# Employment Eligibility Verification

## 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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>Employee's E-mail Address</td>
<td>Employee's Telephone Number</td>
</tr>
</tbody>
</table>

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:

1. Alien Registration Number/USCIS Number: ______________
   OR
2. Form I-94 Admission Number: ______________
   OR
3. Foreign Passport Number: ______________

Country of Issuance: ______________

Signature of Employee: ______________

Today's Date (mm/dd/yyyy): ______________

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## 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: ______________

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Employer Completes Next Page
**Section 2. Employer or Authorized Representative Review and Verification**

(Providers 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 "List of Acceptable Documents.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Title</td>
<td>Issuing Authority</td>
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<td>Document Number</td>
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<td>Document Number</td>
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<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
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<td>Expiration Date (if any)(mm/dd/yyyy)</td>
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<td>Expiration Date (if any)(mm/dd/yyyy)</td>
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</tr>
</tbody>
</table>

**Additional Information**

**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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
Classification (Circle one below)  
Temporary / Temp Faculty / Faculty / Classified / Exempt / Volunteer / Affiliate** See affiliate instructions on back

Department: ____________________________
Supervisor: ____________________________

Last Name  First Name  Middle Int.  Date of Birth

Home Address  City  State  Zip  Telephone

Social Security Number  Country of Citizenship  Marital Status  Gender

Previous Names Used  Email

FOR NEW/RETURNING EMPLOYEES ONLY:

Are you currently receiving PERSI retirement income?  
Yes ______  No ______

Are you vested in PERSI? (Vesting 5 years)  
Yes ______  No ______

Previously Employed by the State of Idaho?  
Yes ______  No ______

Include all part-time and temporary employment with the University of Idaho and any other state agencies. This information is used to compute service credit. (Only include employment with other State of Idaho agencies)

Dates of Employment  Location  Classification  Name Used

**Please Note: Your campus mailing address & office phone number will be posted in the University of Idaho Online Directory. If you would like your information excluded from the directory please contact Human Resources or your supervisor. You will need to request this information to be excluded should you change positions at the University at any time.

- I have been informed and understand that Payroll and Benefit Services will send information regarding changes and updates to my benefits, meeting schedules and payroll information to my primary e-mail account on file. (Not applicable to volunteers or affiliates)
- I understand that my benefit information about my plan choices, dependents enrolled, cost, and qualifying life events may be found at my benefit portal in VandalWeb.
- I understand that my University of Idaho demographic and payroll information is available to me and updateable by me through my VandalWeb portal.

Signature  ____________________________  Date  ____________________________

*Please return this form to Human Resources by fax: 208-885-3602  DO NOT EMAIL!
FSH 6240 Required Disclosure of Conflicts

This disclosure form is to be signed by the employee and his/her supervisor after reviewing information on conflicts of interest and nepotism in the Faculty Staff Handbook 6240 and 6241. For each new employee, the signed disclosure form is to be returned to Human Resources for inclusion in the employee's file not later than the first week of work at the University. Each continuing University employee shall complete this disclosure form at least with his or her performance evaluation.

If you have a conflict to disclose, then you also will need to complete Form FSH 6240A. Likewise, if there is any change in your circumstance that may give rise to potential conflicts or eliminate potential conflicts previously disclosed, then you will need to complete Form FSH 6240A within 30 days of the change. University of Idaho FSH Policy 6240 Conflicts of Interest or Commitment is available at http://www.webs.uidaho.edu/fsh/6240.html. If you have any questions about the form or about specific potential or actual conflicts of interest, please contact your unit administrator or Conflict of Interest Coordinator at uifcoi@uidaho.edu. Disclose outside employment for compensation of more than 20 hours/week or any consulting by completing FORM 6240 B – Disclosure of Outside Employment or Consulting for Compensation.

Please check the applicable statement:

☐ I have reviewed FSH 6240 and **DO NOT** have any conflicts of interest, conflicts of commitment or apparent conflicts to report.

☐ I have reviewed FSH 6240 and **DO** have conflicts of interest, conflicts of commitment or apparent conflicts to report. Please submit a completed and signed form FSH 6240A to your unit administrator, along with separate pages describing a plan to manage each conflict or apparent conflict.

Your signature below certifies that:
• You have reviewed FSH 6240 regarding disclosure of conflicts
• The information that you provide in this form regarding your disclosure of any conflict is accurate to the best of your knowledge as of the date of this document, and
• You commit to providing an update if a material change occurs in the information you have provided.

________________________________________  ______________________________________
Employee Name                                      Date
Intellectual Property Agreement for University of Idaho Employees

As an employee of the University of Idaho, I acknowledge that I am subject to and agree to abide by the policies of the Board of Regents of the University of Idaho, including but not limited to Idaho State Board of Education Governing Policies and Procedures, Section V. Financial Affairs, Subsection M. Intellectual Property, and University of Idaho policies, including but not limited to Faculty Staff Handbook 5300, Copyrights, Protectable Discoveries, and Other Intellectual Property Rights and 5700, Research Data, as these policies may be amended from time to time.

Pursuant to those policies I hereby agree to the following:

1. I will disclose to the University, through the Office of Technology Transfer, and do hereby assign to the University any and all Protectable Discoveries (i.e. “anything which might be protected by utility patent, plant patent, design patent, plant variety protection certificate, maskwork, or trade secret”) arising from my work and duties as an employee of the University, from my use of Board or University resources not openly available to the public, or otherwise subject to a claim of ownership under Board or University policies. I further agree to collaborate with the University in the assignment or confirmation of assignment, as required by the policies of the Board and the University, of all my right, title and interest in such Protectable Discoveries. I will also provide completed documents and fully participate in actions that allow the University to preserve, perfect, and protect its rights in Protectable Discoveries.

2. I acknowledge that University claims ownership of and do hereby assign to the University all my right, title and interest in copyrightable works that fall within the definition of “UI-Sponsored Materials,” as set forth in FSH 5300 B-2(b), or that are required for performance of University research and/or transfer of rights arising from University research to sponsors, as permitted under FSH 5300 E. I further agree to collaborate with the University in the assignment or confirmation of assignment, as required by the policies of the Board and the University, of all my right, title and interest in such works. I will also provide completed documents and fully participate in actions that allow the University to preserve, perfect, and protect its rights in such works.

3. I certify that I am under no consulting or other obligation to any third person, organization or corporation that is, or could be reasonably construed to be, in conflict with this agreement with respect to rights to Protectable Discoveries or copyrightable materials.

4. I will not enter into any agreement creating intellectual property obligations in conflict with this agreement or Board of Regents or University policies.

Signature

Printed Name

Date

Send original to Office of Technology Transfer, 875 Perimeter Dr., MS 3003, Morrill Hall 103, Moscow, ID 83844-3003; copy to HRS; copy to signer.
University of Idaho
A Legacy of Leading

The following information is collected to measure the effectiveness of the University of Idaho's affirmative action and equal employment opportunity efforts. We would appreciate your participation however you are not required to participate. Please be assured that this information is strictly voluntary and treated confidentially, it is not kept in your file, and is only used strictly in a manner consistent with state and federal affirmative action guidelines.

Name: ________________________________ ID Number: ________________________________

Sex:  □ Female  □ Male  □ Do not Identify

*Race/Ethnicity: (please refer to definitions)

**What is your ethnicity?**
□ Yes  □ No

Are you Hispanic (Hispanic or Latino)?

□ Yes  □ No

What is your race? Select one or more races.

□ American Indian/Alaska Native*
□ Asian
□ Black or African American
□ Native Hawaiian or Other Pacific Islander
□ White
□ Chose not to answer

*If American Indian, please indicate your tribal affiliation and/or tribal enrollment number

**Race/Ethnicity Definitions:**

- Hispanic/Latino Origin – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- American Indian/Alaska Native – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, for example, Cambodia, China, Japan, Korea, India, Malaysia, Pakistan, Thailand, and Vietnam
- Black or African American – A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

Disability Status:

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we ask you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we do hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way. If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any penalty because you did not identify as having a disability earlier.

Do you have a disability as defined by the American's with Disabilities Act (ADA)? (Please see definition below)

□ Yes  □ No  □ Chose not to answer

The American's with Disabilities Act of 1990 defines an individual with a disability as:

- a person with a physical or mental impairment that substantially limits that person in a major life activity.
- a person with a record of such a physical or mental impairment, or a person who is regarded as having such an impairment

Disabilities may include:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral Palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar Disorder
- Major Depression
- Multiple Sclerosis (MS)
- Missing full or partial limbs
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Impairments requiring the use of a wheelchair
- Intellectual Disability (previously called mental retardation)

Reasonable Accommodation Notice: Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

**Veterans Status: (please refer to definitions)**

This employer is a Government contractor subject to the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 USC § 4227 (Javits-Van Wyk Act), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

- Disabled Veteran – A veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service connected disability
- Recently Separated Veteran – Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the US military, ground, naval, or air service
- Active duty wartime or campaign badge veteran – A veteran who served on active duty in the US military, ground, naval, or air service during a war, or in a campaign or expedition for which campaign badge has been authorized under the laws administered by the Department of Defense
- Armed Forces service medal veterans – A veteran who served on active duty in the US military, ground, naval, or air service, participated in the US military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985

□ I am not a protected veteran
□ Disabled Veteran
□ Recently Separated Veteran
□ Active duty wartime or campaign badge veteran
□ Armed Forces Service Medal Veteran
□ Chose not to answer

Please return to: University of Idaho
Human Rights, Access & Inclusion
875 Perimeter Dr. MS 3160
Moscow, ID 83844-3160
hrai@uidaho.edu
## Beneficiary Designation

### Purpose of the Form
- Use this form to designate beneficiaries to receive your PERSI Base Plan and Choice 401(k) Plan death benefits.

### Instructions
- Read About Form RS115, attached.

### Member Information

<table>
<thead>
<tr>
<th>Member Social Security Number</th>
<th>Member PERSI ID Number*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>* A PERSI ID is only required for members with multiple PERSI accounts.</td>
</tr>
</tbody>
</table>

#### Name – First, Middle, Last

#### Mailing Address
- Street or P.O. Box
- City
- State
- Zip Code

#### Daytime Phone Number (include area code)

#### Email Address

#### Marital Status
- Single
- Married

### Primary Beneficiary or Beneficiaries

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security or Tax ID Number</th>
<th>Date of Birth</th>
<th>Relationship to You</th>
<th>Benefit %</th>
<th>Nominate a custodian under the Idaho UTMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Check this box and go to page 2.</td>
</tr>
<tr>
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<td></td>
<td>.0%</td>
<td>Check this box and go to page 2.</td>
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<td>Check this box and go to page 2.</td>
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<td></td>
<td>.0%</td>
<td>Check this box and go to page 2.</td>
</tr>
</tbody>
</table>

### Secondary Beneficiary or Beneficiaries

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security or Tax ID Number</th>
<th>Date of Birth</th>
<th>Relationship to You</th>
<th>Benefit %</th>
<th>Nominate a custodian under the Idaho UTMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.0%</td>
<td>Check this box and go to page 2.</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>.0%</td>
<td>Check this box and go to page 2.</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>.0%</td>
<td>Check this box and go to page 2.</td>
</tr>
</tbody>
</table>

### Member Acknowledgment

I understand the instructions and information under "About Form RS115." I revoke all previous PERSI beneficiary designations and request that any PERSI benefits payable after my death be made as indicated herein. I may change this designation by filing a new form. This designation applies to my PERSI Base Plan and Choice 401(k) Plan accounts.

**Signature**

**Date – mm/dd/yyyy**

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*RS115 Revised: 08/2016
Page 1 of 4*
Custodian Nominations for Minor Beneficiaries under the Idaho Uniform Transfers to Minors Act

- Use this section to nominate custodians and substitute custodians for minor beneficiaries under the Idaho Uniform Transfers to Minors Act. Attach a copy of this page if nominating custodians for more than 4 minor beneficiaries.

**Instructions**

- Write the minor beneficiary’s name in the top box.
- Write the custodian’s name, Social Security number, address, and telephone number in the appropriate boxes. You can nominate a substitute custodian to serve in the event the nominated custodian is unable. List each minor beneficiary separately, even if you are nominating the same custodian for all minor beneficiaries.

<table>
<thead>
<tr>
<th>Minor Beneficiary Name:</th>
<th>Custodian Information</th>
<th>Substitute Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>SSN:</td>
<td>SSN:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, St, Zip:</td>
<td>City, St, Zip:</td>
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<td>Telephone:</td>
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</tr>
<tr>
<td>Minor Beneficiary Name:</td>
<td>Custodian Information</td>
<td>Substitute Information</td>
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<tr>
<td>Name:</td>
<td>Name:</td>
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<tr>
<td>SSN:</td>
<td>SSN:</td>
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<td>Address:</td>
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<td>City, St, Zip:</td>
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<td>Minor Beneficiary Name:</td>
<td>Custodian Information</td>
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<td>City, St, Zip:</td>
<td>City, St, Zip:</td>
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</tr>
<tr>
<td>Telephone:</td>
<td>Telephone:</td>
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</tr>
</tbody>
</table>
# About Form RS115

## Instructions

1. Complete the form and sign in blue or black ink.
2. Use whole percentages only.
3. If more space is needed, attach an additional signed and dated sheet of paper.
4. If any designated beneficiary is a minor, complete page 2 if you choose to nominate an adult custodian to receive the funds for the minor. PERSI cannot pay a death benefit directly to a minor beneficiary.
5. Send the form to PERSI.

**Note:** The form is not valid unless signed, dated, and on file with PERSI.

## Types of Beneficiaries

- **Primary beneficiary or beneficiaries.** The first person or persons to receive death benefits when you die. If you select one person only, he or she receives 100% of the benefits.
- **Secondary beneficiary or beneficiaries.** Person or persons to receive death benefits if no primary beneficiary or beneficiaries are alive when you die.
- **Default beneficiary.** If PERSI does not have a beneficiary designation on file, death benefits are paid by law to the following: (1) To your surviving spouse. (2) If you have no surviving spouse, to your estate. If you agree with this default distribution and you have not previously submitted a beneficiary designation form, you do not need to designate a beneficiary or submit this form. However, payment of death benefits could be delayed if PERSI has no designation on file.

## Notes About Designating Beneficiaries

- Percentages must be in whole numbers. Do **not** use partial numbers. For example, use 33% not 33%.%
- Choose your beneficiaries carefully. Your PERSI funds might be your largest financial asset.
- If you select two or more people as primary or secondary beneficiaries, indicate what percentage each is to receive (the percentages must equal 100%).
- You must list your children separately.
- If you are designating one or more minors as beneficiary, you should specify how you want your death benefit transferred if you die before the beneficiary reaches legal age of majority. PERSI cannot disburse the money to a minor, so if you don’t nominate a custodian on this form, a court may have to appoint an adult to serve as conservator of the funds. This form provides an easy and inexpensive way to transfer death benefits to a minor through the Idaho Uniform Transfers to Minors Act (UTMA). This law enables you to nominate a custodian, and substitute custodian, for your minor beneficiary, and authorizes PERSI to pay your death benefit to the custodian. To nominate a custodian for a minor beneficiary, fill out page 2 of this form.
- If you use the UTMA to nominate a custodian for your minor beneficiary, be aware that the legal age of majority under the UTMA is 21, even though the statutory age of majority in Idaho is 18. If you die before your beneficiary is 21 years of age, the money will go to and remain in the custodian’s care until the beneficiary reaches age 21.
- Always provide full names (Mary Elizabeth Smith, **not** Mary Smith). For a married woman, use her full name (Mary Elizabeth Smith, **not** Mrs. Bob Smith). Include the relationship to you.
- This beneficiary designation is for PERSI Base Plan and Choice 401(k) Plan death benefits **only.** Any designations you make for a will or an insurance policy do not substitute for the PERSI beneficiary designation.
- Submit a new Beneficiary Designation (RS115) to PERSI if your marital status changes.
- Complete a Member Name Change (RS111) if your name changes. If you are an **active member,** (working for a PERSI employer and making contributions) give the form to your payroll clerk. If not, send the form to PERSI.
- You can change your designations at any time by submitting a new Beneficiary Designation (RS115) to PERSI.
- If you make an error, initial and date any corrections.
**Minor Children, Trusts, Wills, and Charities as Beneficiaries**

- **Minor children.** To designate a minor child as a primary or secondary beneficiary, you should consider transferring the money to a custodian for the child under the provisions of the Idaho Uniform Transfers to Minors Act (UTMA). Using PERSI Form RS115 page 2 meets the UTMA requirements.

- **Trusts.** If you want to designate your Living Trust, show the date of the trust agreement and the name(s) of the Trustee(s). If a bank or trust company is the Trustee, attach a separate document containing the Trustee’s address. Provide PERSI with a copy of the trust’s registration, if available. The trust must have a tax ID number.

- **Wills.** Write “the Executor of my Estate” or “the Administrator of my Estate” to designate your estate as beneficiary. Do not name the executor, because the executor will be appointed later by the court.

- **Charities.** You can name a specific charity as beneficiary. For more information about payment of death benefits to charities, PERSI recommends that you consult with a qualified attorney.

### Example 1

<table>
<thead>
<tr>
<th>Primary Beneficiary or Beneficiaries</th>
<th>Name</th>
<th>Social Security or Tax ID Number</th>
<th>Date of Birth</th>
<th>Relationship to You</th>
<th>Benefit %</th>
<th>Nominate a custodian under the Idaho UTMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phillip Lee Thompson</td>
<td>000-01-0011</td>
<td>07-11-1937</td>
<td>Spouse</td>
<td>100.0%</td>
<td>□ Check this box and go to page 2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Check this box and go to page 2.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Beneficiary or Beneficiaries</th>
<th>Name</th>
<th>Social Security or Tax ID Number</th>
<th>Date of Birth</th>
<th>Relationship to You</th>
<th>Benefit %</th>
<th>Nominate a custodian under the Idaho UTMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>John Allen Smith</td>
<td>000-08-0025</td>
<td>01-09-1997</td>
<td>Son</td>
<td>80.0%</td>
<td>□ Check this box and go to page 2.</td>
</tr>
<tr>
<td></td>
<td>Rebecca Joan Smith</td>
<td>000-02-0220</td>
<td>01-02-1958</td>
<td>Sister</td>
<td>20.0%</td>
<td>□ Check this box and go to page 2.</td>
</tr>
</tbody>
</table>

### Example 2

<table>
<thead>
<tr>
<th>Primary Beneficiary or Beneficiaries</th>
<th>Name</th>
<th>Social Security or Tax ID Number</th>
<th>Date of Birth</th>
<th>Relationship to You</th>
<th>Benefit %</th>
<th>Nominate a custodian under the Idaho UTMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sally Jones</td>
<td>000-03-0033</td>
<td>08-21-1994</td>
<td>Daughter</td>
<td>34.0%</td>
<td>□ Check this box and go to page 2.</td>
</tr>
<tr>
<td></td>
<td>Alice Jones</td>
<td>000-04-0044</td>
<td>11-14-1991</td>
<td>Daughter</td>
<td>33.0%</td>
<td>□ Check this box and go to page 2.</td>
</tr>
<tr>
<td></td>
<td>Andrew Jones</td>
<td>000-05-0055</td>
<td>02-29-1987</td>
<td>Son</td>
<td>33.0%</td>
<td>□ Check this box and go to page 2.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Beneficiary or Beneficiaries</th>
<th>Name</th>
<th>Social Security or Tax ID Number</th>
<th>Date of Birth</th>
<th>Relationship to You</th>
<th>Benefit %</th>
<th>Nominate a custodian under the Idaho UTMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The administrator of my estate</td>
<td></td>
<td></td>
<td>Estate</td>
<td>100.0%</td>
<td>□ Check this box and go to page 2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Check this box and go to page 2.</td>
</tr>
</tbody>
</table>
DATE: _____________________

TO: Human Resources

FROM: _____________________

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CAMPUS MAIL ACTIVATION FORM

This form should be filled out by the new employee’s department and faxed or emailed back to Human Resources.

Employee name: ____________________________________________

Vandal number: ____________________________________________

Date of Hire: _____________________

Department: _____________________

Work address:  □ On campus: 875 Perimeter Dr. MS _____________

□ Off campus: _____________________

Work telephone #: _____________________

THANK YOU!
REQUEST TO DEPOSIT PAYROLL OR REIMBURSEMENT CHECK

I hereby grant authorization to deposit my payroll check directly to my checking or savings account. I understand that this will take effect with the next available biweekly pay period. This authorization will continue indefinitely until I give written notice to discontinue. I understand that Payroll Services must have two weeks' notice to make changes to my account.

Vandal Number or Student ID __________________________ Name (printed) __________________________

Day Time Phone Number __________________________ E-mail Address __________________________

Savings __________ OR Checking ________________(Please check one)

Please also use this bank account for (please check one or both):

☐ My payroll check
☐ My travel reimbursements and other payments from the Accounts Payable Office

Special instructions: __________________________

Signature __________________________ Date __________________________

• **STAPLE A VOIED CHECK HERE**
  ○ **DO NOT USE DEPOSIT SLIPS**
    (BANK ROUTING INFORMATION MAY NOT BE ACCURATE)

• **DO NOT EMAIL THIS FORM WITH SENSITIVE ACCOUNT INFORMATION!**
  ○ Mail this form to:
    ▪ Payroll Services, 875 Perimeter Dr. MS 4345, Moscow, ID 83844-4345
  ○ Or bring the form to:
    ▪ Human Resources, 415 W. 6th Street, Moscow, ID 83844-4345

For questions, please call Payroll at 208-885-3868 or email payroll@uidaho.edu
HOW TO FIND YOUR ACCOUNT INFORMATION

Your bank can also print off a Direct Deposit Form if you do not have checks.

To set up your W-4:

1. Log into Vandalweb (www.vandalweb.uidaho.edu).
2. Choose “Employees.”
3. Choose “Payroll.”
4. Choose “W-4 Tax Exemptions / Allowances.”
5. Click on “Update” and follow the instructions to update your federal tax exemption and state tax exemption.

   a. **Effective Date** of change should follow the effective date of payroll periods; the most current date will auto fill.

   b. **Deduction Status:** Most employees’ status should be Active; if you choose Exempt, please verify:
      - I claim exemption from withholding for the tax year specified, and I certify that I meet both of the following conditions for exemption.
        - Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
        - This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
      - If you meet both conditions, select “Exempt” in the deduction status field.

   c. Select a Filing Status and Number of Allowances.
   d. Click on Certify Changes to save your selections.