

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your 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 and 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 employment	Employer identification number (EIN)
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er) \$18,800 if you're head of household \$12,550 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-". 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

PERSONNEL DATA FORM

All Information Will Remain Confidential

Please Print All Information

_____ Social Security # _____ Date

_____ First Name _____ Middle _____ Last Name

Title: Please check one. Mr. Mrs. Miss Dr.

Address: _____
Street City State Zip

Home Phone: _____ Business Phone: _____

Birthday: _____
Month/Day/Year

Gender: Please check. Male Female

Please check appropriate boxes:

Ethnicity
Hispanic or Latino
Not Hispanic or Latino

Please check one or more boxes:

Race
American Indian/Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

Disabled: Please check. Yes No

Military: Please check the one that applies.

1 Veteran
R Reserve
V Vietnam Veteran
N Non-Veteran

U.S. Citizen: Please check. Yes No

Spouse Name: _____

Emergency Contact Information:

_____ Emergency Contact (name) _____ Phone Number

_____ Emergency Contact Address City State Zip

Relationship: Brother Daughter Father Friend Mother Neighbor
(Please Check) Roommate Sister Son Spouse Other Relative Other

**Doctrinal Statement, Statement of Professional Ethics,
& Harassment and Discrimination Avoidance Policy**

DOCTRINAL STATEMENT

We affirm our belief in one God, infinite Spirit, creator, and sustainer of all things, who exists eternally in three persons, God the Father, God the Son, and God the Holy Spirit. These three are one in essence but distinct in person and function.

We affirm that the Father is the first person of the Trinity and the source of all that God is and does. From Him the Son is eternally generated and from Them the Spirit eternally proceeds. He is the designer of creation, the speaker of revelation, the author of redemption, and the sovereign of history.

We affirm that the Lord Jesus Christ is the second person of the Trinity. Eternally begotten from the Father, He is God. He was conceived by the virgin Mary through a miracle of the Holy Spirit. He lives forever as perfect God and perfect man: two distinct natures inseparably united in one person.

We affirm that the Holy Spirit is the third person of the Trinity, proceeding from the Father and the Son and equal in deity. He is the giver of all life, active in the creating and ordering of the universe; He is the agent of inspiration and the new birth; He restrains sin and Satan; and He indwells and sanctifies all believers.

We affirm that all things were created by God. Angels were created as ministering agents, though some, under the leadership of Satan, fell from their sinless state to become agents of evil. The universe was created in six historical days and is continuously sustained by God; thus it both reflects His glory and reveals His truth. Human beings were directly created, not evolved, in the very image of God, as either biologically male or female from the womb. As reasoning moral agents, they are responsible under God for understanding and governing themselves and the world.

We affirm that the Bible, both Old and New Testaments, though written by men, was supernaturally inspired by God so that all its words are the written true revelation of God; it is therefore inerrant in the originals and authoritative in all matters. It is to be understood by all through the illumination of the Holy Spirit, its meaning determined by the historical, grammatical, and literary use of the author's language, comparing Scripture with Scripture.

We affirm that Adam, the first man, willfully disobeyed God, bringing sin and death into the world. As a result, all persons are sinners from conception, which is evidenced in their willful acts of sin; and they are therefore subject to eternal punishment, under the just condemnation of a holy God.

We affirm that Jesus Christ offered Himself as a sacrifice by the appointment of the Father. He fulfilled the demands of God by His obedient life, died on the cross in full substitution and payment for the sins of all people, was buried, and on the third day He arose physically and bodily from the dead. He ascended into heaven where He now intercedes for all believers.

We affirm that each person can be saved only through the work of Jesus Christ, through repentance of sin and by faith alone in Him as Savior. The believer is declared righteous, born again by the Holy Spirit, turned from sin, and assured of heaven.

We affirm that the Holy Spirit indwells all who are born again, conforming them to the likeness of Jesus Christ. This is a process completed only in Heaven. Every believer is responsible to live in obedience to the Word of God in separation from sin. Doing so produces a distinctly Christian lifestyle of practicing virtues and avoiding sin. Among other virtues, followers of Jesus Christ will: show evidence of the Holy Spirit living within them such as love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control; put on compassion, kindness, humility, gentleness, patience, forgiveness and supremely, love; seek righteousness, mercy and justice, particularly for the helpless and oppressed; love and side with what is good in God's eyes and abhor what is evil in God's eyes; uphold the God-given worth of all human beings, from conception to death, as the unique image-bearers of God; treat all people impartially, seeing them as equals before God and worthy of salvation; pursue unity and embrace people of all tribes and tongues as part of God's design for humanity; uphold chastity among the unmarried and the sanctity of marriage between one natural-born man and one natural-born woman; be people of integrity whose word can be fully trusted; give faithful witness to the Gospel; practice good works toward all; and live lives of prayer and thanksgiving. Sinful acts are prohibited by God and include but are not limited to: worship of idols or gods other than the Lord God of the Bible; denying Jesus Christ as eternal, as God's son in flesh, as resurrected, as Creator, as Lord or as Messiah who died for the sins of all people; rejection of Jesus Christ or rebellion against God; blasphemy; participation in devil worship, practice of the occult, astrology, fortune-telling, sorcery, or witchcraft; taking of innocent life; denial of birth sex by self-identification with a different gender; married persons sexually or romantically coupling with a person other than their spouse; sexual relations outside of marriage between one natural-born man and one natural-born woman; romantic coupling among persons of the same sex; prostitution; orgies; rape; drunkenness; use of profanity and vulgarity; injustice; making false statements; dishonest sales and exchanges of money; thievery; fits of rage; and illegal activity.

We affirm that God ordained three institutions with unique purposes in society: marriage, government and the church. God established marriage as a covenantal bond between a natural-born man and a natural-born woman to populate the earth, to raise and spiritually train children within a family, to provide the couple with intimate companionship, loving help and joy, and to serve as an illustration of the relationship of Jesus Christ to the church. God established civil government to protect its citizens, punish evil and reward good. God established the church as the entire body of believers with Jesus Christ as the cornerstone and the apostles as its foundation to evangelize, baptize and disciple people of all nations.

We affirm that a church is a local assembly of baptized believers, under the discipline of the Word of God and the lordship of Christ, organized to carry out the commission to evangelize, to teach, and to administer the ordinances of believer's baptism and the Lord's table. Its offices are pastors and deacons, and it is self-governing. It functions through the ministry of gifts given by the Holy Spirit to each believer.

We affirm that the return of Christ for all believers is imminent. It will be followed by seven years of great tribulation, and then the coming of Christ to establish His earthly kingdom for a thousand years. The unsaved will then be raised and judged according to their works and separated forever from God in hell. The saved, having been raised, will live forever in heaven in fellowship with God.

STATEMENT OF PROFESSIONAL ETHICS

Liberty University is part of the heritage and community of evangelical Christians and is so defined by its doctrinal statement and statement of purpose its academic and social program, the conduct and performance of its students, staff and faculty and the success of its alumni. Part of this tradition is the development of ethical standards for professional life. These are consistent with standards found in the Scriptures. This reflects the fact that as an employee of Liberty University, we are responsible to the standards of God's revelation found in the Scriptures as well as those of our professional peers.

As an employee of Liberty University we are committed to the following ethical standards:

- A) Professional
 - 1) To provide materials necessary for periodic employee evaluations.
 - 2) Where applicable, to hold membership in and participate in our respective professional associations.
 - 3) To hold regular office hours.
 - 4) To avoid any inappropriate or preferential relationship with any student apart from that of mentor and role model.
- B) Service
 - 1) To model and encourage spiritual maturity in students and to be available for spiritual counsel.
 - 2) To maintain regular hours to service our customers.
 - 3) To carry out the business of the department and the University by serving on committees as needed.
 - 4) To attend regular and called meetings.
- C) Personal Behavior in the Work Place
 - 1) To be a model of biblical lifestyle, character and relationship in every aspect of our lives.
 - 2) To display respect equally for all persons.
 - 3) To maintain responsible standards of speech, avoiding profanity and vulgarity.
 - 4) To uphold the sanctity of permanent marriage between a natural-born man and a natural-born woman, avoiding any sexual misconduct, including harassment and abuse.
 - 5) To model a disciplined approach to personal health, abstaining from the use of tobacco, vapor cigarettes, alcoholic beverages or illegal drugs.

PROCEDURES FOR REPORTING DISCRIMINATION, HARASSMENT, AND SEXUAL MISCONDUCT

Liberty University is committed to providing a safe and non-discriminatory learning, living, and working environment for all members of the University community. The *Discrimination, Harassment, and Sexual Misconduct Policy* (the Policy) is a key component of effectuating the University's mission and its obligations under the law. A copy of the Policy may be found in full here: <https://www.liberty.edu/title-ix/>

In accordance with Liberty's Christian values and its role as an educational institution, the university condemns the following which are collectively defined as Prohibited Conduct, as well as individually defined, in the Policy:

- Discrimination
- Harassment (Non-Sexual)
- Sexual Harassment
 - Quid Pro Quo
 - Unwelcome Conduct
 - Sexual Assault
 - Dating Violence
 - Domestic Violence
 - Stalking
 - Sexual Exploitation
- Other Civil Rights Offenses
 - Threats/Harm
 - Hazing
 - Bullying
 - Intimidation
 - Complicity
- Retaliation
- False Reporting

The Policy is enforced by the Office of Equity & Compliance. For Formal Complaints of Sexual Harassment, the Executive Vice President for Human Resources will appoint a trained Hearing Officer to conduct a hearing to determine whether Sexual Harassment occurred. For Formal Complaints of Prohibited Conduct that do not involve Sexual Harassment, determinations of responsibility and sanctions will be made by the assigned Investigator. Please see the Policy for the full list of procedures for resolving Reports and Formal Complaints of Prohibited Conduct.

Mandatory Reporting

All employees are responsible for knowing and following the Policy. In addition, all Residential Faculty and Deans, Online Faculty and Deans, Athletic Coaches (NCAA & Club Sports), Residential Assistants, Residential Directors, LUPD, Office of Community Life staff are Responsible Employees who **are required to report immediately** any information they know about known or suspected Prohibited Conduct. Responsible Employees must immediately report all known information, including the identities of the Parties; the date, time and location; and other details about known or suspected Prohibited Conduct to the OEC. The OEC may share its Reports and Formal Complaints with LUPD and the Review Committee to ensure a coordinated institutional response. Consistent with applicable law, Responsible Employees may also provide support and assistance to a Complainant, Witness, or Respondent; but they cannot promise confidentiality or withhold information about Prohibited Conduct from the OEC.

Responsible Employees are not required to report information disclosed (1) at public awareness events (e.g., "Take Back the Night," candlelight vigils, protests, "survivor speak-outs," or other public forums in which students may disclose Prohibited Conduct (collectively, public awareness events)); or (2) during a person's participation as a subject in an Institutional Review Board-approved human subjects research protocol ("IRB Research"). The University may provide information about a person's rights under this Policy and about available University and community resources and support at public awareness events, however, and Institutional Review Boards may, in appropriate cases, require researchers to provide such information to subjects of IRB Research who report Prohibited Conduct.

Reporting Prohibited Conduct

Any person may report Prohibited Conduct (whether or not the person reporting is the alleged victim). Reports of Prohibited Conduct, including Discrimination and Harassment, can be submitted or received through the following University channels: Liberty University SpeakUP! Form; a Beacon Incident Report; Walk-In/Appointment with the Executive Director/Title IX Coordinator, an Investigator, or a Deputy Coordinator; an email from a Responsible Employee to the OEC, the Executive Director/Title IX Coordinator, an Investigator, or a Deputy Coordinator on the Complainant's behalf; an email, letter, or telephone call to the OEC, the Executive Director/Title IX Coordinator, an Investigator, or a Deputy Coordinator. Reports and Formal Complaints of Prohibited Conduct may be made at any time (including non-business hours). Reports of Prohibited Conduct can also be made to LUPD or to local law enforcement at the contact information above, but such reports will be handled pursuant to law enforcement procedures and not necessarily pursuant to this Policy.

No person will suffer Retaliation as a result of engaging in protected activity under the Policy. Protected activity generally includes filing a complaint of Prohibited Conduct, participating in any related process or otherwise opposing unlawful discriminatory conduct. See Section 5.5 of the Policy for the full definition of Retaliation, including examples of protected activities.

For more information, please refer to the Policy at the link above or contact the Executive Director of OEC / Title IX Coordinator at the information provided below:

Nathan Hopkins
Executive Director / Title IX Coordinator
1971 University Blvd.
Green Hall 1845K
434-592-7446
titleix@liberty.edu

To file a report or complaint, you may do so online at <https://www.liberty.edu/title-ix/speak-up/>

I HEREBY ACKNOWLEDGE that Liberty University has provided me a copy of the University Doctrinal Statement, the Statement of Professional Ethics, as well as the procedures for reporting discrimination, harassment, and sexual misconduct.

I also hereby acknowledge that Liberty University has made available to me a copy of the *Employee Handbook* and *Faculty Handbook* by visiting the following web page: <https://www.liberty.edu/human-resources/current-employees/>. I also acknowledge that I am responsible for the information contained in the *Employee Handbook* and *Faculty Handbook*, as applicable. In addition, I have been made aware that a hard copy is available for my review upon my request through my supervisor or in the Human Resources office.

Employee's Signature

Date

Employee's Name (Typed or Printed)

Department

Sign and Return to Human Resources



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	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space 	

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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C 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		Additional Information		QR Code - Section 2 Do Not Write In This Space 
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 Liberty University	
Employer's Business or Organization Address (Street Number and Name) 1971 University Blvd		City or Town Lynchburg	State VA	ZIP Code 24515

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)	
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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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

AFFIDAVIT

This affidavit is needed in connection to an I-9 (Employment Eligibility verification) process, where the new employee is required to produce for verification, original documents listed on the third (3) page of the I-9 FORM.

Because the employee works off-site, we will need the verification to be completed by a public notary who will verify the official documents and notarize the copies of the official documents presented for verification.

For any questions please contact Liberty University Human Resources at (434) 592-7330 or (434) 592-3308 between the hours of 8:00am and 4:30pm.

Please return to Liberty University the following completed documents: **I-9 Form, Notarized AFFIDAVIT and copies of the verified documents.**

I the undersigned Applicant do hereby swear (or affirm) that the documentation supplied herein is true to the best of my knowledge and belief.

Print Full Name

Signature of Applicant

City/County of _____

State/Commonwealth of _____

Acknowledged and sworn to before me this _____ day of _____, 200__

Signature of Notary, Clerk or Deputy Clerk

Expiration Date

Notary Registration Number (or official title if not a notary)

SEAL

Federal Notice to Employees *New Health Insurance Marketplace Coverage Options*

You have probably heard through the news and other media sources a great deal about the Affordable Care Act and the many changes and options available under the law. While it is unclear how the new regulations will play out, employers are required to comply with them as they go into effect.

In 2014, the health care reform law will create a new kind of source for purchasing health insurance called a Health Insurance Marketplace, or an Exchange. You are not required to purchase insurance through the Marketplace. Liberty University will continue to offer health coverage through Anthem based on current eligibility requirements with benefits remaining the same as of the July 1, 2013 plan year.

Beginning in October 2013, you will be able to compare health insurance plans offered through the Marketplace. If you decide to purchase insurance through the Marketplace, your coverage may start as early as Jan. 1, 2014. In order to help you make the best decision, Liberty is providing this additional information to help you understand the available options.

The coverage that may be available to you through the Marketplace does not affect your eligibility for coverage through the Liberty University health plan. Part B of this linked document provides information about the Liberty health plan as it exists today. Employees who are not eligible for Liberty's health plan may find the Marketplace a viable option.

You will notice in the section labeled "Can I Save Money on my Health Insurance Premiums in the Marketplace?" under Part A that you may be able to save money, "but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards..."

Liberty does offer coverage to eligible employees as defined under the plan, and the coverage meets the minimum standards. Contributions will not be made by the university toward any insurance outside of the current Anthem plan. Also, please note that your current contributions to our Anthem plan are made on a pre-tax basis as allowable under the law. Should you choose to enroll in the Marketplace, premium payments are made directly to the Marketplace by the employee on an after-tax basis.

This notice meets compliance obligations under the law; no action is required by you. More information on the health care reform law and the Marketplace is available at www.healthcare.gov.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

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 and employment-based health coverage offered by your employer.

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.¹

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?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

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

¹ 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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name LIBERTY UNIVERSITY		4. Employer Identification Number (EIN) 54-0946734	
5. Employer address 1971 UNIVERSITY BLVD		6. Employer phone number 434-592-7830	
7. City LYNCHBURG		8. State VA	9. ZIP code 24515
10. Who can we contact about employee health coverage at this job? STEVEN FERRO			
11. Phone number (if different from above) 434-592-3340		12. Email address SEFERRO@LIBERTY.EDU	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:

- Some employees. Eligible employees are:

Employees working an average of 38 hours per week.

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

Your spouse, your children age 26 or younger which includes: a newborn, natural child, or a child placed with you for adoption; a stepchild; or any other child for whom you have legal guardianship or court-ordered custody.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.