

Central Florida Cross Network

**EMPLOYEE SETUP / CHANGE**

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel: \_\_\_\_\_

New employee       Change of status       Termination

**New employee:**

- Form W-4 attached (required)
- Form I-9 and documentation attached (required)
- Cancelled check attached (preferred; required for direct deposit)
- Electing Group Insurance (full-time employees)

**Status:**

Full time (>30 hours/week)       Part time (<30 hours/week)

**Department:**

- Child care       Lower       Upper
- Orlando       New City       Volusia
- Lake Mary       Administration

Rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

**Change of status:**

- New form W-4 attached (for change in withholding)
- Cancelled check attached (for change in direct deposit info)
- Group insurance enrollment request (moving from PT to FT)
- Change in address:
- Change in status to:  Full time       Part time
- New rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_
- Other change:

**Termination:**

Last day worked: \_\_\_\_\_

**Approved By:** \_\_\_\_\_

Central Florida Cross Network

**CAFETERIA PLAN OPTION**

Name: \_\_\_\_\_

Full Time Date: \_\_\_\_\_ Eligibility Date: \_\_\_\_\_

The eligibility date for the Central Florida Cross Network(CFLCN) Cafeteria Plan is the 1<sup>st</sup> day of the month following 60 days of full-time employment.

Select a Group Insurance Option unless covered by another group policy:

\_\_\_ **Group Insurance Coverage**

CFLCN will pay most of the cost of covering the employee. Coverage for dependents is available at the employee's expense. Due to federal laws, there are limitations on your ability to make changes to your group insurance coverage. Generally, you can only make changes during the "open enrollment period" near the end of the year, or if you have a "qualifying event" (marriage, divorce, change in spouse's coverage, etc.).

Employees will see an enrollment invitation from **Employeenavigator.com** If they do not receive this email, they must contact the office.

Options will be posted in the Benefits Guide @ <http://hclm.org/ess>

\_\_\_ **Reduced Tuition**

All full-time employees are entitled to a 30% discount on tuition for their children in any of CFLCN's educational programs. If you choose this option, you will receive an additional 30% discount. Part time employees are entitled to 15% off tuition.

\_\_\_ **403(b) Contribution** (CFLCN will contribute \$250/month to your 403(b) plan)

If you make this selection, your paychecks will show an "addition" of \$125 and a matching deduction towards your 403(b) plan. For employees paid bi-weekly, this will not appear when there is a third paycheck in a given month.

Note: All employees are eligible to participate in the 403(b) plan at their own expense. CFLCN will contribute 3% of the salary of participating full time employees.