Form W-4 (2018)

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

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

**Exemption from withholding.** You may claim exemption from withholding for 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

**General Instructions**

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2018. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you’re married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax.

Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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**Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.**

---

**Employee’s Withholding Allowance Certificate**

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Single</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note: If married filing separately, check “Married, but withhold at higher Single rate.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.</td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you’re claiming (from the applicable worksheet on the following pages)</td>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
</tr>
<tr>
<td>7</td>
<td>I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</td>
</tr>
</tbody>
</table>

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

**Employee’s signature**

This form is not valid unless you sign it.

---

**Employee’s name and address** (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

| 9 | First date of employment |
| 10 | Employer identification number (EIN) |

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Please read this form carefully and write clearly.

If this is a new request for direct deposit, you must:
1. Already have the checking or savings account set up at your financial institution.
2. Find out if they accept direct deposits. Verify financial institution’s ABA # (transit #) and your account # (including dashes).
3. Notify the bank that you are going to setup direct deposit for payroll.
   Make sure that there is not anything special you need to do as far as they are concerned.
4. Please note that you are only allowed one direct deposit account.
5. **HOURLY EMPLOYEES:** Direct Deposit may not post until the following Monday after pay Friday.

Please check the action and fill out form below:
- _______ Canceling account (complete item C below). Do not close an account unless you cancel it through Payroll first.
- _______ A new account (complete A through D below).
- _______ A new account to replace a direct deposit already set up (complete A through D below).

A. Bank Name ____________________________________________
B. Bank Routing #: ____________________________
C. Bank Account #: __________________________
D. Checking □ OR Savings □

Please return to the Payroll Department with a voided check from your checking account or verification from your bank of the routing and account number.

***Your account # will be pre-noted* for 10 days after input. Therefore, you will continue to receive a check until the pre-note process has been completed successfully. *Pre-note refers to the process in which LU sends through a zero transaction amount to verify that the account number is valid.

- I authorize LU and the bank listed above to deposit my net pay into my account each payday.
- If funds to which I am not entitled are deposited to my account, I authorize LU to direct the bank to return said funds.
- I authorize LU to deduct from my account/payroll check any fees incurred by the bank due to employee error. (i.e., failing to notify LU in a timely manner of a closed direct deposit bank account.)
- I acknowledge that the Authorization Agreement for Automatic Deposits form and an original voided check or verification from your bank of the routing and account numbers must be received fourteen (14) days before payday to be processed with the said payday.

Employee Signature: ____________________________ LUID# ____________________________
Name (Printed): ____________________________ Date: ____________________________

Joint Account Holder’s Signature __________________________________________
Name (Printed): ____________________________ Date: ____________________________

HRO/102015
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

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 God created all things. 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 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, 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.

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 ministries 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.

Sign and Return to Human Resources
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 Workplace
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 man and a woman, avoiding any sexual misconduct, including harassment and abuse.
5) To model a disciplined approach to personal health, abstaining from the use of tobacco, alcoholic beverages or illegal drugs.

HARASSMENT AND DISCRIMINATION AVOIDANCE POLICY

Unlawful harassment of any kind, including sexual harassment, will not be tolerated by the University. The accepted definition of sexual harassment as set forth in the Equal Employment Opportunity guidelines is as follows:

“Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made, either explicitly or implicitly, as a term or condition of an individual’s employment,
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.”

It is the intent of the University to provide employees with a positive working environment based on trust and mutual respect. Sexual harassment or any other conduct of an intimidating or personally offensive nature is strictly forbidden and will not be tolerated. This policy extends protection in the workplace from prohibited harassment perpetrated by University employees, employees of vendors providing services to the University and/or other persons affiliated with the University in a business relationship.

In addition, the University forbids harassment and discriminatory intimidation whether based on race, color, ancestry, age, pregnancy or childbirth, sex, national origin, disability, military veteran status or other status protected by law, including state employment protected status.

Should harassment or discrimination occur, the University will conduct a prompt and appropriate investigation and take disciplinary action against the harasser(s), up to and including termination.

Any employee who feels he or she has been harassed or has been discriminated against, or is aware of another employee who has been harassed or has been discriminated against, should immediately contact Steve Foster, Director of Employee Relations at (434) 592-3345 or email smfoster@liberty.edu. If for any reason you are not comfortable contacting Mr. Foster, please contact the Executive Vice President of Human Resources, Laura Wallace. Supervisors and department heads are required by University policy to notify HR immediately of any discussions involving possible harassment or discrimination; however, this does not eliminate the requirement for the employee to notify HR directly as well.

Due to the sensitivity of complaints regarding violations of University policies such as harassment and discrimination, all complaints will be handled as confidentially as possible. An investigation will be conducted promptly - initiated and investigated by HR. At the University’s discretion, the investigation may be assisted by legal counsel.

In determining whether the alleged conduct constitutes prohibited harassment or discrimination in violation of University policy, the nature of the harassment, the totality of the circumstances and the context in which the alleged incident(s) occurred will be investigated. Appropriate actions will be taken against any perpetrator deemed to be in violation of University policy, up to and including termination.

No employee will suffer retaliation or adverse employment action for any act of the employee to provide information, cause information to be provided, or otherwise assist in an investigation concerning harassment or discrimination.

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 Harassment and Discrimination Avoidance policy.

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; http://www.liberty.edu/academics/index.cfm?pid=2343. 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
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.

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
  Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: __________________________
2. Form I-94 Admission Number: __________________________
3. Foreign Passport Number: __________________________
   Country of Issuance: __________________________

Signature of Employee

Today's Date (mm/dd/yyyy)

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

(Communicators 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.”)

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

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title and Employment Authorization</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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): [Enter date] (See instructions for exemptions)

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

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

**A. New Name (if applicable)**

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

**B. Date of Rehire (if applicable)**

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
### 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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documents that Establish Both Identity and Employment Authorization</strong></td>
<td><strong>Documents that Establish Identity</strong></td>
<td><strong>Documents that Establish Employment Authorization</strong></td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>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</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td><strong>For persons under age 18 who are unable to present a document listed above:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of 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

HRO/DV-062008
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

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.

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

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.