
Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____

Employee ID# _____

Employer Name City of Boulder

Employer ID# 910

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____

Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



Member Information Form—Defined Benefit Plan(s)

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 • 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Member SSN

Read the instructions on page 2 before completing this form. Be sure to sign and date this form as well as any enclosures.

Member Information

I am: A New Member Changing PERA Information (Complete any information you are changing and sign.)

Member _____
Last Name First Name Middle Name Former Name

Birthdate _____ **Sex:** Male Female **Home Telephone** () _____ **Work Telephone** () _____
Month/Day/Year

Mailing Address _____
Street, Route, or Box Number, and Apt. Number City State ZIP Code

Email Address _____

Sign up for electronic delivery of PERA information? Yes No

Spouse _____ **Spouse's Birthdate** _____
Last Name First Name Middle Name Month/Day/Year

Spouse through: Marriage Civil Union

Named Beneficiary

Primary and Contingent Named Beneficiary of Your Colorado PERA DB Plan Account(s)

If you have additional Named Beneficiaries, complete the Additional Named Beneficiaries section on page 4.

Changes apply to: PERA Benefit Structure DB Plan Account DPS Benefit Structure DB Plan Account
 Apply to Both DB Plan Accounts

Note: If you do not check a box, the beneficiary changes will be made to both DB Plan accounts, if applicable.

Primary Beneficiary:

Name **Relationship** **SSN** Birthdate
Street, Route, or Box Number, and Apt. Number City State ZIP Code

Contingent Beneficiary:

Name **Relationship** **SSN** Birthdate
Street, Route, or Box Number, and Apt. Number City State ZIP Code

Sign Here → Member Signature _____ **Date** _____

To Be Completed by Employer

Employer No. 910 Employer Name City of Boulder

For new employees only

Date _____ Starting Salary _____

Job Title _____ Date Employed _____

Member Information Form—Defined Benefit Plan(s)-Page 2

Your Name _____ **Your SSN** _____

**Additional
Named
Beneficiaries**

Complete this section only if you have additional Primary and Contingent Named Beneficiaries.

See page 2 for primary and contingent named beneficiary definitions

Primary Beneficiary(ies):

Name	Relationship	SSN	Birthdate / /
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate / /
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate / /
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code

Contingent Beneficiary(ies):

Name	Relationship	SSN	Birthdate / /
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate / /
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate / /
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code

Sign Here → Member Signature _____ **Date** _____

Employee Number

Oath or Affirmation of Employment

I do solemnly swear to affirm that I will support the Constitution of the United States, the Constitution of the State of Colorado and the Charter and Ordinances of the City of Boulder, and I will faithfully perform the duties of the position upon which I am about to enter, and of any other position as a salaried employee of the City of Boulder to which I may be subsequently promoted or assigned.

Signature of Employee Taking Oath

Name of Employee Taking Oath *(Please Print)*

Witness of Attestation

Subscribed before me this ____ day of _____, 20____, by the aforesaid employee. I am an employee of the City of Boulder.

Signature of Employer Witness

City Clerk

Date Received

DIRECT DEPOSIT FORM

PAF05-DD
Ending Date _____

Pay Period _____

Use to begin, change or terminate direct deposit of paycheck.
Forward all copies of the completed form to the Finance/Payroll Department.
Please read the instructions on the back of this form before filling it out

Employee Name _____	Employee ID Number _____
Department _____	Work Phone Number _____

Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Choose one of the following: Begin Deposit <input type="checkbox"/> Change Deposit <input type="checkbox"/> Terminate Deposit <input type="checkbox"/>
Amount: Dollars \$ _____ or % Percent of Remaining Net _____
Account Number _____
Routing Number _____
Bank Name _____ Phone _____

Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Choose one of the following: Begin Deposit <input type="checkbox"/> Change Deposit <input type="checkbox"/> Terminate Deposit <input type="checkbox"/>
Amount: Dollars \$ _____ or % Percent of Remaining Net _____
Account Number _____
Routing Number _____
Bank Name _____ Phone _____

Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Choose one of the following: Begin Deposit <input type="checkbox"/> Change Deposit <input type="checkbox"/> Terminate Deposit <input type="checkbox"/>
Amount: Dollars \$ _____ or % Percent of Remaining Net _____
Account Number _____
Routing Number _____
Bank Name _____ Phone _____

Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Choose one of the following: Begin Deposit <input type="checkbox"/> Change Deposit <input type="checkbox"/> Terminate Deposit <input type="checkbox"/>
Amount: Dollars \$ _____ or % Percent of Remaining Net _____
Account Number _____
Routing Number _____
Bank Name _____ Phone _____

I authorize the City of Boulder to deposit my net amount into the account(s) specified. I understand that if my account(s) at any of the financial institutions named receives an over-deposit in the event that my paycheck is incorrect, the City of Boulder can cause my account(s) at the financial institution(s) named to be charged.

Employee Signature _____ Date _____

Payroll _____ Date _____

Emergency Contact Information

Employee: _____

Primary *(Required)*

Name: _____

Relation: _____

Home: _____

Cell: _____

Work: _____

Address: _____

Secondary *(Optional)*

Name: _____

Relation: _____

Home: _____

Cell: _____

Work: _____

Address: _____

Notes:

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2015</div>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <input style="width: 50px;" type="text"/>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <input style="width: 50px;" type="text"/>
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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, write "Exempt" here ▶		7 <input style="width: 50px;" type="text"/>
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.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

**Junior Ranger Program
Bad weather cancellation policy**

Weather in Colorado can be changeable. Summer conditions are prone to afternoon thunderstorms. The following is program policy on bad weather cancellation.

If conditions become unsafe for work, crews will secure a safe area in which to wait until the weather clears. If the weather changes such that work will not be able to be continued, crews will be dismissed. This occurs only rarely. Crews will return to the Foothills Nature Center for dismissal.

Your signature below indicates that consent is given for your child to leave the Foothills Nature Center without additional contact. We can be available to shuttle participants home who rely on a parent or guardian for their transportation. You may indicate such preference on the form. If your consent is not provided below, we will attempt to reach you by phone before your child is dismissed.

Junior Rangers are paid for hours worked and will not be paid past the dismissal time on bad weather cancellation days.

If weather conditions warrant work being cancelled before the start of the work day, a message will be left on the program field office voice mail by 7:00 am (303-442-4289).

Weather Related Cancellation Dismissal Permission Form

_____ may leave the Foothills Nature Center
name of Junior Ranger

before 3:30 pm if work is cancelled due to unsafe weather conditions.

Parent/guardian

Date

Junior Ranger

Date

I will need a shuttle home in the event of early dismissal.

CITY OF BOULDER

OPEN SPACE & MOUNTAIN PARKS
JUNIOR RANGER PROGRAM
Post Office Box 791, Boulder, CO 80306
(303) 413-7615

CONFIDENTIAL PARTICIPANT HEALTH INFORMATION MEDICAL TREATMENT PERMISSION

Participant Information (please print)

Name of participant _____ Nickname _____
(First) (Last) (Middle)

Date of Birth ____ - ____ - ____

Parent/Guardian Name _____ Phone _____ (day) _____ (eve)

Street _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Phone _____ (day) _____ (eve)

Street _____ City _____ State _____ Zip _____

Name of Doctor _____ Address _____ Phone _____

In case of emergency, notify (please list if other than Parent/Guardian):

Name _____ Relationship _____ Phone _____

Medical History

1. Are you under treatment for any illness or condition? No ___ Yes ___

describe: _____

2. Do you have a condition requiring regular medication? No ___ Yes ___

describe: _____

3. Are you currently taking any medications? No ___ Yes ___

list: _____

4. What was the date of your last tetanus shot? ____ - ____ - ____

5. Do you have any allergies? No ___ Yes ___

list: _____

(Continued on reverse)

6a. Are you allergic to bee stings? No___ Yes___
6b. If yes, have you been directed to carry an epi kit? No___ Yes___
7. Do you have a history of any respiratory problems? No___ Yes___
describe: _____

8. Do you carry an inhaler? No___ Yes___
9. Have you ever broken any bones? No___ Yes___
If yes, list injury and date of occurrence: _____

10. Do you have a history of sprains or dislocations? No___ Yes___
If yes, list injury and date of occurrence: _____

11. Do you have a history of heart problems? No___ Yes___
describe: _____

12. What type of exercise do you engage in and how often? _____

13. Is there anything else you think we should know about you? _____

Treatment Authorization

I hereby give permission for _____ to receive medical treatment at the Boulder Occupational Health Center (Foothills Campus), or other medical center for injuries or illnesses occurring while s/he is working at the City of Boulder.

Signature of Parent/ Guardian

Date

Model/Photography Release

City of Boulder Open Space and Mountain Parks
Junior Ranger Program



By this signed form, I give the City of Boulder right to use any photographs or video taken of me for the purposes of promoting and protecting Open Space and Mountain Parks. I authorized the City of Boulder to use, publish, and copyright any photographs or video taken during my course of work.

I understand that photographs or video taken of me may be used in various City brochures, advertisements, web sites, and safety and marketing materials which are distributed publicly. All photographs and video are owned by the City of Boulder Open Space and Mountain Parks.

I waive my right to inspect or approve any finished materials. Photography of program participants by unauthorized individuals is prohibited.

Date

Employee Signature

Print Name

Parent or Legal Guardian to sign for a minor:

I certify that I am the parent and/or legal guardian of the employee named above, a child under the age of 21. I authorize that any photographs taken as outlined above may be used by the City of Boulder.

Parent or Legal Guardian