

Welcome to UVM

New Faculty Benefits Overview



The University of Vermont



[HTTPS://WWW.YOUTUBE.COM/WATCH?V=U04FQ6GL-IQ&FEATURE=EMB_LOGO](https://www.youtube.com/watch?v=U04FQ6GL-IQ&feature=emb_logo)

Human Resource Services:

- Office of Affirmative Action and Equal Opportunity
- Benefits
- Classification & Compensation
- Labor and Employee Relations
- Professional Development and Training



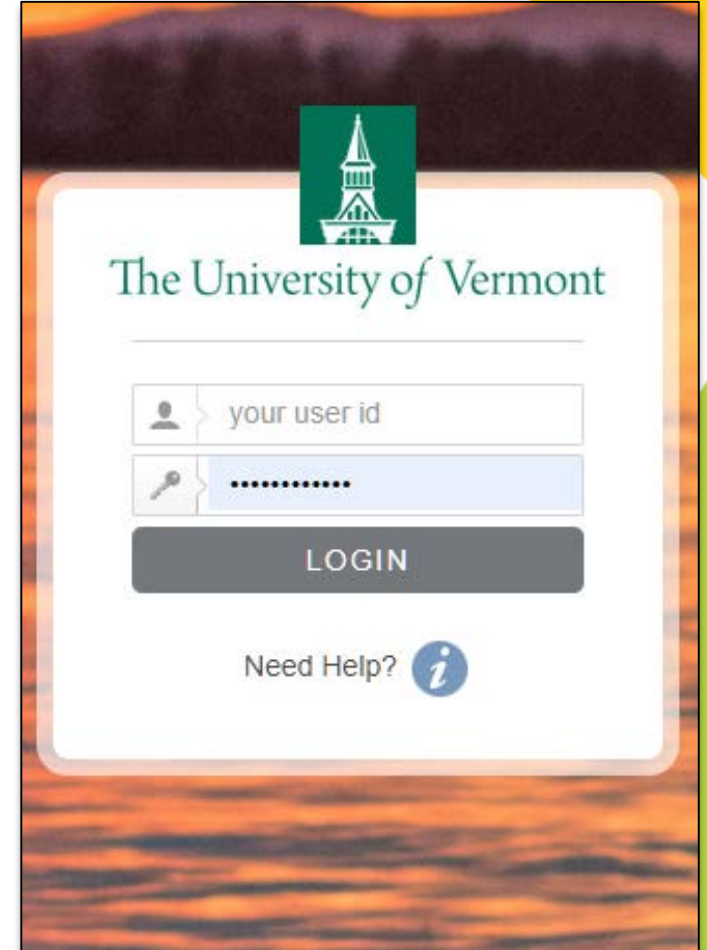
Objectives

- Discuss benefit options available to you:
 - Health insurance
 - Dental insurance
 - Vision insurance
 - Life insurance
 - Long-term disability insurance
 - Retirement savings
 - Flexible spending accounts



PeopleSoft: Login to Human Resources

- Activate your UVM Net ID to access University email and systems
 - <http://uvm.edu/account/>
- You will receive an instructional email from Payroll@uvm.edu
 - Set up Direct Deposit
 - Complete W4 elections
 - View your paychecks
 - Add emergency contact information




The University of Vermont

your user id


.....

LOGIN

Need Help? 

I-9 Form

- Must submit completed form to HRInfo@uvm.edu within 3 days of hire.
- You complete Page 1:
 - Print Form
 - N/A instead of blank fields
 - MM/DD/YYYY format
 - Physical Signature needed



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):

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: _____
OR

2. Form I-94 Admission Number: _____
OR

3. Foreign Passport Number: _____
Country of Issuance: _____

OR Code - Section 1
Do Not Write in This Space

| | | |
|-----------------------|--|---------------------------|
| 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 |

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 |
|---|---|---|-----|---|
| 1. U.S. Passport or U.S. Passport Card | | 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 | | 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 |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 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 | | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | | 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. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | | 4. Native American tribal document |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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. | | 5. U.S. Military card or draft record | | 5. U.S. Citizen ID Card (Form I-197) |
| | | 6. Military dependent's ID card | | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | 7. U.S. Coast Guard Merchant Mariner Card | 7. Employment authorization document issued by the Department of Homeland Security | | |
| 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 | 8. Native American tribal document | | | |
| | 9. Driver's license issued by a Canadian government authority | | | |
| | 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 | | | |

For Page 2:

- Schedule time with your Departmental HR Rep or HRInfo@uvm.edu
- Bring Required Documents:
 - One from List A
 - OR
 - One from List B and One from List C

Health Insurance



- Coverage Begins on Your Date of Hire
- Eligible dependents: spouse and children up to the age of 26

| VHP Open Access Plan (In-Network Coverage) | |
|---|--|
| Primary Care Provider (PCP) is required | \$10 copay for PCP; \$20 for specialist |
| Residence (for you and your dependents) | Worldwide |
| Diagnostic Services (x-rays, MRI, blood tests) | No copay |
| Annual Prescription Drug Deductible | \$100 |
| Mail Order Prescription Program | <u>Waives</u> deductible |
| Annual Routine Eye Exam | \$20 copay |
| Major Oral Surgery (pre-authorization required) | \$20 copay |
| Preventative Care Office Visits | No copay |
| Outpatient Mental Health | No copay |



Customer Service: (800) 247-2583

www.uvm.edu/HRS



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Plan Options and Cost:



2021 Schedule of Monthly Costs for Medical Insurance

United Academic Full-time & UAPT Grandfathered BCBSVT - VHP Open Access Plan

| Base Salary | Band | Employee Cost | UVM Cost | Employee's Monthly Cost | | | |
|---|------|---------------|----------|-------------------------|----------------------|------------------------|----------------------|
| | | | | Employee | Employee plus Spouse | Employee plus Children | Employee plus Family |
| less than \$15,000 | A | 4.80% | 96.00% | \$40.05 | \$80.09 | \$83.24 | \$115.53 |
| \$15,001 to \$20,000 | B | 7.20% | 94.00% | \$60.07 | \$120.14 | \$124.86 | \$173.30 |
| \$20,001 to \$30,000 | C | 9.60% | 92.00% | \$80.09 | \$160.18 | \$166.47 | \$231.07 |
| \$30,001 to \$40,000 | D | 12.00% | 88.00% | \$100.11 | \$200.23 | \$208.09 | \$288.83 |
| \$40,001 to \$50,000 | E | 14.40% | 85.60% | \$120.14 | \$240.28 | \$249.71 | \$346.60 |
| \$50,001 to \$60,000 | F | 16.80% | 83.20% | \$140.16 | \$280.32 | \$291.33 | \$404.37 |
| \$60,001 to \$70,000 | G | 19.20% | 80.80% | \$160.18 | \$320.37 | \$332.95 | \$462.13 |
| \$70,001 to \$80,000 | H | 21.60% | 78.40% | \$180.21 | \$360.41 | \$374.57 | \$519.90 |
| \$80,001 to \$90,000 | I | 24.00% | 76.00% | \$200.23 | \$400.46 | \$416.18 | \$577.67 |
| \$90,001 to \$100,000 | J | 26.40% | 73.60% | \$220.25 | \$440.51 | \$457.80 | \$635.43 |
| \$100,001 - \$110,000 | K | 28.80% | 71.20% | \$240.28 | \$480.55 | \$499.42 | \$693.20 |
| \$110,001 - \$120,000 | L | 31.20% | 68.80% | \$260.30 | \$520.60 | \$541.04 | \$750.97 |
| \$120,001 - \$130,000 | M | 32.40% | 67.60% | \$270.31 | \$540.62 | \$561.85 | \$779.85 |
| \$130,001 - \$140,000 | N | 33.60% | 66.40% | \$280.32 | \$560.64 | \$582.66 | \$808.74 |
| \$140,001 - \$150,000 | O | 34.80% | 65.20% | \$290.33 | \$580.67 | \$603.47 | \$837.62 |
| \$150,001 - \$999,999+ | P | 36.00% | 64.00% | \$300.34 | \$600.69 | \$624.28 | \$866.50 |
| Employer + Employee monthly premium: | | | | \$834.29 | \$1,668.58 | \$1,734.10 | \$2,406.95 |

Health Insurance Waiver

- You may be eligible to receive \$1,000 annually in lieu of medical insurance coverage. You will be paid on a prorated basis each pay period.
- You are not eligible for the \$1,000 waiver if:
 - You are already a covered spouse/dependent on UVM Medical Plan
 - You are employed by and have medical coverage through UVM Medical Center or Health Network
 - You or your dependents have Medicare, Medicaid, COBRA or an individual plan
 - United Academic members in first two consecutive semesters

Dental Insurance



Northeast Delta Dental

- Coverage Begins: 6 months from your date of hire
- Eligible dependents: spouse and children up to the age of 26
- TWO Plan Options:
 - **Base Plan** is FREE!
 - **High Option Plan 2** - (cost-share)



Dental Insurance



| Coverage Highlights | Base Option | High Option 2 |
|----------------------------------|-----------------------|--|
| Annual Deductible/Person | \$25 (all procedures) | \$25 (does not apply to preventative care) |
| Annual Limit | \$750 | \$2,000 |
| Ortho (lifetime limit) | \$500 | \$1,500 |
| Restorative (Fillings) | 80% | 80% |
| Major Restoratives (Implant) | 50% | 60% |
| Employee MONTHLY Dental Premiums | | |
| Employee Only | Free | \$9.97 |
| Employee + Spouse | Free | \$19.73 |
| Employee + Child(ren) | Free | \$21.60 |
| Family | Free | \$32.02 |

Voluntary Vision Plan

- Coverage Begins on Your Date of Hire
- Eligible dependents: spouse and children up to the age of 26
- No card needed
- Member ID will be: 99 + UVM employee ID

| Benefit | Copay | Description |
|--------------------------------------|---|---|
| Vision Exam (once every plan year) | \$0 | Covered in Full |
| Prescription Glasses: | | |
| Lenses (every plan year) | \$20 copay | Single vision, bifocal, lined trifocal or lenticular lenses and standard progressive are covered in full. |
| Frame (every other plan year) | | \$150 allowance for wide selection of frames, \$200 allowance for featured frame brands and 20% off the amount over the allowance. |
| Contacts (instead of glasses) | | |
| Contact Lenses (every plan year) | \$60 max copay (fitting and evaluation) | \$150 allowance for contacts. When contact lenses are obtained, the covered person shall not be eligible for lenses and frames again for one plan year. |

| Employee MONTHLY Pre-tax Premiums | |
|-----------------------------------|---------|
| Employee Only | \$7.26 |
| Employee + Spouse | \$14.51 |
| Employee + Child(ren) | \$13.68 |
| Family | \$22.77 |



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Life Insurance



| Employee Options | | |
|------------------------------|---|--------------------------------|
| Amount of Coverage | Premium Cost-Share | Medical History Form Required? |
| Basic Coverage | | |
| \$10,000 | Free | No |
| \$50,000 | Cost-share is based on salary and level of coverage selected | No, if you enroll today |
| 2X base salary | | No, if you enroll today |
| Supplemental Coverage | | |
| 3X – 7X base salary | Cost-share is based on age, salary and level of coverage selected | Yes |

| Dependent Options | | |
|--|---|--|
| ONLY if employee's option is over \$10,000 | | |
| Amount of Coverage | Premium Cost-Share | Medical History Form Required? |
| Spousal Coverage | | |
| \$20,000 | Cost-share is based on age, salary and level of coverage selected | No, if you enroll today |
| ½ of Employee's Coverage | | Yes, if the coverage amount is over \$50,000 |
| Child Coverage | | |
| \$10,000 per child | Yes | No |

Long-Term Disability Insurance



- Coverage begins: after 1 year
- 60% or 70% of your Salary
- Retirement Protection
- Pre-Tax or Post-Tax

| SEMI-MONTHLY PAY 12-month positions Annual Salary | 60% Benefit Without Retirement Protection | 70% Benefit Without Retirement Protection | 60% Benefit With Retirement Protection | 70% Benefit With Retirement Protection | UVM Cost Without Retirement Protection | UVM Cost With Retirement Protection |
|---|---|---|--|--|--|---|
| \$15,000-20,000 | \$ 1.48 | \$ 3.07 | \$ 1.96 | \$ 3.55 | \$ 3.45 | \$ 4.56 |
| \$20,001-30,000 | \$ 2.11 | \$ 4.38 | \$ 2.79 | \$ 5.06 | \$ 4.92 | \$ 6.52 |
| \$30,001-40,000 | \$ 2.95 | \$ 6.13 | \$ 3.91 | \$ 7.09 | \$ 6.89 | \$ 9.13 |
| \$40,001-50,000 | \$ 3.80 | \$ 7.88 | \$ 5.03 | \$ 9.12 | \$ 8.86 | \$ 11.73 |
| \$50,001-60,000 | \$ 4.64 | \$ 9.64 | \$ 6.15 | \$ 11.14 | \$ 10.83 | \$ 14.34 |
| \$60,001-70,000 | \$ 5.48 | \$ 11.39 | \$ 7.26 | \$ 13.17 | \$ 12.80 | \$ 16.95 |
| \$70,001-80,000 | \$ 6.33 | \$ 13.14 | \$ 8.38 | \$ 15.19 | \$ 14.77 | \$ 19.56 |
| \$80,001-90,000 | \$ 7.17 | \$ 14.89 | \$ 9.50 | \$ 17.22 | \$ 16.73 | \$ 22.16 |
| \$90,001-100,000 | \$ 8.02 | \$ 16.64 | \$ 10.62 | \$ 19.25 | \$ 18.70 | \$ 24.77 |
| \$100,001-110,000 | \$ 8.86 | \$ 18.40 | \$ 11.73 | \$ 21.27 | \$ 20.67 | \$ 27.38 |
| \$110,001-120,000 | \$ 9.70 | \$ 20.15 | \$ 12.85 | \$ 23.30 | \$ 22.64 | \$ 29.99 |
| \$120,001-130,000 | \$ 10.55 | \$ 21.90 | \$ 13.97 | \$ 25.32 | \$ 24.61 | \$ 32.59 |
| \$130,001-140,000 | \$ 11.39 | \$ 23.65 | \$ 15.09 | \$ 27.35 | \$ 26.58 | \$ 35.20 |
| \$140,001-150,000 | \$ 12.23 | \$ 25.41 | \$ 16.20 | \$ 29.37 | \$ 28.55 | \$ 37.81 |
| \$150,001-160,000 | \$ 13.08 | \$ 27.16 | \$ 17.32 | \$ 31.40 | \$ 30.52 | \$ 40.42 |
| \$160,001-170,000 | \$ 13.92 | \$ 28.91 | \$ 18.44 | \$ 33.43 | \$ 32.48 | \$ 43.02 |
| \$170,001-180,000 | \$ 14.77 | \$ 30.66 | \$ 19.56 | \$ 35.45 | \$ 34.45 | \$ 45.63 |
| \$180,001-190,000 | \$ 15.61 | \$ 32.41 | \$ 20.67 | \$ 37.48 | \$ 36.42 | \$ 48.24 |
| \$190,001-200,000 | \$ 16.45 | \$ 34.17 | \$ 21.79 | \$ 39.50 | \$ 38.39 | \$ 50.85 |
| \$200,001 and over | \$ 16.88 | \$ 35.04 | \$ 22.35 | \$ 40.52 | \$ 39.38 | \$ 52.15 |

Long-Term Disability Insurance



- Waiver of Waiting Period:
 - Rehires who meet the “3 and 2” rule
 - New employees insured within 3 months of UVM employment, under a similar LTD policy
 - Proof of previous coverage required for waiver:
 - Former employer Paystub
 - Email from past employer
 - Individual Policy Document



403(b) Retirement Savings Plan

- Employees can participate in this benefit at any time
- Maximum contributions for 2021
 - \$19,500 (age 50 Catch up, \$6,500)

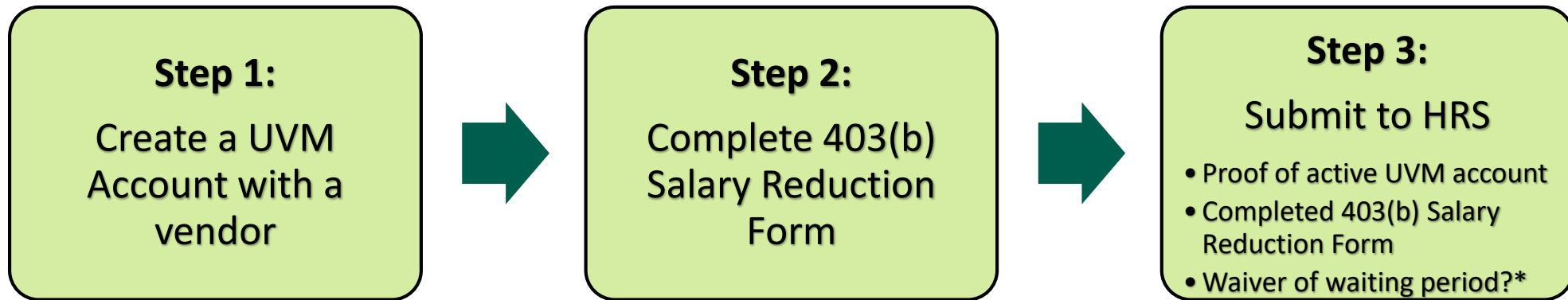
| FACULTY | |
|-----------------------|-----------------------------------|
| Minimum Contribution | 3% pre-tax salary |
| Employer Contribution | 10% of salary |
| Waiting Period | 2 years / 4 consecutive semesters |

- Exceptions to waiting period:
 - Title of Assistant/Associate/Full Professor
 - Proof of active retirement account from immediate prior non-profit or government employer (typically a 403(b) account, or similar)
 - “3 and 2” Rule



403(b) Retirement Savings Plan

- Vendor options:
 - [TIAA](#), [Fidelity](#)
 - How to enroll?



*Consult with benefits advisor for eligibility requirements

- Note: UVM employer and employee contributions are effective upon completed enrollment; not retroactive to your date of hire





The
UNIVERSITY
of VERMONT

2021
Salary Reduction 403(b) Retirement Plan
Participation Agreement

2021 IRS Maximum 403(b) Contribution = \$19,500

Empl ID: 0123456

1. Employee Section

| | |
|---|--|
| Last Name: Cat | First Name: Rally |
| Date of Birth (MM/DD/YYYY): 01/01/1980 | Date of Hire (MM/DD/YYYY): 08/23/2021 |

2. Type of Agreement – choose all that apply

| | |
|---|---|
| <input checked="" type="checkbox"/> New Enrollment (attach proof of UVM account with vendor – one for <u>each</u> vendor with which you are investing. Proof must include your name, UVM’s name and the vendor name) | <input checked="" type="checkbox"/> Request to Waive Waiting Period (attach proof of active 403b account with most recent employer, which includes your name, the employer’s name and the vendor name) |
| <input type="checkbox"/> Increase in Current Salary Reduction/403(b) Contribution % | <input type="checkbox"/> Change in % distributed to each vendor - #4 below. Total must = 100% (if adding a new vendor account, attach proof of UVM enrollment) |
| <input type="checkbox"/> Decrease in Current Salary Reduction/403(b) Contribution % | <input type="checkbox"/> Waive/Cancel 403b Participation (If you are receiving the UVM contribution, it will also cease) |

IMPORTANT: If you wish to elect any special catch-up contributions you need to complete a separate “403(b) Retirement Catch-Up Option Request” form. For questions, please contact a UVM Benefit Advisor at hर्सinfo@uvm.edu.

3. Deferral Election

I get paid: Semi-Monthly (twice a month) Bi-Weekly (every other week)

Payroll Date to begin my salary deduction (MM/DD/YYYY): 09/15/2021 ([see payroll schedule and benefit form deadlines](#))
 Found on the UVM HRS/Benefits website

Before Tax Reduction 3 % (minimum 2% for Staff and 3% for Faculty) **IMPORTANT – See Section 5 for Details**
 I elect to reduce my total compensation by the above before-tax percentage per pay period.
NOTE: If you wish to make a salary reduction of more than 75% of your total compensation, please discuss with a [UVM Benefit Advisor](#) and obtain their signature prior to submitting this paperwork to Human Resource Services.

After Tax (ROTH) Reduction _____ %

NOTE: Upon your eligibility, UVM will contribute to your pre-tax plan only, if enrolled in a UVM account.

4. Retirement Vendor Election and Distribution

| | Vendor | Distribution |
|-------------------------------------|--|----------------|
| <input type="checkbox"/> | Fidelity Investments | % |
| <input checked="" type="checkbox"/> | TIAA | + 100 % |
| <input type="checkbox"/> | TIAA (GSRA– employee only contributions) | + % |
| | = | 100 % |

For Human Resources Use Only

HR Info Team Verification
 Initials: _____
 Date: _____

Benefit Advisor Verified
 Initials: _____
 Date: _____

PS Entry

Vendor Representatives to UVM

Fidelity Investments: **Paul Bolles**, *Workplace Planning and Guidance Consultant*

To schedule an appointment, choose one of the options below:

- Go to: <http://getguidance.fidelity.com>
- Call 800-642-7131
- Email paul.bolles@fmr.com

TIAA: **Rick O'Brien**, *Financial Consultant*

To schedule an appointment, choose one of the options below:

- Go to: <http://www.tiaa.org/uvm>
- Call 800-732-8353
- email robrien@tiaa.org



Retirement HEALTH Savings Plan



- UVM contributions after one year of full-time service
 - \$1,150/year
 - \$1,550/year for UA
- Enrollment is automatic
 - Qualified healthcare expenses at retirement age
 - Employees may contribute after-tax funds
- Employer contributions are vested after 15 years of service



Health Care Flexible Spending Account (FSA)

- Qualified health care expenses (\$50 – \$2,750)
- Includes contributions already made during the current tax year
- Eligible FSA Expenses: Out-of-pocket medical, dental or vision expenses
- FSA Funds may also be used for eligible expenses for your spouse or dependents



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Dependent Care Flexible Spending Account (FSA)

- Qualified dependent care expenses (\$50 – \$10,500)
- Includes contributions already made during the current tax year
- Dependent Care Accounts cover care costs for your eligible dependents while you are at work

Eligible Dependent Care Account Expenses:

- Before school or after school care (other than tuition)
- Licensed daycare centers, Nursery school, Pre-school, Day camp or Private Sitter
- Custodial care for adult dependent

Ineligible Expenses:

- Expenses for children 14 and older
- Private school tuition
- Overnight camp expenses
- Payment for services not yet provided

Flexible Spending Account (FSA) IRS Rules

Temporary Flexibility:

- At the end of calendar year 2021 any remaining balances for **health and dependent care** can be rolled into calendar year 2022

Prior IRS Regulations:

- Up to \$550 of remaining **health care** balances may be rolled over into next calendar year
- “Use it or Lose it!” —Any incurred expenses or receipts must be submitted within 90 days (date of service prior to end of year or termination date) or your money may be forfeited

Benefits Elections:

- Submit Online Benefit Enrollment Form (Qualtrics) by end of day Tuesday
 - One-on-one support
 - Tuesday 8:00-9:00am or 12:15-1:45pm in Williams Family Room
 - Ongoing support for benefit questions
 - HRSInfo@uvm.edu or 802.656.3150

After this week, you may change benefits:

- Open Enrollment
- Qualifying events (within 20 days)



Helpful Links and Information

- [CatCard](#) (Billings Library Basement)
 - [CAT\\$cratch](#)
 - [Dining](#)
 - [Library](#)
 - [Gym](#)
 - [GMT Bus Pass](#)
- [Human Resource Services](#)
- [Family Medical Leave Act \(FMLA\)](#)
- [Discounts and Events](#)
- Please also refer to the “Employee Reference Only” PDF that was emailed

