

Adjunct & Hourly Instructions for completing employment packet

**If you are not enrolled at NOC as a full time student you cannot be considered a student worker. You must complete the employment packet for an Adjunct and Hourly employee.**

1. Employee Record Form - All new employees must complete.
2. Loyalty Oath – This document is required by the State of Oklahoma. Complete and sign your name on the “Affiant’s Signature” line and have this document notarized. The Administrative Assistant to the Stillwater Campus and the Enid Campus are notaries and can notarize your document. All the employees in the Human Resource department are notaries. This document must be returned before the employee can be paid.
3. Federal W-4 – Make sure the appropriate taxes are withheld by completing and returning this document. If you wish to have additional Federal taxes withheld please put that amount on number 6 to the right of the dollar sign. If you wish to have additional state taxes withheld, please write the word State and the additional amount in the margin with your initials.
4. The I-9 Form – This is a federally mandated employment eligibility verification document. This completed form and a copy of your driver’s license and social security card proving your employment eligibility must be submitted before your first working day. Keeping a copy of your social security card is a recommendation from the Social Security Administration and Internal Revenue Service.
5. The Human Resources department has to complete the E-verify verification within the first three days of a new employees start date. This information is compiled from the I-9 Form.
6. All new employees are required to read the Drug-Free workplace statement and certify their compliance by signing.
7. Complete the Direct Deposit Letter. If you have been employed by any other state agency in Oklahoma it is very important that HR is aware of this. Inaccurate information could delay you being added to the payroll system.
  - Legislation passed by the State of Oklahoma makes direct deposits mandatory for all state employees. Effective January 1, 2005 all new employees must use direct deposit, and all existing employees had to be switched to direct deposit no later than June 2007. On your first payday, contact your financial institution to confirm that your pay was deposited into your account.
8. Complete the Direct Deposit Form and attach a voided check or a letter from your bank with your bank routing number and your account number. **Deposit slips are not accepted.**
9. Complete the Teachers’ Retirement Option Form. Please read carefully and if you have questions contact the HR department at 580-628-6263.
10. Please read and sign the Handbook Acknowledgment.
11. Sign the first page of the New Health Insurance Marketplace Coverage letter. This is a federally mandated requirement for all employees.

Employees can view and/or print their past or present pay stubs through their myNOC, enter Username and Password, click on the Employee Info tab.

As of: June 2014

**NORTHERN OKLAHOMA COLLEGE****Employee – Record Form**

<b>Name:</b>		<b>Maiden Name or Other Name Used Previously at NOC:</b>	
<b>Street:</b>		<b>SSN:</b>	<b>Date of Birth:</b>
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Emergency Contact Name:</b>	<b>Emergency Contact Phone Number:</b>		<b>Cell Phone:</b>
<b>Ethnicity:</b> Non-resident Alien <input type="radio"/> Black/African American <input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Hispanic/ Latino <input type="radio"/> Race and ethnicity unknown <input type="radio"/>			
<b>Personal Email Address:</b>			
<b>Highest Degree Earned:</b>			
<b>Institution of Highest Degree Earned:</b>			
<b>Emphasis of Degree:</b>			
<b>Major Employer ( if not NOC):</b>			
<b>Division:</b>	Adjunct _____ Full-Time _____ Hourly _____		<b>Start Date:</b>
<b>Course(s) to be Taught:</b>			
<b>Number of years taught in Higher Education:</b>			
<b>Campus Site of Instruction:</b>			

Northern Oklahoma College    Agency 490

1220 East Grand, P.O. Box 310, Tonkawa, OK 74653

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Typed or Printed Name of Officer or Employee

## LOYALTY OATH

(51 O.S. §36.2A)

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am an Employee of Northern Oklahoma College.

X\_\_\_\_\_

Affiant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, Kay County, State of Oklahoma

My Commission Expires \_\_\_\_\_. Commission No.: \_\_\_\_\_

**Employee's Withholding Certificate**

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2023****Step 1:****Enter  
Personal  
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

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](http://www.ssa.gov).(c) ☐ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ 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, other details, 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) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐**TIP:** If you have self-employment income, see page 2.**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  
Dependent  
and Other  
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 . . . . . \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .

**3** \$**Step 4  
(optional):****Other  
Adjustments**(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .**4(a)** \$(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .**4(b)** \$(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . . .**4(c)** \$**Step 5:****Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Employee's signature** (This form is not valid unless you sign it.)**Date****Employers  
Only**

Employer's name and address

First date of  
employmentEmployer identification  
number (EIN)

# Oklahoma Tax Commission

## Employee's State Withholding Allowance Certificate

This certificate is for income tax withholding purposes only. Type or print.

**NOTE: Do NOT mail to the Oklahoma Tax Commission.**

<b>Your First Name and Middle Initial</b>	<b>Last Name</b>	<b>Your Social Security Number</b>
<b>Home Address</b> (Number and Street or Rural Route)	<b>Filing Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	
<b>City or Town</b>	<b>State</b>	<b>ZIP Code</b>

1. Allowance For Yourself: Enter 1 for yourself .....	<b>1</b>	
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse...	<b>2</b>	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4 .....	<b>3</b>	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim .....	<b>4</b>	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here .....	<b>5</b>	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here .....	<b>6</b>	\$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below .....	<b>7</b>	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below .....	<b>8</b>	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9 .....	<b>9</b>	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

<b>Employee's Signature</b> (Form is not valid unless you sign it)	<b>Date</b> (MM/DD/YYYY)
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Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

<u>Single</u>	<u>Married Filing Joint</u>
\$1,000 - personal exemption	\$ 2,000 - personal exemption
<u>\$6,350</u> - standard deduction	<u>\$12,700</u> - standard deduction
\$7,350 - Total	\$14,700 - Total
+\$1,000 for each dependent	+\$1,000 for each dependent

### Items to Remember:

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".



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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

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

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

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

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

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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)  <i>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.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 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



Employer Completes Next Page





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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**STATEMENT TO EMPLOYEES  
ON THE  
DRUG-FREE WORKPLACE  
  
TO ALL EMPLOYEES**

**NORTHERN OKLAHOMA COLLEGE**

Northern Oklahoma College, in compliance with the 1988 Drug-Free Workplace Act, hereby gives official notification to all college employees that the unlawful manufacture, distribution, dispensation, or use of a controlled substance in the workplace is prohibited.

The college recognizes that it is in the best interest of NOC and its employees to provide education, awareness, and assistance where appropriate, relative to the dangers inherent in the prohibited actions. In its Drug Free Awareness Program NOC will provide to all employees ongoing materials and information concerning these dangers, and available avenues of assistance.

The special consequences of drug abuse in the workplace include the threatened safety of co-workers by those who are impaired by drugs; the increased danger of defective products and services; diminished productivity.

Violations of the prohibited may result in suspension without pay or dismissal, immediately or within thirty (30) days, whether or not the violation results in conviction under criminal drug statutes for conduct in the workplace. Satisfactory rehabilitation may be required as a condition of continued employment.

**EMPLOYEES PAID FROM FEDERAL GRANT(S)/CONTRACT(S) FUNDS AND STATE FUNDS:** As such an employee, I understand and will abide by the statement above, and I agree that I will notify project officials in my department within five (5) days if I am convicted under criminal drug statutes for conduct in the workplace.

Name (printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**NORTHERN**  
Oklahoma College  
TOKAWA | ENID | STILLWATER

Human Resources

1220 E. Grand  
PO Box 310  
Tonkawa, OK 74653-0310  
Phone: 580.628.6241  
Fax: 580.628.6820  
www.north-ok.edu

Dear Adjunct Instructor &/OR Part-Time Employee:

The enclosed form has been approved by the Teachers' Retirement System (TRS) of Oklahoma. The purpose of the form is to coordinate retirement contributions made by adjunct and part-time employees of colleges and universities if employees are also employed by public schools or other public institutions of higher education. State law requires retirement contributions on all earnings of these employees up to the specified limits. Employees who fail to make these contributions risk losing credit for the year of service in which the earnings were received until they pay the contribution. The law also provides for a 10% per annum compounding interest on such unpaid balances.

The enclosed form also serves to notify Northern Oklahoma College if an employee is a current retired member of TRS. The college must pay a statutory contribution fee to TRS on retired members whom have been reemployed.

You must complete the enclosed "Teachers' Retirement Option" form. Only complete the additional "Personal Data" form if you have indicated you are a current member through other full-time employment. Return the required form(s) as soon as possible to the Payroll Office, Northern Oklahoma College, and P O Box 310. Tonkawa OK 74653. Payroll cannot be processed until we have received this information. If you have any questions, you may call me at (580) 628-6263 or (580) 628-6229.

Sincerely,

A handwritten signature in black ink that reads "Niesha Jones". The signature is fluid and cursive, with the first name "Niesha" written in a larger, more prominent script than the last name "Jones".

Niesha Jones  
Payroll Officer

Enclosures

Life changing.



Northern Oklahoma College  
Teachers' Retirement Option Form  
For Adjunct Instructors & Part-time Non-Teaching Employees

Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Please initial section **A** or **B** or **C** of this form then sign and date at the bottom.

Effective July 1, 1990, individuals **will not** be eligible to establish membership with Oklahoma Teachers' Retirement System based on adjunct appointment. If an individual is already a member through other full-time employment, then the individual is required to make contributions on all earnings.

\_\_\_\_\_ **A.** If an individual is employed by Northern Oklahoma College on an adjunct basis and not employed by a public school system or public institution of higher education then the individual is **not eligible** for membership in the Teachers' Retirement System.

\_\_\_\_\_ **B.** I am a full-time employee in a public school system or a public institution of higher education, and have established membership through that system and are required to make contributions on any earnings at Northern Oklahoma College. I understand contributions will be withheld at the rate of 7%. My full-time employer is \_\_\_\_\_.

\_\_\_\_\_ **C.** I am a retired member of Oklahoma Teachers' Retirement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: You must notify the Payroll Officer of Northern Oklahoma College if you eligibility or retirement status changes so that updates can be made as they occur.



## PERSONAL DATA FORM 1A (ACTIVE or NON RETIRED)

All data contained on the Personal Data form must match the data submitted electronically by the employer via monthly contribution reports.

Please designate the reason for completing this form<sup>1</sup>: ☐ New Member ☐ Name Change ☐ Return to Active Contributing Status  
☐ Position Change ☐ District Transfer ☐ Other \_\_\_\_\_

1.	<b>Social Security Number</b>	<b>Name of School District or Institution</b>	<b>County</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

2.	<b>Legal Name</b> (All requests for change of name must include legal documentation [i.e. Marriage Certificate, Divorce Decree, etc.] )			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Last Name)	(First Name)	(Middle Name)	(Maiden Name)

3.	<b>Permanent Mailing Address</b> (Address must match address on monthly contribution reports)			
	<input type="text"/>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(City)	(State)	(Zip Code)	

**GENDER  
(OPTIONAL)**

☐ Male  
☐ Female

**MARITAL  
STATUS**

☐ Single  
☐ Married

4.	<b>Date of Birth</b>
	<input type="text"/>
	(Month) (Day) (Year)

**Personal Email Address** \_\_\_\_\_

5.	<b>Date of Employment</b> _____	<b>Position you will hold</b> _____
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**Hours typically worked per week** \_\_\_\_\_

**Position's total number of days worked per Fiscal\* year** \_\_\_\_\_  
\* i.e. 260 days/year for most 12-month employees from July 1 – June 30.

6.	<b>a. Have you ever been a member of the Teachers' Retirement System?</b>	<b>b. Were you a member before starting this job?</b>	<b>c. Have you withdrawn an account?</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. If the answer to questions No. 6.c. is "yes," please complete the applicable columns listing most recent employment first.

(School District, College or Agency)	(County)	(Year)	(Under What Name)	(Approximate Withdrawal Date)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby declare and affirm, under penalty of perjury, that to the best of my knowledge and belief, all statements and answers as written or printed herein are full, complete, and true whether or not written by my own hand.

**Signature of Member** \_\_\_\_\_ **Date** \_\_\_\_\_

I certify the above-named employee meets the requirements for membership in the Teachers' Retirement System.

**Superintendent / Payroll Officer** \_\_\_\_\_

<sup>1</sup>Address changes SHOULD NOT be submitted by using this form. Members should update their address with their employer, who must submit that updated information on their monthly contribution report.

## INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION FORM 2A

This beneficiary form applies to active and non-retired members of the Teachers' Retirement System of Oklahoma (TRS). If you are retired and wish to update or make changes to your beneficiary designation, please use Beneficiary Designation Form 2R. The beneficiary designations you make on this form revoke and replace all prior beneficiary designations with TRS. Your designations do not become effective until this form is **signed by you** and **received** by TRS. Do not alter this form. **Remember to keep a copy of your completed form for your records.**

It is very important that you provide the **full legal name, address, relationship, date of birth, and Social Security number of each beneficiary you designate**. This information is essential in ensuring that your named beneficiaries can be located and receive your intended benefit amount. The Beneficiary Designation Form has two Sections: Member Account and Death Benefit.

**Section 1. Member Account** - Upon the death of a member who has not retired, the designated beneficiary(ies) shall receive the member's account balance as provided by law. Provided, if more than one primary beneficiary is named, the beneficiary shall not have the option to choose Option 2 (joint annuitant) retirement, if applicable, upon the member's death. If you have more than four primary beneficiaries, use a copy of this page.

**Section 2. Death Benefit** - Upon the death of an active (in-service) member who has not retired, TRS will pay to a beneficiary an \$18,000 death benefit as provided by law. The member may designate the same beneficiary(ies) listed in Section 1 or a different beneficiary(ies) to receive the death benefit. Provided, if the beneficiary in Section 2 differs from the sole beneficiary of the member's account in Section 1, no beneficiary shall have the option to choose Option 2 (joint annuitant) retirement, if applicable, in lieu of the death benefit. If no beneficiary is named in Section 2, the death benefit shall be paid to the beneficiary(ies) named in Section 1.

Each Section has three parts: Member Information, Primary and Contingent Beneficiary Designation, and Signature. **Please print clearly in ink.**

**Member Information** – Provide your full legal name and SSN or Member ID.

**Primary Beneficiary Designation** – You can designate one or more primary beneficiaries. All primary beneficiaries share equally unless you note otherwise. If multiple primary beneficiaries are named and a primary beneficiary dies before or simultaneously with you, the remaining primary beneficiary(ies) will be entitled to equal shares of the deceased beneficiary's designated benefit amount.

**Contingent Beneficiary Designation** – You can designate one or more contingent beneficiaries. Contingent beneficiaries receive benefits only in the event all primary beneficiaries die before or simultaneously with you. All contingent beneficiaries share equally unless you note otherwise on your form. If multiple contingent beneficiaries are named and a contingent beneficiary dies before or simultaneously with you, the remaining contingent beneficiary(ies) will be entitled to equal shares of the deceased beneficiary's designated benefit amount.

**Signature**– You must sign and date each page of the form.

**Mail completed Beneficiary Designation Forms to:**  
**Teachers' Retirement System of Oklahoma**  
**P.O. Box 53524**  
**Oklahoma City, OK 73152**

# BENEFICIARY DESIGNATION (ACTIVE or NOT RETIRED)-MEMBER ACCOUNT

Member Name \_\_\_\_\_ Member SSN or TRS Member ID \_\_\_\_\_

**SECTION 1 –MEMBER ACCOUNT:** Upon the death of a member who has not retired, the designated beneficiary(ies) shall receive the member’s account balance as provided by law.

A. **PRIMARY BENEFICIARY(IES):** It is very important to clearly indicate your primary beneficiary(ies). Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiary(ies). If multiple primary beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. Provided, if more than one primary beneficiary is named, the beneficiary shall not have the option to choose Option 2 (joint annuitant) retirement, if applicable, upon the member’s death. If you have more than four primary beneficiaries, use a copy of this page to list additional beneficiaries.  
**I hereby designate:**

Name	Date of Birth	SSN	Address	Relationship	Share (must equal 100%)

B. **CONTINGENT BENEFICIARY(IES):** Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies) living at the member’s death. If multiple contingent beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than four contingent beneficiaries, use a copy of this page to list additional beneficiaries.  
**I hereby designate:**

Name	Date of Birth	SSN	Address	Relationship	Share (must equal 100%)

**Revoking Previous Designation of Beneficiary:** By making these elections, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect as provided by law. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by Oklahoma law.

Member’s Signature \_\_\_\_\_ Date \_\_\_\_\_  
The member’s signature must appear exactly as the name appears on the top of this form.

**Minor Beneficiary:** Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment is made.

*TRS shall not be responsible for determining the competency of any member to designate/change beneficiaries, except as otherwise provided by Oklahoma law, and shall not be liable for the validity of the beneficiary designation.*

## BENEFICIARY DESIGNATION (ACTIVE or NOT RETIRED)-DEATH BENEFIT

Member Name \_\_\_\_\_

Member SSN or TRS Member ID \_\_\_\_\_

**SECTION 2 – DEATH BENEFIT:** Upon the death of an active (in-service) member who has not retired, TRS will pay to a beneficiary an \$18,000 death benefit as provided by law. The member may designate the same beneficiary(ies) listed in Section 1 or a different beneficiary(ies) to receive the death benefit. Provided, if the beneficiary for the \$18,000 death benefit differs from the sole beneficiary of the member's account, no beneficiary shall have the option to choose Option 2 (joint annuitant) retirement, if applicable, in lieu of the death benefit. If no beneficiary is named in Section 2, the death benefit shall be paid to the beneficiary(ies) named in Section 1.

A. **PRIMARY BENEFICIARY(IES):** It is very important to clearly indicate your primary beneficiary(ies). Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiary(ies). If multiple primary beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than four primary beneficiaries, use a copy of this page to list additional beneficiaries.

**I hereby designate:**

Name	Date of Birth	SSN	Address	Relationship	Share (must equal 100%)

B. **CONTINGENT BENEFICIARY(IES):** Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies). Contingent beneficiaries do not share in the amount due if any of the primary beneficiaries are living at the member's death. If multiple contingent beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than four contingent beneficiaries, use a copy of this page to list additional beneficiaries.

**I hereby designate:**

Name	Date of Birth	SSN	Address	Relationship	Share (must equal 100%)

**Revoking Previous Designation of Beneficiary:** By making these elections, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect as provided by law. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by Oklahoma law.

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

The member's signature must appear exactly as the name appears on the top of this form.

**Minor Beneficiary:** Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment is made.

*TRS shall not be responsible for determining the competency of any member to designate/change beneficiaries, except as otherwise provided by Oklahoma law, and shall not be liable for the validity of the beneficiary designation.*



# NORTHERN OKLAHOMA COLLEGE

## Handbook Acknowledgment

The NOC Employee Handbook contains information about employment, benefits, services, etc., at Northern Oklahoma College. Please refer to the Handbook whenever you have a question concerning employment at Northern Oklahoma College, and feel free to contact your supervisor or the Human Resources office if further assistance is needed.

The NOC Employee Handbook does not create a contract of employment. None of the benefits or policies in this Handbook are intended by reason of their distribution to confer any rights or privileges upon you, or to entitle you to be or remain employed by Northern Oklahoma College. The contents of this Handbook are presented as a matter of information only.

Although the administrative representatives of Northern Oklahoma College support the plans, policies, and procedures described herein, they are not conditions of employment. In this regard, the provisions of the Handbook are subject to change at any time by the College, without notice.

The Employee Handbook is located online. To access the handbook enter noc.edu into the search engine; scroll down and on the right side of the page, under resources click on myNOC; enter Username and Password (username is the beginning portion of your email; the password is your network password). Click on Employee Information tab, scroll down until you see employee handbook.

By signing this document I acknowledge that I have been informed on how to access the Northern Oklahoma College Employee Handbook and that it is my responsibility to become familiar with the policies and procedures of Northern Oklahoma College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Please sign here.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Dear NOC Employee,

At NOC we pride ourselves on providing an enlightening college experience, which demands a safe and healthy student environment. To that end, we are requiring that you view *Not Anymore*, an online interpersonal violence prevention program from Student Success™. This video-based program will provide critical information about Consent, Bystander Intervention, Sexual Assault, Dating and Domestic Violence, Stalking, and much more. *Not Anymore* will help you better understand how vitally important these issues are and what you can do to help make NOC safer.

**Program Instructions**

You are required to earn at least a 70% on the program, which will prompt you to retake the post-test until you achieve this score. The program also will allow you to review the program videos before you retake the post-test.

To take the program now type in the following link: <https://noc-ok.safecolleges.com/register/f73df684>

Follow the instructions provided.

You will be able to use the same link to re-enter the program to complete it in several sittings if you choose without having to start over. If you run into problems taking or reentering the program, do not start over. Contact us through the HELP button and we will assist you.

If you have any technical difficulties with the program, please contact Student Success™ through the program HELP button or at [terrylynn.pearlman@vectorsolutions.com](mailto:terrylynn.pearlman@vectorsolutions.com).

**Disclosure**

The training contains sensitive material involving sexual and interpersonal violence. While trigger warnings and resources are provided throughout the program, we understand such programming may be problematic for some viewers. Please contact the Office of Student Affairs at 580.628.6240 for confidential support and/or to discuss alternatives.

Sincerely,

Jason Johnson  
Vice President for Student Affairs  
Northern Oklahoma College

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Northern Oklahoma College offers its employees the option of designating a beneficiary to receive the employee's final paycheck in the event of that employee's death.

If an employee elects to name a beneficiary, they must complete the Outstanding Wages Beneficiary Designation Form on the next page and submit it to Human Resources. Should the employee desire to change the beneficiary at some point in the future, it will be their responsibility to complete and submit an updated copy to Human Resources. For example, if the employee names their spouse and is later divorced, they may want to complete a new form.

**Primary beneficiary:** Receives priority distribution upon the employee's death.

**Contingent beneficiary:** Receives distribution **only** if the primary beneficiary(ies) are deceased at the time of the employee's death.

*If an employee does not elect to name a beneficiary, the payroll office will issue the employee's final paycheck, including any pay for unused annual/vacation leave, in accordance with Title 40, O.S., Section 165.3a, Payment of wages to surviving spouse and children. Please be advised that if your final check is processed without the naming of a beneficiary, your surviving spouse, or if there is no surviving spouse, your dependent children, or their guardians or the conservators of their estates, will receive in equal shares a total up to the maximum \$3,000 allowed by law. Any remaining payment would go into the estate and go through probate. Please be advised that access to the funds processed to an estate may be delayed due to the probate process.*

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**Wage beneficiary forms must be signed and dated to be in effect. If any of the information for the named beneficiary(ies) is incomplete or the form is not signed and/or dated, the entire form will be considered invalid. The beneficiary form on file with the most current date supersedes any previously submitted Wage Beneficiary Designation Forms. If additional spaces are needed, print additional pages and sign and date each page.**

**Continue to the next page to complete the Outstanding Wage Beneficiary Designation Form.**

## Outstanding Wage Beneficiary Designation Form

Employee name \_\_\_\_\_ Employee ID \_\_\_\_\_

Agency name/No. Northern Oklahoma College

Primary beneficiary: \_\_\_\_\_ Percentage \_\_\_\_\_

Full name \_\_\_\_\_ DOB \_\_\_\_\_  
mm/dd/yyyy

Social Security number \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street City State ZIP code

Beneficiary: ☐ Primary OR ☐ Contingent Percentage \_\_\_\_\_

Full name \_\_\_\_\_ DOB \_\_\_\_\_  
mm/dd/yyyy

Social Security number \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street City State ZIP code

Beneficiary: ☐ Primary OR ☐ Contingent Percentage \_\_\_\_\_

Full name \_\_\_\_\_ DOB \_\_\_\_\_  
mm/dd/yyyy

Social Security number \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street City State ZIP code

Beneficiary: ☐ Primary OR ☐ Contingent Percentage \_\_\_\_\_

Full name \_\_\_\_\_ DOB \_\_\_\_\_  
mm/dd/yyyy

Social Security number \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street City State ZIP code

Beneficiary: ☐ Primary OR ☐ Contingent Percentage \_\_\_\_\_

Full name \_\_\_\_\_ DOB \_\_\_\_\_  
mm/dd/yyyy

Social Security number \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street City State ZIP code

I understand that if any of the information for the named beneficiary(ies) is incomplete and/or the form(s) is not signed and dated, the form(s) will be considered invalid. Furthermore, I understand that the beneficiary form(s) on file with the most current date supersedes any previously submitted wage beneficiary forms.

PRINT EMPLOYEE FULL NAME

SIGNATURE OF EMPLOYEE

DATE

Return original signed form to Human Resources of employing agency and retain a copy for your records. Please keep all beneficiary information current.