



## Town of Dover New Hire Checklist

Name: \_\_\_\_\_

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

<b>Required Forms (all employees)</b>	<u>Emp</u>	<u>Treas</u>	
W-4 Federal Tax Withholding	___	___	
M-4 MA Tax Withholding	___	___	
I-9 US Employment Eligibility	___	___	
Copies of original documents	___	___	
Retirement Deductions (1 required)			
Norfolk County Retirement	___	___	Requires copy of Birth Cert. ___
Mass Teachers Retirement	___	___	Requires beneficiary form ___
OBRA Mandatory Def Comp	___	___	Deduction % ___
SSA-1945 Social Security Statement	___	___	
ACA Marketplace Notice	___	___	
New Hire Reporting Form	___	___	
Direct Deposit Enrollment	___	___	
Ethics Law Summary	___	___	
Ethics Summary Receipt	___	___	returned to Town Clerk _____
Ethics Online Test	___	___	returned to Town Clerk _____

All forms have been reviewed and returned to the Treasurer's Office:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Treasurer's Office

## Town of Dover New Hire Checklist

Name: \_\_\_\_\_

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

### Benefit Forms (full time & 20+ hour employees)

Health & Life:	<u>Emp</u>	<u>Treas</u>	
Rate sheet and plan comparisons	___	___	
Benchmark and HSA Qualified HDHP			
(one of these options must be completed)			
Enrollment Form	___	___	Plan: _____ F / I
Or Waiver of Coverage	___	___	
COBRA Letter	___	___	
HSA Info and Deduction Form	___	___	
FSA Info and Enrollment Form	___	___	Health FSA: Y / N – Not with HSA Dependent FSA: Y/ N
Delta Dental Info and Enrollment Form	___	___	Coverage: None / F / +1 / I
Basic Life Insurance	___	___	Coverage: Y / N
Voluntary Retirement:			
MA Smartplan Enrollment Form (all)	___	___	
403(b) Info Sheet (school employees)	___	___	
Voluntary Insurances:			
Boston Mutual Optional Life and Accident Info	___	___	
Colonial Life Disability and Accident Info	___	___	
MIIA EAP Info	___	___	

All forms have been reviewed and returned to the Treasurer's Office:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Treasurer's Office