Boards and Commissions

Checklist for **New Full Time** Employee

Name:	Effective Date:
Board: Depart	tment #: City User Fee: Y or N
Requires Ink Signature Form I-9 Employee Information Form I-9; Employer Verification Copy of supporting documentation Form W-4; Federal Tax Withholding Form WV/IT-104; State Tax Withhold Payroll Direct Deposit Form OR Pay of documentation verifying account an Employee Prior State Declaration (page 1)	Form ding Form Card Request Form (attach voided check or bank d bank routing numbers)
participation as indicated on form)	
Mybenefits.metlife.com Beneficiary information for basic life	e and optional life insurance coverages
• •	ision) Return form indicating declining coverage if not enrolling) es (if covering spouse/dependents to insurance)
Retirement Benefits Public Employees Retirement System Public Employees Retirement System WV Retirement Plus (Optional. Return WV Retirement Plus Beneficiary (con	n Beneficiary Designation Form urn form declining participation if not enrolling)