Complete Form I-9
- Complete Federal Withholding Form**
- Michigan State Withholding Form
- Complete Direct Deposit Information
- Review Employee Personnel Policies
- Complete Handbook Acknowledgment
- E-Mail Encryption Policy
- Email Use Instructions
- Cell Phone Policy

Complete Federal Withholding Form

1. Click on the blue hyperlink, you will be navigated away from this checklist to complete your Federal W4.
2. Once you have filled out the required fields, click the "Submit" button to sign and date using your Kronos Password.
3. Once finished, click the blue back button to return to the checklist and complete other items. (This task will automatically be marked complete once you "Submit" the form.)

Please Note: The updated version of the Federal Withholding Form no longer uses Exemptions as it does in prior years. If you have questions about how to fill out this form, we recommend going to the IRS FAQ page: <https://www.irs.gov/newsroom/faqs-on-the-2020-form-w-4>

[Start Federal Withholding Form >](#)

Due Date	06/13/2019 (Overdue)	Waiting On	Test Betsy Employee
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Benefit Information (3) 0% complete

The form will populate with your personal information, name, SSN, address, marital status. You no longer indicate a number of allowances to claim on the Federal W-4. You can indicate if you would like additional dollars withheld. When finished, click on “submit withholding form” and you will be asked to sign to document electronically by entering your UKG password.

← Federal: W-4

Employee: Test Betsy Employee (987655) Status: New

SAVE DOWNLOAD PDF SUBMIT WITHHOLDING FORM



Form W-4 Department of the Treasury Internal Revenue Service		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.		OMB No. 1545-0074 2020
Step 1: Enter Personal Information	(a) First name and middle initial Test	Last name Betsy Employee	(b) Social security number 999-99-9989	
	Address Change 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 Traverse City MI 49696			
(c) <input type="radio"/> Single or Married filing separately <input type="radio"/> Married filing jointly (or Qualifying widow(er)) <input type="radio"/> 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 ▶ <input type="checkbox"/> 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 ▶ \$ <input type="text"/> Multiply the number of other dependents by \$500 ▶ \$ <input type="text"/> Add the amounts above and enter the total here 3 \$ <input type="text"/>				
Step 4 (optional): (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				

Enter your UKG password and then click "I Agree."

← Federal: W-4

Employee: Test Betsy Employee (987655) Status: New

Step 3: If your income will be \$200,000 or less (\$400,000 or less if you are married filing jointly), 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: If your income will be \$200,000 or less (\$400,000 or less if you are married filing jointly), 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.

Claim Dependents

Multiply the number of qualifying children under age 17 by 2

Multiply the number of other dependents by \$5,000

Add the amounts above and enter the total here

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld on other income for this year that won't have withholding, enter the amount. This includes interest, dividends, and retirement income.

(b) Deductions. If you expect to claim deduction on your return and want to reduce your withholding, use the estimator to determine the amount to enter the result here

(c) Extra withholding. Enter any additional tax you want withheld

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)

Submit Withholding Form

Please read all information below. Populating required fields and clicking 'I Agree' button below will submit this withholding form to HR department for further verification.

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.

Signature Your Full Name*

Password Please type password you (TestEEBetsy) used for login to confirm

Date

Once completed, click on the [blue back arrow](#) at the top left to move on to the Michigan Withholding Form.

Michigan State Withholding Form: To start the Michigan State Withholding Form, read the screen instructions and click on “View Your Withholding Forms.”

MY HR

← New Hire Checklist Full Time

Started on 10/19/2020 1 / 70

Employee To-Dos (10) 30% complete

- ✓ Personal Information Update
- ✓ Complete Form I-9
- ✓ Complete Federal Withholding Form
- Michigan State Withholding Form**
- Complete Direct Deposit Information
- Review Employee Personnel Policies
- Complete Handbook Acknowledgment
- E-Mail Encryption Policy
- Email Use Instructions
- Cell Phone Policy

Benefit Information (3) 0% complete

- OMB Full Time
- Sec 125 Summary Plan Description
- New Employee Benefit Enrollment

Michigan State Withholding Form

1. Click on the blue hyperlink; you will be navigated away from this checklist to complete your State withholding form.
2. Click on the "Add New" button in the upper right hand corner of your screen, then choose the Michigan State form.
3. Once you have filled out the required fields, you must sign and date by clicking the "Submit" button in the upper right hand corner.
4. Once finished, please click the blue back arrow twice to return back to this page.
5. Mark this item complete.

[View Your Withholding Forms >](#)

Due Date	10/21/2020 (Overdue)	Waiting On
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The next screen shows the already completed Federal form.

To complete the Michigan State Withholding form, click on "ADD NEW."

The screenshot displays the 'Withholding' section of the 'MY HR' system. The page header includes the 'nmcaa' logo and the text 'MY HR'. In the top right corner, there are notification icons for messages (0) and alerts (17), along with a help icon. The main heading is 'Withholding' with a back arrow. Below the heading, there is a navigation bar showing 'Page 1 of 1' and '1 - 1 of 1 Rows'. A 'Saved: [System]' dropdown is also present. To the right of the navigation bar, there are filter and view options. A prominent red arrow points to a blue 'ADD NEW' button. Below this, a table lists the existing withholding records.

	Year	Status	State/Federal	Code	Name	Created
	2019	Employee Completed	Federal	W-4	Employee's Withholding Allowance Certificate	12/03/2019 09:07a

Click on "+ Add" next to Michigan.

nmcaa

MY HR

Withholding

ADD NEW

Page 1 of 1

2019

Name	Code	
Federal (1)		
Employee's Withholding Allowance Certificate	W-4	+ Add
Michigan (1)		
Employee's Michigan Withholding Exemption Certificate	MI-W4	+ Add

CANCEL

Created

12/03/2019 09:07a

The Michigan form will be displayed and populated with your personal information. Complete the form by adding your Date of birth, Driver's License number, completing box 5, and entering the number of personal and dependent exemptions. Click on "SAVE."

Click on "SUBMIT WITHHOLDING FORM" to complete the form by signing it electronically.



← Michigan: MI-W4

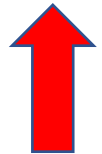
Employee: Test Betsy Employee (987655)

Status: New

SAVE

DOWNLOAD PDF

SUBMIT WITHHOLDING FORM



Form W4

MI-W4

(Rev. 11-19)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

▶ 1. Social Security Number 999-99-9989		▶ 2. Date of Birth	
▶ 3. Type or Print Your First Name, Middle Initial and Last Name Test Betsy Employee		4. Driver's License Number or State ID	
Home Address (No., Street, P.O. Box or Rural Route) Change address		▶ 5. Are you a new employee? <input type="radio"/> Yes If Yes, enter date of hire <input type="radio"/> No	
City or Town Traverse City	State MI	ZIP Code 49696	
6. Enter the number of personal and dependent exemptions you are claiming		▶ 6.	
7. Additional amount you want deducted from each pay (if employer agrees)		7. \$	
8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions): a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____			
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.		Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.	
9. Employee's Signature		▶ Date	
INSTRUCTIONS TO EMPLOYER: Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with		Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury. 10. Employer's Name, Address, Phone No. and Name of Contact Person	

Complete the form by using your UKG password to sign the document electronically. Then click on “I Agree.”

Michigan: MI-W4

Employee: Test Betsy Employee (987655) Status: New

Form W4

MI-W4 EMPLOYEE'S MICHIGAN WITHHOLDING STATE OF MICHIGAN - DEPARTMENT OF TREASURY

(Rev. 11-19)
This certificate is for Michigan income tax withholding purposes only. You must file a revised form with changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

3. Type or Print Your First Name, Middle Initial and Last Name
Test Betsy Employee

Home Address (No., Street, P.O. Box or Rural Route)
Change address

City or Town State ZIP Code
Traverse City MI 49696

6. Enter the number of personal and dependent exemptions you are claiming
7. Additional amount you want deducted from each pay (if employer agrees)
8. I claim exemption from withholding because (does not apply to nonresident)
a. A Michigan income tax liability is not expected this year.
b. Wages are exempt from withholding. Explain:
c. Permanent home (domicile) is located in the following Renaissance

EMPLOYEE:
If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.

INSTRUCTIONS TO EMPLOYER:
Employers must report all new hires to the State

Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.

9. Employee's Signature Date

Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury.
10. Employer's Name, Address, Phone No. and Name of Contact Person

Submit Withholding Form

Please read all information below. Populating required fields and clicking 'I Agree' button below will submit this withholding form to HR department for further verification.

Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.

Signature **Test Betsy Employee** Your Full Name*

Password Please type password you (TestEEBetsy) used for login to confirm

Date **10/23/2020**

Cancel I Agree

Once completed, click on the **blue back arrow** (twice) at the top left to move back to the checklist. Click on “**Mark as Complete**” on the checklist item to proceed to the next item.

Complete Direct Deposit Information: After reviewing the instructions on the screen, click on “Direct Deposit Update.”

nmcaa MY HR

← New Hire Checklist Full Time

New Hire Checklist Full Time

⚠ Incomplete (4 out of 18) 22% Started on 10/19/2020

CONTINUE

Employee To-Dos (10) 40% complete

- Personal Information Update
- Complete Form I-9
- Complete Federal Withholding Form
- Michigan State Withholding Form
- Complete Direct Deposit Information**
- Review Employee Personnel Policies
- Complete Handbook Acknowledgment
- E-Mail Encryption Policy
- Email Use Instructions
- Cell Phone Policy

Benefit Information (3) 0% complete

- OMB Full Time
- Sec 125 Summary Plan Description

Complete Direct Deposit Information Mark as Complete

1. Click on the hyperlink below. You will be taken to a new page with step by step instructions for how to add your direct deposit account(s). Please make sure you have a voided check or other supporting documentation from your bank available.
2. After you click Submit, click the back arrow to return to this page.
3. Click "Mark As Complete" and use your password to electronically sign the acknowledgment.
4. Continue working on the remaining tasks on the checklist.

[Direct Deposit Update >](#)

Due Date	06/11/2019 (Overdue)	Waiting On	Test Betsy Employee
Workflow Status	Not Started		

To add your direct deposit information, please review the instructions on this screen and click “+ Add.”

Direct Deposit Update

1. If you plan to add multiple accounts, please ensure any "flat amount" or "% of" accounts are added before the Entire Remainder. The Entire/Remainder Account should always be added last.
2. Click on the "+ Add" button to add account information.
3. Please use today's date for the Active From.
4. Once you are finished adding your account(s), please click the blue Continue button.
5. On the 2nd tab, click the Upload Document button and attach a supporting document from your bank.
6. Click Submit. Your account information will be sent to the Payroll team for verification.

Effective From *
10/23/2020

Direct Deposit Information

Direct Deposits

+ Add

No Direct Deposits Defined

SAVE CONTINUE



← Direct Deposit Update

1. If you plan to add multiple accounts, please ensure any "flat amount" or "% of" accounts are added before the Entire Remainder. The Entire/Remainder Account should always be added last.
2. Click on the "+ Add" button to add account information.
3. Please use today's date for the Active From.
4. Once you are finished adding your account(s), please click the button to save.
5. On the 2nd tab, click the Upload Document button and attach a document.
6. Click Submit. Your account information will be sent to the Payroll Department.

Effective From *

10/23/2020

Direct Deposit Information

Upload Supporting Documentation Such as Voided Check or Bank Letter

Direct Deposit

Direct Deposit

No

Add New Direct Deposit

Name	Description
<input type="text" value="Enter Name"/>	<input type="text" value="Enter Description"/>
Active From *	Active To *
<input type="text" value="10/23/2020"/>	<input type="text" value="12/31/2099"/>
Deposit Type	Bank Account Type *
<input type="text" value="Direct Deposit"/> ▼	<input type="text" value="Checking"/> ▼
Calculation Method *	
<input type="text" value="Entire/Remainder"/> ▼	
Account # *	Reenter Account # *
<input type="text"/>	<input type="text"/>
ABA # / Bank Routing # *	
<input type="text"/>	



Complete the required information, then click "SAVE." Additional accounts may be added by repeating the process.

When all accounts are entered, click "CONTINUE."

You then move to the second section to upload your account information using a voided check or a document from your bank. Click on **“Upload Document.”**



← Direct Deposit Update

1. If you plan to add multiple accounts, please ensure any "flat amount" or "% of" accounts are added before the Entire Remainder. The Entire/Remainder Account should always be added last.
2. Click on the "+ Add" button to add account information.
3. Please use today's date for the Active From.
4. Once you are finished adding your account(s), please click the blue Continue button.
5. On the 2nd tab, click the Upload Document button and attach a supporting document from your bank.
6. Click Submit. Your account information will be sent to the Payroll team for verification.

Effective From *

10/23/2020



SAVE

SUBMIT

✓ Direct Deposit Information

Upload Supporting Documentation Such as Voided Check or Bank Letter

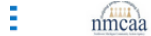
Upload Supporting Documentation Such as Voided Check or Bank Letter



Upload Document

▼	Name	Document Type	Uploaded On	Uploaded By	Expiration Date	Actions
ⓘ	No Data to Display					

Select the document type as "Direct Deposit Void check copy" and select a document to upload.



← Direct Deposit Update

1. If you plan to add multiple accounts, please ensure any "flat amount" or "% of" accounts are added before the Entire Remainder. The Entire/Remainder Account should always be added last.
2. Click on the "+ Add" button to add account information.
3. Please use today's date for the Active From.
4. Once you are finished adding your account(s), please click the blue Continue button.
5. On the 2nd tab, click the Upload Document button and attach a supporting document from your bank.
6. Click Submit. Your account information will be sent to the Payroll team for verification.

Effective From *

10/23/2020



Upload File



File *

[Choose](#) No file chosen

Document Type *

- COLA Raise Letter
- Direct Deposit Void check copy**
- document visible to all access levels
- Emergency Safety & Preparedness Plans
- ICHAT & SOR
- Job Offer Letter
- Resume

✓ Direct Deposit Information

Upload Supporting Documentation Such as Voided Check or Bank Letter

Upload Support

▼ Name

ⓘ No Data

[Upload Document](#)

loaded By

Expiration Date

Actions

SAVE

SUBMIT

Once the document is uploaded, click on "UPLOAD."

MY HR 🔔 3 ?

t amount" or "% of" accounts are added before the Entire Remainder. The Entire/Remainder Account should always be added last.

the blue Continue button.
ach a supporting document from your bank.
ayroll team for verification.

Supporting Document

Upload File ✕

File *
[Choose](#) blank file.pdf


Document Type *
Direct Deposit Void check copy

Display Name

🗨️ |

📄 Upload Document

Name	Loaded By	Expiration Date	Actions
No Data to Display			



Click "SUBMIT" to complete the direct deposit update.



Direct Deposit Update

1. Once you are finished adding your account(s), please click the blue Continue button.
2. On the 2nd tab, click the Upload Document button and attach a supporting document from your bank.
3. Click Submit. Your account information will be sent to the Payroll team for verification.

active From *

10/23/2020



SAVE

SUBMIT

Direct Deposit Information

Upload Supporting Documentation Such as Voided Check or Bank Letter

Upload Supporting Documentation Such as Voided Check or Bank Letter

[Upload Document](#)

Name	Document Type	Uploaded On	Uploaded By	Expiration Date	Actions
General (1)					
blank file.pdf	Direct Deposit Void check copy	Oct 23, 2020	Test Betsy Employee		...

SAVE

SUBMIT



Once completed, click on the [blue back arrow](#) at the top left to move back to the checklist.

Click on [Mark as Complete](#) on the "Direct Deposit Update" checklist item. You will be asked to **Confirm Item Completion** by signing electronically with your UKG password. When your password is entered, then click "**I Agree**" to proceed to the next item.

MY HR

Complete Direct Deposit Information

1. Click on the hyperlink below. You will be taken to the bank available.
2. After you click Submit, click the back arrow to return to this page.
3. Click "Mark As Complete" and use your password to confirm.
4. Continue working on the remaining tasks on the checklist.

[Direct Deposit Update >](#)

Due Date

Workflow Status

Confirm Item Completion

Please type your (Test Betsy Employee) password to confirm.

Password *

.....

I authorize my employer to deposit my wages/salary and/or expense reimbursement to my bank account(s).

[CANCEL](#) [I AGREE](#)

Review the Personnel Policies: Review the instructions on the screen and then click on

[Mark as Complete](#)

when finished. This document is available in UKG by going to My Company > Documents.

The screenshot displays the nmcaa employee checklist interface. At the top, there are navigation links for Live Chat (Offline), Community Help, Feedback, and notifications. The main content area shows a checklist for Eboni R. Hall (4642) titled "Checklist: New Hire Checklist Part Time -No Benefits (New Hire Checklist)". A progress bar indicates 75% completion (12 out of 16 items). The checklist is divided into "Employee To-Dos (9)" and "Documents". The "Employee To-Dos" section includes "Personal Information Update", "Complete Form I-9", "Complete Federal Form Withholding", "Complete State Form Withholding", "Complete Direct Deposit Information", and "Review Employee Handbook". The "Documents" section includes "Personnel Policies", which is highlighted with a red arrow. A "CONTINUE" button is visible in the top right corner of the checklist area.

Completed By	Completed On
Eboni R. Hall	12/14/2019

Documents

- Personnel Policies

Handbook Acknowledgement Form 2020: Follow the instructions on the screen.



Live Chat (Offline)

Community Help

Feedback



← Checklist

BH Brittney Hopkins (2985)

Checklist: New Hire Checklist HS EHS Staff Part Time - No Benefits (New Hire Checklist)

Incomplete (0 out of 17)



Started on 12/12/2019

CONTINUE

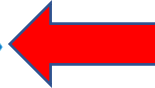
Employee To-Dos (10) 0% complete

- Personal Information Update
- Complete Form I-9
- Complete Federal Form Withholding
- Complete State Form Withholding
- Complete Direct Deposit Information
- HEPATITIS B VACCINATION FORM
- Review Employee Handbook
- Complete Handbook Acknowledgment**

Complete Handbook Acknowledgment

Click on the hyperlink below to sign your handbook acknowledgment form. Once complete, be sure to click "Submit" to submit your form. This item will mark itself as completed once successfully submitted.

[Handbook Acknowledgement Form >](#)



Due Date	09/10/2002 (Overdue)	Waiting On	Brittney Hopkins
----------	----------------------	------------	------------------



Sign the form electronically using your UKG password. Click on "SAVE," click on "SUBMIT," and then click on the blue back arrow at the top left to move back to the checklist.



MY HR



← Handbook Acknowledgement Form

Personnel Policies
Introduction to Agency
Explanation of Payroll Deductions

I acknowledge that I have received a copy of the NMCAA Personnel Policies and/or have access to the Personnel Polices through NMCAA's payroll provider online. I understand that it is my responsibility to read, understand, become familiar with, and comply with the Personnel Policies that have been established, including the Conflict of Interest, Policy on Suspected Misconduct and Dishonesty and Whistleblower Protection, and Information Technologies Policies and Procedures.

I understand that it is my responsibility to ask questions about any policies or issues I do not understand.

As an employee of NMCAA, I support the chief function of the community action movement and the Promise of Community Action to serve the best interests of the poor, thereby serving the best interests of all people, and will do my best to advance the purpose, programs, services and Mission of the Agency.

I understand and acknowledge that my employment with the Agency is indefinite and for no specified length of time, and that my employment can be terminated at-will by me or by the Agency at any time and for any or no reason, with or without previous notice.

I further understand that the Personnel Policies do not constitute a contract of employment, and that the provisions are subject to change when, in the judgment of the NMCAA Board of Directors, circumstances so require.

I acknowledge that I have received an Agency Orientation that includes the history, mission and philosophy of our organization.

Payroll is completed through NMCAA's payroll provider. I understand that I am responsible for the information on the NMCAA's payroll provider's payroll stub and it is my responsibility to notify the Business Office or the Human Resources Manager of any discrepancies.

12/03/2019
Date


Sign
Employee's Signature

SIGN

SAVE

SUBMIT


DOWNLOAD PDF

E-Mail Encryption Policy: Review the instructions on the screen and sign the form electronically using your UKG password. Click on  when finished and sign electronically with your UKG password. This document is available in UKG by going to My Company > Documents.

Started on 12/15/2019

Employee To-Dos (10) 0% complete

- Personal Information Update
- Complete Form I-9
- Complete Federal Withholding Form
- Complete State Form Withholding
- Complete Direct Deposit Information
- Review Employee Handbook
- Complete Handbook Acknowledgment
- E-Mail Encryption Policy**

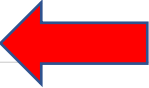
E-Mail Encryption Policy 


Click on the blue hyperlink to download a copy of the E-Mail Encryption Policy. Please review the document in its entirety, and check this item as complete once finished.


The document is available to you at anytime by logging into your employee portal and going to My Company > Documents

Due Date	07/26/2005 (Overdue)	Waiting On	Mary Rees
----------	----------------------	------------	-----------

Documents


[E-mail Encryption](#) 



E-Mail Use Instructions: Review the instructions on the screen and then click  when finished and sign electronically with your UKG password. This document is available in UKG by going to My Company > Documents.

Employee To-Dos (10) 0% complete

- Personal Information Update
- Complete Form I-9
- Complete Federal Withholding Form
- Complete State Form Withholding
- Complete Direct Deposit Information
- Review Employee Handbook
- Complete Handbook Acknowledgment
- E-Mail Encryption Policy
- Email Use Instructions**

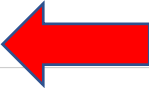
Email Use Instructions 


Click on the blue hyperlink to download a copy of Email Use Instructions. Please review the document in its entirety, and check this item as complete once finished.

The document is available to you at anytime by logging into your employee portal and going to My Company > Documents.

Due Date	07/26/2005 (Overdue)	Waiting On	Mary Rees
----------	----------------------	------------	-----------

Documents

[Email Instructions](#) 



Cell Phone Policy: Review the instructions on the screen and click on the “Cell Phone Policy” hyperlink.

Started on 12/12/2019 0%

CONTINUE

Employee To-Dos (10) 0% complete

Personal Information Update

Complete Form I9

Complete Federal Form Withholding

Complete State Form Withholding

Complete Direct Deposit Information

HEPATITIS B VACCINATION FORM

Review Employee Handbook

Complete Handbook Acknowledgment

Cell Phone Policy

Cell Phone Policy

Click on the hyperlink below; a new page will open. Complete all necessary fields, and click "submit" once finished. HR will receive an email to approve this item and then your checklist item will automatically be completed.

Navigate back to your checklist by selecting the blue back arrow. This checklist item will not show as completed until HR has approved your submission. Select "Continue" to move to your next checklist item.


[Cell Phone Policy >](#) 

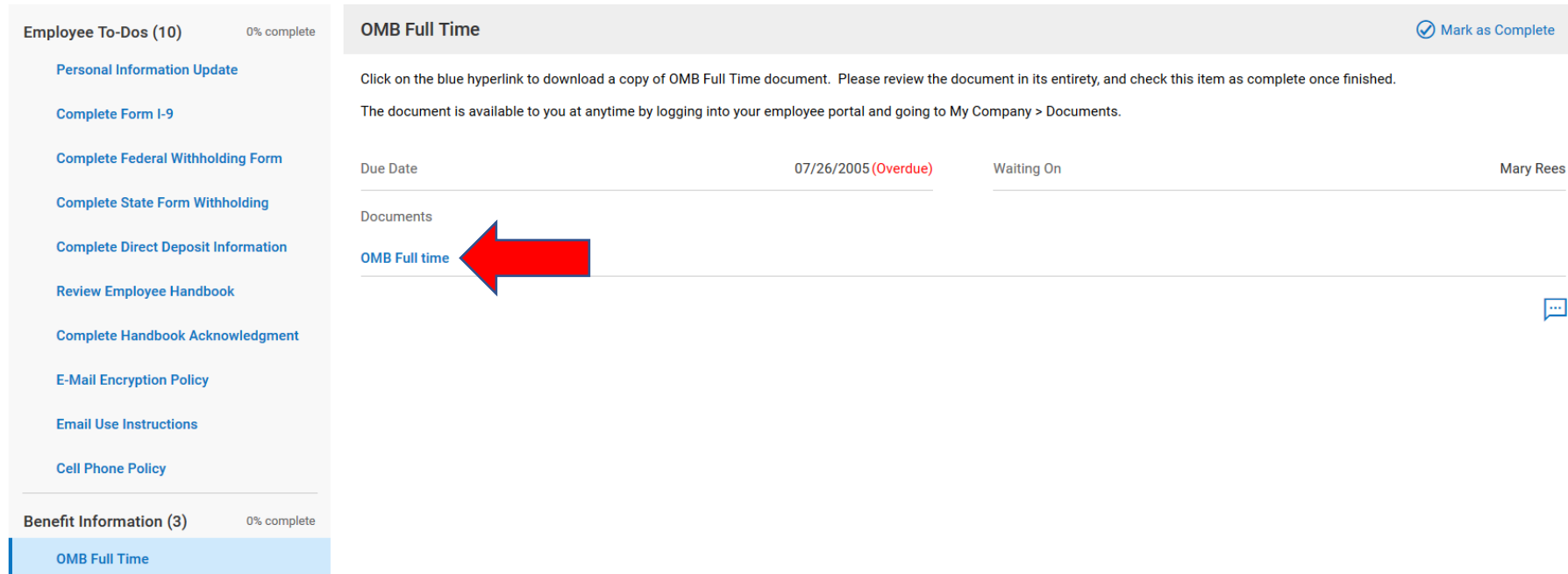
Due Date	12/20/2019	Waiting On	Morgan Boudrie
----------	------------	------------	----------------




Sign the form electronically using your UKG password. Click on "I Agree." Then click on "SAVE" and "SUBMIT". Click on the blue back arrow at the top left to move back to the checklist.

The screenshot shows a mobile application interface for a 'Cell Phone Policy' form. At the top left, there is a blue back arrow and the text 'Cell Phone Policy'. Below this is a user profile for 'Morgan Boudrie (4644)'. On the right side, there are three blue buttons: 'SAVE', 'SUBMIT', and 'DOWNLOAD PDF'. Below these buttons is a 'Date Submitted' field showing '12/15/2019'. The main content area contains the 'CELL PHONE POLICY' text, which includes several paragraphs of policy details. At the bottom of the form, there is a 'Sign *' section with a 'SIGN' button. A large red arrow points to this 'SIGN' button. At the very bottom, there are two input fields: 'Sign' (with a blue background) and '12/15/2019' (with a blue background), labeled 'SIGNATURE' and 'DATE' respectively. A large blue arrow on the left side of the page points towards the back arrow at the top left.


OMB Full Time: This information is provided to all employees upon hire. It advises you on how to answer questions that are asked of you if you are applying for health insurance through the marketplace. Click on the hyperlink “**OMB Full Time,**” review the document, and then click  when finished. This document is available in UKG by going to My Company > Documents.

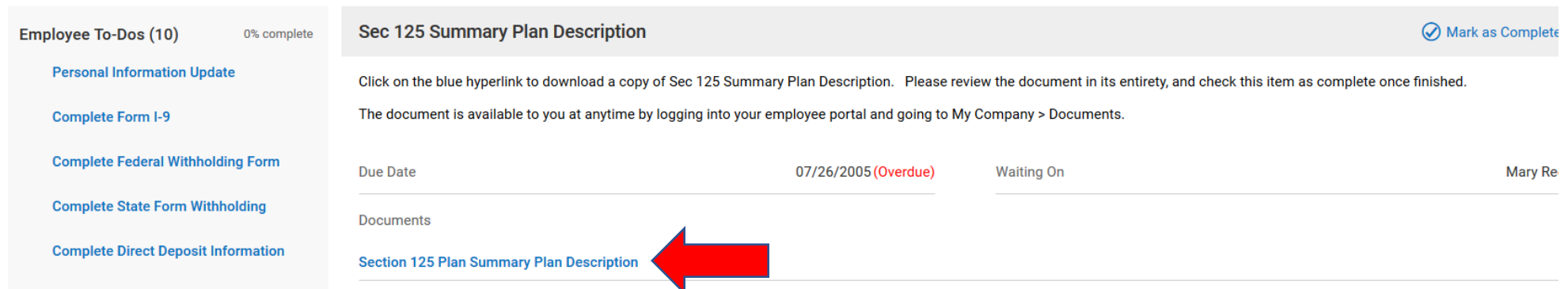


The screenshot shows the 'Employee To-Dos' section with a '0% complete' status. The 'OMB Full Time' task is highlighted in blue. The main content area contains instructions to click a blue hyperlink to download the document and review it. Below the instructions is a table with the following data:


Due Date	07/26/2005 (Overdue)	Waiting On	Mary Rees
Documents			
OMB Full time 			

At the bottom right of the task area, there is a 'Mark as Complete' button with a checkmark icon.

Section 125 Summary Plan Description: This information is provided to all employees upon hire giving you the benefit information in the NMCAA Section 125 Plan (FSA information). Click on the hyperlink “**Sec 125 Plan Summary Plan Description,**” review the document, and then click  when finished. This document is available in UKG by going to My Company > Documents.



The screenshot shows the 'Employee To-Dos' section with a '0% complete' status. The 'Section 125 Summary Plan Description' task is highlighted in blue. The main content area contains instructions to click a blue hyperlink to download the document and review it. Below the instructions is a table with the following data:

Due Date	07/26/2005 (Overdue)	Waiting On	Mary Re
Documents			
Section 125 Plan Summary Plan Description 			

At the bottom right of the task area, there is a 'Mark as Complete' button with a checkmark icon.

New Employee Benefit Enrollment: Click on the hyperlink “**Start Your Benefit Enrollment Process.**” All eligible employees will need to complete this even if they are waiving participation in a particular benefit plan.

Review the instructions and click on the “**Go To External Page**” link.

← New Hire Checklist Full Time

New Hire Checklist Full Time

⚠ Incomplete (11 out of 18) 61%
Started on 10/19/2020

... CONTINUE

Employee To-Dos (10) 90% complete

- ✓ Personal Information Update
- ✓ Complete Form I-9
- ✓ Complete Federal Withholding Form
- ✓ Michigan State Withholding Form
- ✓ Complete Direct Deposit Information
- ✓ Review Employee Personnel Policies

New Employee Benefit Enrollment ✓ Mark as Complete

Click the link to navigate away from this page to self service for benefit enrollment. **Even if you plan to waive voluntary benefits, you still must login and WAIVE benefits.**

Once you have completed your enrollment and successfully submitted, please come back to your checklist and mark this item complete.

[Go To External Page >](#)

Due Date	07/10/2019 (Overdue)	Waiting On	Test Betsy Employee
----------	----------------------	------------	---------------------

...

You will be routed to this page to verify your personal information.

Home

Profile

My Profile

My Family

My ID Cards

Contacts

Benefits !

New Hire Benefits
Enrollment Incomplete

Admin

Welcome Jennifer

\$0.00
Per Pay Period

Verify your Personal Information and make changes if needed

This information is used for:

- reporting to the benefit carriers
- to issue your ID cards and process your claims
- to process your payroll, taxes, etc.

If any of the information is incorrect and you are unable to change it on this page, please contact your Human Resources representative.

[Edit Info](#)

Basic Information

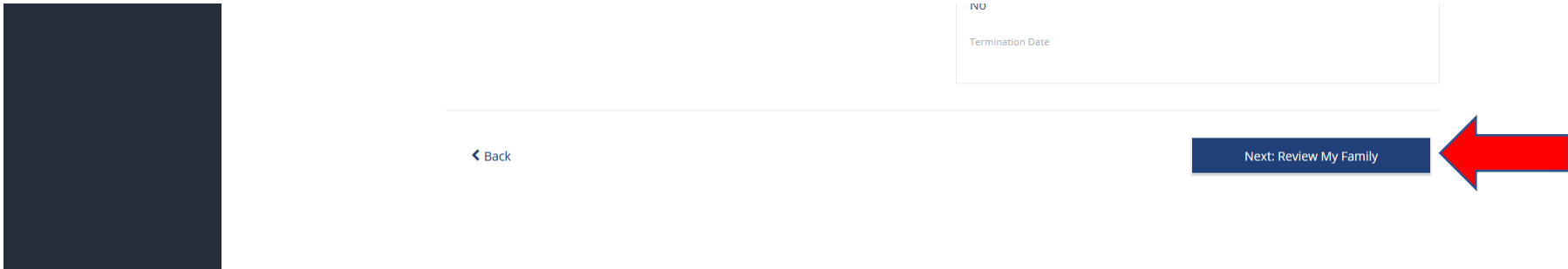
First Name * Middle Name

Contact Information

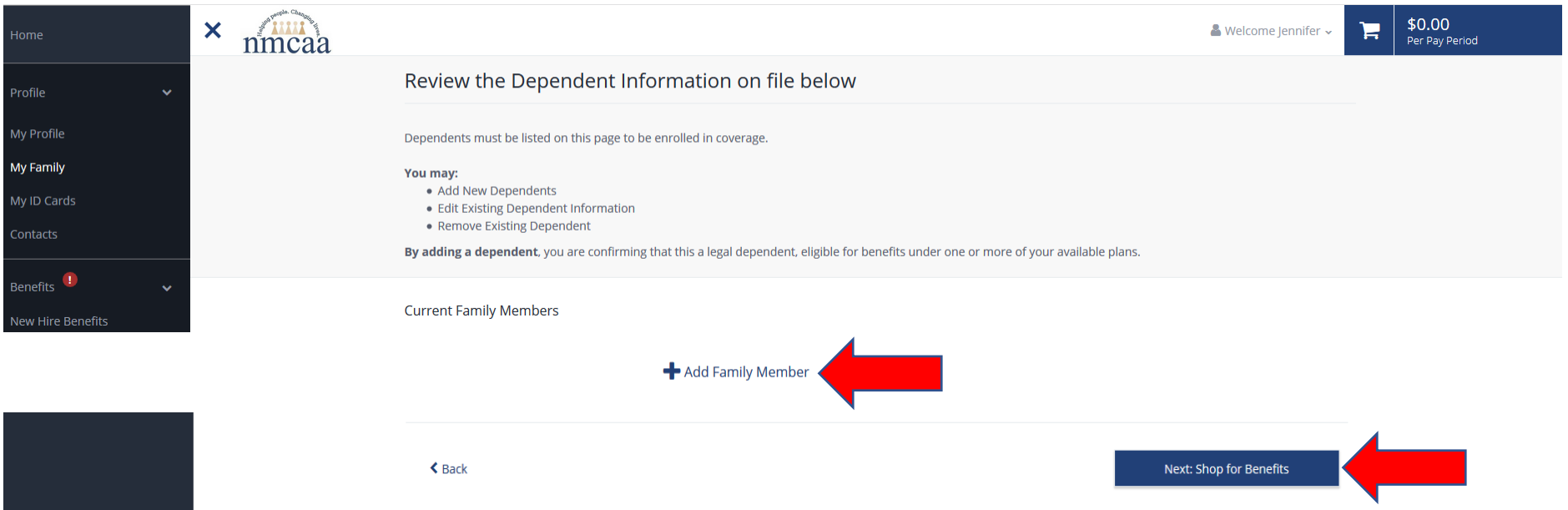
Address 1 * Address 2

eme

Once you have reviewed the information, click on “Next: Review My Family” at the bottom of the page.



The next section will have you add information regarding any dependents that need benefits. Click on the “+ Add Family Member” to add the family member. Once the information is entered, click “SAVE.” Repeat as needed to add additional family members. When complete, click on “Next: Shop for Benefits.”



The next screen shows your available benefits. Click on the "Shop Plans" for medical to start reviewing the plan options.

Category	Status	Action
Medical	No Plan Selected	Shop Plans
Dental	No Plan Selected	Shop Plans
Vision	No Plan Selected	Shop Plans
Basic Employee Life	No Plan Selected	Shop Plans

Employer Contribution	\$0.00
Your Cost Per Pay Period	\$0.00

The top of the next screen allows you to review the medical plans that are available. Click the plan links to view details about the plan coverages.

nmcaa

Welcome Mary

For specific plan coverage information, review the plan details below. **Selecting a group Medical Plan provides:**

- Guaranteed coverage at the most affordable rate
- Lower out of pocket costs by securing discounted rates at participating providers
- Protection for your finances and the health of you and your family

The cost of health care continues to increase so it is more important than ever to make sure you have health insurance.

Additional Content (3):

BCN Medical Summary of Benefits and Coverage

- 1. BCN HMO Traditional Plan
- 2. BCN HDHP Low HSA Plan
- 3. BCN HDHP High HSA Plan

Medical Plan Summary

- 1. BCN HMO Traditional Benefits at a Glance
- 2. BCN HDHP Low HSA Benefits at a Glance
- 3. BCN HDHP High HSA Benefits at a Glance

What is a Copay?

Understanding Health Insurance: What is a Copay?

The bottom of the screen shows you who is eligible for coverage that may be included in the plan. Coverage for yourself is automatically checked off. To add other family members, click on “+ Add Family Member” and follow the step to add the family member. Once the family member(s) are added, you may check off the ones that you want to include in the plan.



Next, click on “View Plan” for the plan that you want to purchase.

You must click on “Decline Medical Benefits” if you have other coverage and do not want to participate in the NMCAA medical plans.

The screenshot displays a user interface for selecting a medical plan. At the top, under the heading "Family Covered", there is a list containing a checked box and the text "Yourself". To the right of this list is a red arrow pointing to a button labeled "+ Add Family Member". Below this is the "Select a Plan" section, which features three plan cards. The first card, labeled "Current Plan", shows a crossed-out circle icon and the text "Coverage Declined", with a button at the bottom labeled "Decline Medical Benefits". The second card, "BCN Traditional", shows the Blue Cross Blue Shield logo, the plan name, a cost of "\$37.88 Per Pay Period", and a "View Plan" button. A red arrow points to this "View Plan" button. Below the card is a "Compare" checkbox. The third card, "BCN HSA Low", shows the same logo, the plan name, a cost of "\$6.78 Per Pay Period", and a "View Plan" button. Below this card is another "Compare" checkbox. A third red arrow points to the "View Plan" button of the "BCN HSA Low" plan. At the bottom of the screen, a fourth plan card, "BCN HSA High", is partially visible, showing the logo, the plan name, and a cost of "\$0.00".

The next screen shows the costs for the selected plan based on how many people you may want to cover. If this is the plan that you want to click on “Update Cart.”




→ ↻ 🏠 <https://benefits.plansource.com/subscriber/benefits/current/plan/1289345028?orgBenefitId=388000260> 🔍 Search

 Welcome Mary  \$ pe


Medical: BCN HSA Low

[← To Available Plans](#)


Family Covered [+ Add Family Member](#)

<input checked="" type="checkbox"/> Yourself	
 EE	\$6.78 Per Pay Period
 EE + 1	\$224.43 Per Pay Period
 EE + Family	\$348.60 Per Pay Period

Primary Care Providers [Edit Providers](#)



 Rees, Mary	Elizabeth Elliot, 1013919109
--	------------------------------

Best Benefit



BCN HSA Low

\$6.78
Per Pay Period

 Update Cart 

[Decline Medical Benefits](#)

Next you will be asked to enter in the information for the Primary Care Physician(s) for each person to be covered. You can go to bcbsm.com to look up this information. First click on the blue box on the left “Find a Doctor.” Click on the blue link “Search without logging in” under “not yet a member?”. Choose a location by entering in a zip code. Click on “doctors by name.” Enter the last name of the doctor. The doctor should come up on a list to select from. Another screen comes up with the doctor’s name and information about them. Click on the doctor’s name and the additional information is posted. The **Provider ID** number is in the lower left area of the page. This is the number you will need to enter with your doctor’s name.



Once you have the information for each family member enter it on this screen. When complete, click on “continue”.

Enter your Primary Care Provider information

Primary Care Provider designation is required for your Medical plan selection. Enter the required information for yourself and for all enrolled dependents (if any).

Primary Care Information

Your PCP selections can only be modified in this enrollment system when initially enrolling in a plan. If you want to make a change later, you will need to contact Blue Care Network of Michigan directly.

Member	Provider Name*	Provider Network or Code*	Existing Patient ⓘ
Betsy Employee, Test 	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Test, Child 	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[← Back](#)

 [Continue](#)

If you have selected the low or high HSA medical plan, you will next see this screen about HSA accounts. Review the information. Click on the blue hyperlinks for more information or to get the Chemical Bank form which can be taken to Chemical Bank (now TCF Bank) to open your account.

Also note that the shopping cart now contains the costs for your benefits, and this will adjust as you select additional plans.



icaa

Welcome Test

\$211.24
Per Pay Period

What is an HSA?

Leather Factory

Watch later Share

A Health Savings Account (HSA) is an individually owned account that you may contribute to with pre-tax dollars and then use the funds to cover current and future medical expenses incurred by you or your dependent.

To qualify for an HSA, you must be enrolled in a High Deductible Health Plan (HDHP).

You may *not* contribute to an HSA if you are covered by other health insurance, enrolled in Medicare, or can be claimed as a dependent on someone else's tax return.

Additional Content (3):

CHEMICAL BANK
A Division of TCF National Bank

Chemical Bank form for setting up bank account

Chemical Bank Form

How Does it Work

IRS Guidelines

On the bottom of the screen, you may add contributions that you want to add to your HSA bank account. Any money designated to go to your account will be taken on a pretax basis. Review the instructions, enter the **annual** amount to contribute and update cart or Decline Health Savings Account Benefits.



Welcome Test




\$211.24
Per Pay Period

Health Savings Account: High Health Savings Account

[← To Benefits](#)

Important Information

 You are eligible for this plan due to your selection of the Medical. If you want to edit your family covered for this benefit, you need to return to the Medical.

Select Coverage Amount


i Note: All changes in amounts/premiums shown here are based on YTD contribution and remaining pay period estimates. Your administrator may update these estimates when accepting your changes, which may cause the amounts/premiums to be adjusted.

Total annual contribution	Per pay period contribution
\$0.00	\$0.00

Annual Personal Contribution: = Total Annual Contribution:

[↑ Maximize My Contribution](#)
[⌚ Stop Contributions](#)

Annual Contribution amount up to \$7,100.00.

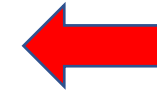
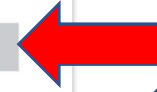
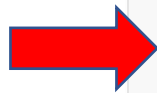
 own your health™

High Health Savings Account

Plan is unavailable due to selected family members

[Update Cart](#)

[Decline Health Savings Account Benefits](#)




Continue the same process for dental and vision coverage options.

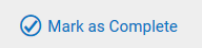
For fulltime employees, there is a life insurance policy that you should sign up for. This plan is at **no cost** to the employee. You will be asked to add a beneficiary (or multiple ones) to your policy.

Once this benefit selection is complete, return to the UKG checklist and mark the **“New Employee Benefit Enrollment”** task as complete by clicking on

[✔ Mark as Complete](#)

403(b) Information

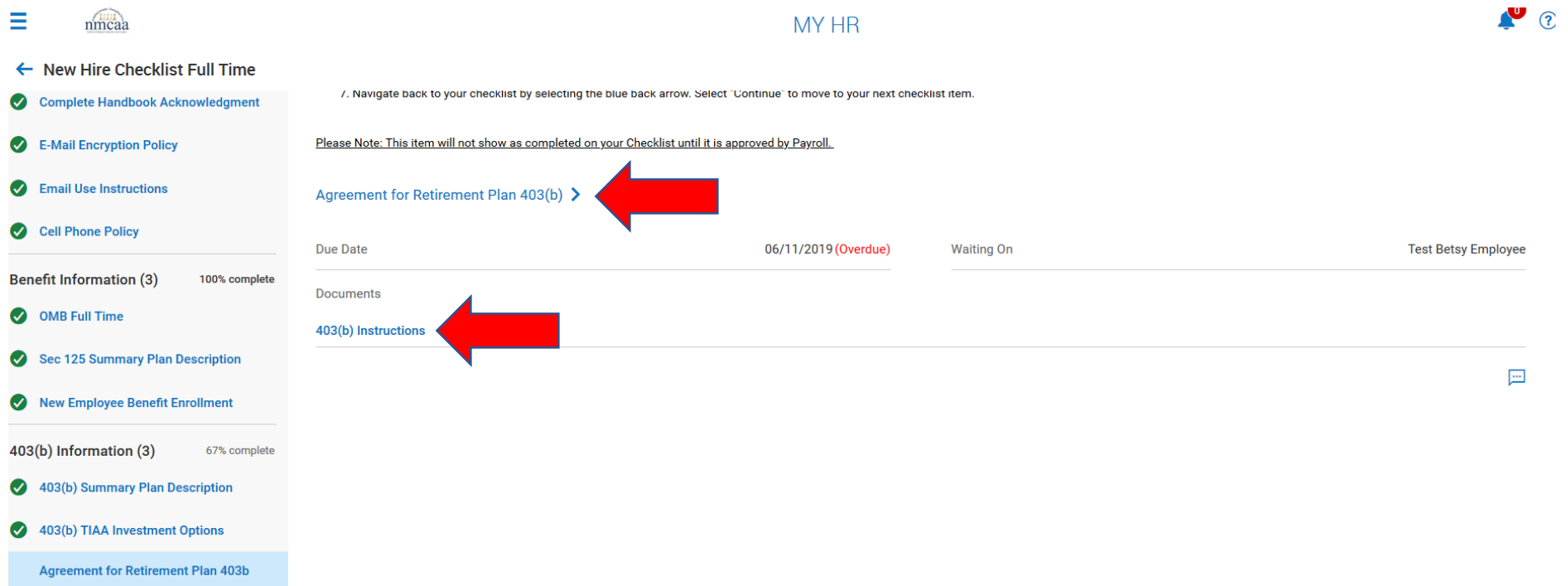
403(b) Summary Plan Description: Click “[403\(b\) Summary Plan Description](#)” to review the document. Once the review is complete, close the document and click on  to move on to the next item. This document is available in UKG by going to My Company > Documents.

403(b) TIAA Investment Options: Click “[403\(b\) TIAA Investment Options](#)” to review the document. Once the review is complete, close the document and click on  to move on to the next item. This document is available in UKG by going to My Company > Documents.

Agreement for Retirement Plan 403(b): All employees must either waive participation or sign up to participate in the NMCAA 403(b). By waiving it at the time of hire does not mean that you cannot change to participation in the future. There is no waiting period to participate and ALL employees (substitutes and seasonal employees included) are eligible to participate. To start, click on the hyperlink “[Agreement for Retirement Plan 403\(b\)](#).”

Instructions for setting up your 403(b) account through TIAA are also included here. If you are going to participate in the 403(b), you MUST set up an account with TIAA so you will need these instructions. Click on “[403\(b\) Instructions](#)” to review.

These documents are available in UKG by going to My Company > Documents.



The screenshot shows the 'MY HR' portal interface. On the left is a navigation menu with sections: 'New Hire Checklist Full Time' (100% complete) and '403(b) Information (3)' (67% complete). The '403(b) Information' section includes '403(b) Summary Plan Description', '403(b) TIAA Investment Options', and 'Agreement for Retirement Plan 403b'. The main content area shows a checklist item 'Agreement for Retirement Plan 403(b)' with a due date of '06/11/2019 (Overdue)' and status 'Waiting On'. Below it, under 'Documents', is '403(b) Instructions'. Red arrows point to these two items. A blue back arrow is visible at the top left of the checklist area.

To complete this form, review the instructions on the page and complete the appropriate boxes to the right. DO NOT try to fill in the light blue boxes on the form itself. If you are waiving participation, click the box next to "Choose Not to Participate." Click on "SIGN" when the boxes are completed. Click on "Save & Sign". Electronically sign the document using your UKG password and click "I Agree." Click on "SAVE" and then "SUBMIT." Use the blue back arrow at the top of the screen to return to the checklist. This item will NOT be marked complete on the checklist until approved by payroll. Click continue to move on to the next checklist item.

← Agreement for Retirement Plan 403(b)

DOWNLOAD PDF | SUBMIT | SAVE

Please fill out this form using the text boxes on the right hand side of the page. The blue text boxes on the left are just a preview to help you see what you are updating.

Page 1 of 1 135% Reset

Main Office:
3963 Three Mile Road
Traverse City, MI
49686-9164

Satellite Office:
2202 Mitchell Park, Suite 4
Petoskey MI 49770

Satellite Office:
1640 Marty Paul
Cadillac MI 49601

phone (231) 947-3780
(800) 632-7334
fax (231) 947-4935

(231) 347-9070
(800) 443-5518
fax (231) 347-3664

(231) 775-9781
(800) 443-2297
fax (231) 775-1448

Agreement/Waiver for Salary Reduction Under Section 403 (b)
Northwest Michigan Community Action Agency, Inc.

By this agreement, made between Northwest Michigan Community Action Agency, Inc. (The "Institution") and Test Betsy Employee ("the Employee") the parties hereto agree as follows:

Effective with respect to amounts paid on or after _____, which date is subsequent to the execution of this agreement, the employee's salary will be reduced by the amount indicated below.

This agreement shall be legally binding and irrevocable for both the institution and the employee while employment continues. However, either party may terminate or otherwise modify this agreement by giving at least fourteen days written notice so that this agreement will not apply to salary subsequently paid.

Supplemental Tax-Deferred Annuity (TDA) Plan
All NMCAA employees are eligible for the Tax-Deferred Annuity (TDA) Plan.

Please contribute the following authorized amount to TIAA on my behalf.

_____ % of gross annual salary to my Pre-tax (Traditional) account.

_____ -UK-
_____ % of gross annual salary to my Post-tax (ROTH IRA) account.

The amount indicated in the sections above will produce a total contribution that does not exceed the employee's statutory exclusion allowance under IRC section 403 (b) or the limitations of IRC section 415 or section 402 (g) whichever is least. We will perform a maximum excludable allowance calculation upon request.

Although I am eligible to contribute to the Northwest Michigan Community Action Agency, Inc. 403(b) plan, I **choose NOT to** at this time. I understand that I may decide at a later date to enroll by notifying the Human Resources office and completing the required paperwork.

Employee Signatur Sign _____

Date: 10/25/2020


Name: Test Betsy Employee Effective Date: mm/dd/yyyy


Percent Pretax: _____ Percent PostTax: _____

Choose Not to Participate Date Submitted: 10/25/2020

Sign *
SIGN

NMCAA Orientation

NMCAA Introduction Video: This is a short video about the services offered through NMCAA. Click on “[Go to External Page.](#)” Once the viewing is complete, click on  to move to the next item.

NMCAA Orientation includes a history of NMCAA and Community Action, general Board information, and department services information. Click on the hyperlink “[NMCAA Orientation,](#)” review the document, and check this item as complete on the checklist by clicking on . This document is available in UKG by going to My Company > Documents.

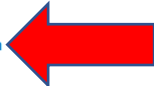
Employee To-Dos (10) 0% complete

- [Personal Information Update](#)
- [Complete Form I-9](#)
- [Complete Federal Withholding Form](#)
- [Complete State Form Withholding](#)
- [Complete Direct Deposit Information](#)

NMCAA Orientation

Click on the blue hyperlink to download a copy of NMCAA Orientation. Please review the document in its entirety, and check this item as complete once finished.

The document is available to you at anytime by logging into your employee portal and going to My Company > Documents.

Due Date	07/26/2005 (Overdue)	Waiting On	Mary
Documents			
NMCAA Orientation 			

This completes your onboarding checklist. Thank you, and if you should have questions please contact Julie McNally at jmcnally@nmcaa.net or Betsy Rees at brees@nmcaa.net. Thank you and welcome aboard!