

Fiduciary Services

Mailing Address: P.O. Box 479 East Windsor, CT 06088-0479
Phone: (860) 749-8833 Fax: (860) 627-0230

Employee Packet CHECKLIST: PCA Waiver/ElderCare Pilot Program

These forms are MANDATORY. ALL forms MUST be completed and submitted to Fiduciary Services prior to an employee working.

Payment cannot be processed until these forms have been completed, forwarded to Fiduciary Services and you have received notification as to your employee's approval date.

This form serves as a checklist. All boxes must be checked off before you submit this packet.

NEW EMPLOYERS – your employees MUST complete the following forms and submit them to Fiduciary Services before a START date will be issued.

Current EMPLOYERS with NEW HIRES – your employee MUST complete this packet prior to working for you. The completed packet must be submitted to Fiduciary Services in order to gain an approval date.

_____ **Employee Status Form:** The top portion is to be completed by the employee. The employer must complete the boxed area. Both employee and employer are required to sign this form.

_____ **I-9 Verification of Citizenship:** Lists of acceptable documents for identification and employment eligibility are on the back of the form. Employee is to complete the top portion of the form (section 1). The employer is to complete section 2 (listing of the forms of ID presented) and sign the form. Both the employee and employer are required to sign this form. Clear, legible photocopies of the ID's listed for the employee on this form **must** accompany this packet.

_____ **W4 Federal Tax Withholding:** To be completed by any private provider (household) choosing to have federal taxes withheld from their wages.

_____ **CT W4 State Tax Withholding:** To be completed by any private provider (household) choosing to have CT state taxes withheld from their wages.

_____ **Provider Application:** Application is to be completed by the employee whether or not they wish to be included on the Statewide Registry listing. The employee is required to sign their name, print their name, and date the form at the bottom.

_____ **Provider Agreement:** Applicant is required to read the statements and fill in Employer name and agreed upon wage. They must print and sign their name and date the document.

_____ **Direct Deposit Application (optional)*:** Complete this form if you would like your check to be electronically deposited into your personal savings or checking account. This benefit is offered to P.C.A.'s that would like to access their paychecks on the issue date rather than waiting for the mail. Direct Deposit takes 2 to 4 weeks to be established. Direct deposit funds are guaranteed to be available on Fridays after 5pm once it has been established. In the interim you will receive a live check via U.S. Postal Service.

_____ **Paycheck Debit Card Enrollment Form (optional)*:** We offer Paycheck Debit Cards as an option to Direct Deposit. Please call to request an enrollment form if you currently do not have one. These cards are accepted anywhere Mastercard Debit Cards are accepted. There is no credit check, no interest to pay and cards are FDIC insured. The Debit Card funds are available on Friday after 5pm (or earlier) once your account has been established. Check stubs are mailed indicating the dollar amount applied to your card. You may also obtain your card history online after enrollment. The account enrollment process takes approximately 1 to 3 weeks. Until the enrollment process is completed, you will receive a live check via US Postal Service.

*Only one of these options may be selected.