

New Hire Packet Checklist For Hourly Employees

Incomplete/Incorrect Packets Will Delay Start Date

Forms to be submitted & approved before checklist is completed:

- ☐ New Employee Information Form (HR-11) *Not included in this packet
- ☐ Background Check (HR-23) *Not included in this packet

Forms to be submitted to Human Resources after checklist is completed:

- ☐ Job Information Form (HR-16)
- ☐ Form I-9 *Not included in this packet—see I-9 Form (HR-26)
 - Attach copies of ID (Driver's License, visa, Social Security Card, etc.) listed on the "Lists of Acceptable Documents," page 3 of the Form I-9.
 - A Social Security Card may be used for I-9 purposes. If other documentation is used for I-9 verification, we still require a copy of the Social Security Card for payroll purposes.
- ☐ Employee's Withholding Allowance Certificate (W-4) *Not included in this packet—see Form W-4
- ☐ Direct Deposit Form (HR-19)
 - Attach a voided check or bank account-specific direct deposit slip.
- ☐ Medicare Deduction Form (HR-18)
- ☐ Drug Free Campus Signature Page (HR-8)
- ☐ Drug Free Workplace Signature Page (HR-9)
- ☐ Code of Ethics Signature Page (HR-6)
- ☐ Confidentiality Agreement Signature Page (HR-7)
- ☐ Statement Concerning Job Not Covered by Social Security (HR-21)
- ☐ PERA Forms (HR-30) *Not included in this packet
- ☐ Health Insurance Marketplace Coverage Notice
- ☐ Application (HR-1), Copies of Transcripts and Resume

Job Information Form

Employee S#: _____ ☐ New ☐ Continuing

Employee Name (Last, First, Middle Initial): _____

Division: ☐ Administrative Services ☐ Academic Affairs
☐ EASS ☐ Office of the President

Department: _____ Title: _____

Campus Address w/ Campus Box #: _____

Campus Phone #: _____ Campus Fax #: _____

Office Location: _____

Timesheet Approver Name: _____

Timesheet Approver S#: _____

Banner FOAP: _____

Job Type: ☐ Adjunct Instructor ☐ Faculty
☐ Hourly ☐ Student Hourly
☐ Classified Fulltime Staff ☐ Non-Classified Fulltime Staff

Pay Rate: _____

Begin Date: _____ End Date: _____

Initiated By: _____ Org Owner Name: _____

Org Owner Signature: _____ **Date:** _____

To be completed by Human Resources:

Position #: _____ Staff Initials: _____

Employee's Authorization for Electronic Funds Transfer

Employee Name (First, Middle Initial, Last): _____

S#: _____ Phone #: _____

☐ Savings Account

☐ Checking Account

Account Number (From Check): _____

☐ Net Pay Disbursement

☐ Check/Advice Distribution

Additional Deposit Instructions: _____

Attach Voided Check Here:

I hereby authorize my employer to initiate electronic funds transfer (EFT) deposit, and if necessary, to reverse any incorrect EFT deposit made in error to my bank account indicated above. I understand it is the employee's responsibility to notify CCD HR promptly of any changes to banking information that will impact direct deposit and failure to notify HR may result in a delay in EFT deposit.

Employee Name (print): _____

Employee Signature: _____ Date: _____

To report any changes to your banking account(s), fax the completed form to 303-556-6557 or return in person to Administration Building, Suite 310.

Medicare Deduction

H.R. 3128 passed by Congress and signed by the President provides for coverage of new State employees under Medicare. Any new employee hired after March 31, 1986, is now required to be covered under Medicare. Therefore, employers must deduct 1.45% (percent) of gross wages from the pay of any new employee with an employer contribution of an equal amount.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Drug-Free Schools, Campuses, and Workplace Drug Use and Alcohol Abuse Prevention Program

Community College of Denver is a Community College governed by the State Board for Community Colleges and Occupational Education (Board). Board Policy 19-30, Drug Free Schools, requires the College to comply with the Drug Free Schools and Communities Amendments of 1989 (PL 101-226 in federal law). The College has adopted the following Drug and Alcohol Abuse Prevention Program.

The following information is provided to you in compliance with federal law. Should you have questions or require further information about policies, health risks, legal sanctions, or treatment programs relating to illicit drugs and alcohol, please contact your personnel office, counseling center or health services.

COMMUNITY COLLEGE OF DENVER PROHIBITS THE UNLAWFUL POSSESSION, USE OR DISTRIBUTION OF ILLICIT DRUGS AND ALCOHOL BY EMPLOYEES.

Implementation

The College shall implement drug and alcohol abuse prevention programs which, at a minimum, meet the requirements of the Drug-Free Schools and Communities Act of 1989, 20 U.S.C.

This policy is supplemental to and does not supersede or repeal other related State Board or College policies.

Definitions

- a. "Illicit drugs" shall mean controlled substances listed in Schedules I-V of the Controlled Substances Act, 21 U.S.C. 812, and related federal regulations, 21 C.F.R. 1308.11 – 1308.15 as they may be amended from time to time and Schedules I-V of title 12, article 22, part 3 of the Colorado Revised Statutes as it may be amended from time to time. "Illicit drugs" shall include controlled substance analogs as defined by federal and state law.
- b. "Alcohol" shall mean any beverage containing not less than 0.5% ethyl alcohol by weight.
- c. "Property" shall mean any property owned leased, chartered or occupied by the College including motor vehicles, boats and aircraft.

Drug-Free Schools, Campuses, and Workplace Drug Use and Alcohol Abuse Prevention Program

- d. "Activities" shall mean any act or event sponsored or participated in by the College including their constituent administrative units and approved student organizations. Without limitation, "activities" shall include all athletic events, faculty, staff and students meetings, conferences, field trips, retreats and all other acts or events for which the College pays expenses, or provides facilities, services, supplies or transportation. "Activities" shall not include incidental work-or study-related activities which employees perform in their personal, off-campus residences or purely social events which are held off-campus and are organized or attended by employees solely in their personal capacities.

Standards of Conduct

In compliance with the federal Drug Free Schools and Communities Act, Community College of Denver prohibits the unlawful manufacture, dispensation, possession, use, or distribution of a controlled substance (illicit drugs and alcohol) of any kind and in any amount including marijuana. These prohibitions cover any individual's actions which are part of any College activities, including those occurring while on College property or in the conduct of College business away from the campus.

As a term of her or his employment every employee shall:

1. Abide by the terms of this program in accordance with State Board Policy; and
2. Notify the appropriate personnel officer of any criminal drug statute conviction for a violation occurring in the workplace or a state-owned vehicle no later than 5 days after such conviction.

Any employee who violates the provisions of the program shall be subjected to appropriate disciplinary action which includes termination.

This program in accordance with BP 3-24 – Drug-Free Workplace prohibits you from using, possessing, distributing, dispensing or manufacturing a controlled substance in your workplace or in a state-owned vehicle. "Controlled substances" means drugs and substances listed in Schedules I-V of the controlled substances act, 21 U.S.C. 812 and related federal regulations, 21 C.F.R. 1308.11 – 1308.15 as they may be amended from time to time and Schedules I-V of title 12, article 22, part 3 of the Colorado Revised Statutes as it may be amended from time to time.

For purposes of the policy "controlled substances" includes controlled substance analogs as defined by federal and state law. State and federal controlled substance schedules are available for inspection in your college personnel office. "Employees" include faculty, adjunct instructors, administrators, professional and technical staff, classified staff, student employees in state or federal work-study jobs and any other individual included in Board Policy 3-10 Administration of Personnel.

Drug-Free Schools, Campuses, and Workplace Drug Use and Alcohol Abuse Prevention Program

REPORTING CONVICTIONS. If you are found guilty of, plead no contest to or are sentenced for violating a state or federal criminal drug statute in the workplace or in a state-owned vehicle, you must report your conviction to the college personnel office within 5 days.

If you fail to report a conviction for a criminal drug offense occurring in the workplace, you will be subject to appropriate disciplinary action which may include termination of your employment. If you are convicted of a criminal drug offense occurring in the workplace or in a state-owned vehicle, you will be subject to appropriate disciplinary action which may include termination of your employment or, if warranted, satisfactory participation in a drug abuse assistance or rehabilitation program.

Legal Sanctions for Violation of the Standards of Conduct

Any employee who is convicted of the unlawful manufacture, distribution, dispensation, possession, use/abuse of illicit drugs or alcohol is subject to criminal penalties under local, state and federal law. These penalties, at the state level, range in severity from a fine of up to \$500,000 and/or jail time of life imprisonment. A federal conviction can carry a fine up to \$4,000,000 and/or life in prison. The exact penalty assessed depends upon the nature and severity of the individual offense as well as prior convictions.

Penalties Which May be Imposed by the College

Employees who violate the foregoing standards of conduct shall be subject to disciplinary sanctions which may include, without limitation, completion of an appropriate rehabilitation program, reprimand, probation, corrective action, demotion, reassignment with or without salary adjustment, suspension with or without pay, and termination. Disciplinary sanctions shall be consistent with local, state and federal law and shall be administered in accordance with state personnel system rules and procedures and policies or State Board or Community College of Denver policies. In addition to the foregoing disciplinary sanction, violations may be reported to law enforcement authorities for criminal prosecution.

Health Risks Associated with Use of Illicit Drugs and Alcohol Abuse

Health risks associated with drug and alcohol abuse include, but are not limited to: malnutrition, brain damage, heart disease, and pancreatitis, cirrhosis of the liver, mental illness, death, low birth weight babies, and babies with drug addictions.

Drug-Free Schools, Campuses, and Workplace Drug Use and Alcohol Abuse Prevention Program

Available Drug Counseling, Rehabilitation & Employee Assistance Programs

Drug counseling, rehabilitation and assistance programs in our communities are listed below this section. As state employees, you may contact Colorado State Employees Assistance Program (C-SEAP) for counseling or additional information. C-SEAP handles all inquiries/requests confidentially. Denver-area employees should call C-SEAP: Main Phone: 303-866-4314 or Toll Free 800-821-8154.

Resource Directory: Drug and Alcohol Treatment Programs

Drug or alcohol counseling, treatment, rehabilitation or re-entry programs are available to employees through the Colorado Department of Public Health & Environment.

Treatment Centers:

Aurora Mental Health Center 844-493-8255

Mental Health Center of Denver 303-504-6500

Arapahoe-Douglas Mental Health Network 303-730-8858

Jefferson Center for Mental Health 303-425-0300

Mental Health Partners (Boulder/Longmont) 303-443-8500

Colorado State Employees Assistance Program (CSEAP): Main Phone: 303-866-4314 or Toll Free 800-821-8154.

**Drug-Free Schools, Campuses, and Workplace
Drug Use and Alcohol Abuse Prevention Program**

Employee Acknowledgement Form

I, the undersigned employee of Community College of Denver, have received a copy of *Drug-Free Schools, Campuses, and Workplace Drug Use and Alcohol Abuse Prevention Program*.

1. I agree to abide by the terms of the program in accordance with State Board policies, and
2. I agree to notify my supervisor if I am convicted of violating a criminal drug statute in the workplace no later than five (5) days after the date of such conviction.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Employee Notification Packet Drug-Free Workplace Awareness Program

Pursuant to the enacted Drug-Free Workplace Act of 1988, any organization which is desirous of contracting with any Federal agency must take the following steps to ensure the existence of a drug-free environment for its employees:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace and specify the actions which will be taken against employees for violations of such prohibition.
2. Establish a drug-free awareness program to inform employees about:
 - a. the dangers of drug abuse in the workplace
 - b. the organization's policy of maintaining a drug-free workplace
 - c. any available drug counseling, rehabilitation, and employee assistance programs
 - d. the penalties which may be imposed upon employees for drug abuse violations
3. Require that each employee who will be engaged in the performance of such contract be given a copy of the statement required by paragraph 1. And that, as a condition of employment on such contract, the employee agrees to abide by the terms of the statement and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
4. Notify the contracting agency within ten days after receiving notice under paragraph 3, from an employee or otherwise receiving actual notice of such conviction.
5. Within 30 days after receiving notice, impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is convicted, as required by the statute.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, and 5.

In response to the federal statute, the State Board for Community Colleges and Occupational Education has approved a policy statement requiring all employees at state system community Colleges and on the System central staff, whether exempt or classified, to comply with the requirements of the statute.

Employee Notification Packet Drug-Free Workplace Awareness Program

Accordingly, please find attached to this memo a copy of the institutional Drug-Free Awareness Program which should be retained for reference. The Program includes the following:

1. Drug-Free Workplace Program Statement. Note that a comprehensive list of "controlled substances" under the Drug-Free Workplace Act of 1988 is available for inspection in the Personnel Office.
2. Information about the penalties employees may suffer as the result of drug abuse violations occurring in the workplace.
3. A listing of available drug counseling, rehabilitation, and employee assistance programs.
4. Information about the dangers of drug abuse in the workplace.
5. Employee Acknowledgment Form. This form must be executed and returned to the Office of Human Resources.

If you have questions, please contact the Human Resources Office at 303-352-3042.

**Employee Notification Packet
Drug-Free Workplace Awareness Program**

Employee Acknowledgment Form

I, the undersigned employee of the Community College of Denver, have received a copy of the *Drug-Free Workplace Awareness Program* and:

1. I agree to abide by the terms of the program in accordance with State Board policies, and
2. I agree to notify my supervisor if I am convicted of violating a criminal drug statute in the workplace no later than five (5) days after the date of such conviction.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Code of Ethics

The State Board recognizes that employment within the Colorado Community College System should not bestow preferential benefit on anyone related to an employee by family, business, or social relationship. Immediate family is defined as spouse; children, stepchildren and their spouses; brothers and brothers-in-law; sisters and sisters-in-law; parents and parents-in-law; grandparents and grandparents-in-law; grandchildren and their spouses; and members of the immediate household. Disclosure of any possible preferential benefit circumstance must be made immediately to the president for evaluation and determination.

Faculty, adjunct instructors and staff of CCD will demonstrate the highest standards of personal integrity and will, through their conduct, inspire public confidence and trust. Confidential information acquired by virtue of employment with CCD will not be used for private gain.

State time, property, equipment, or supplies will not be used for personal or financial gain. Computers, telephones, fax machines and all other office equipment/supplies belong to the state and are not for personal use.

CCD employees will comply with the Electronics Communication policy, [Board Policy 3-125](#). Employee e-mails are public record.

No employee will accept money or anything of monetary value where such acceptance may result in loss of independence and impartiality in the discharge of the employee in public duties.

Faculty, adjunct instructors and staff who separate or retire from CCD are not eligible to serve as a self-employed consultant to the college until six months following separation/retirement. Faculty, adjunct instructors and staff who separate or retire from CCD may serve a 110-day/year contract through PERA after a 30-day wait-out period.

Use of P-cards for purposes other than those specified by the state and CCD Administration is prohibited. P-cards are not for personal purchases of any type.

Employees will not engage in outside employment that interferes with the performance of the duties of their position with CCD. Situations in which job performance appears to diminish will be reported immediately to the president for evaluation and determination.

Employees will not knowingly engage in any activity or business that creates a conflict of interest or adversely affects public confidence in the integrity of CCD.

Code of Ethics

CCD employees are stewards of the public trust. In their positions, they are under an affirmative obligation to carry out their duties with honesty, integrity and openness. When corruption exists, it will be reported immediately to the president.

Faculty, adjunct instructors and staff are prohibited from developing relationships with students that result in unfair gain, or create adverse circumstances for the student.

CCD has a zero tolerance policy for sexual misconduct. Sexual misconduct includes sexual harassment, non-consensual sexual contact (or attempts to commit same), non-consensual sexual intercourse (or attempts to commit same) and sexual exploitation. Any verbal or written allegations must be immediately reported to the Director of Human Resources.

Supervisors have an affirmative obligation to submit any allegations of sexual misconduct immediately.

CCD does not discriminate on the basis of race, color, creed, national origin, sex, sexual orientation, age or disability in admission or access to, or treatment or employment in its educational programs or activities.

To ensure that these guidelines are understood, they will be disseminated to all faculty, adjunct instructors and staff on a regular basis, and Human Resources will conduct periodic training sessions for employees.

Code of Ethics

Affirmation Form

This is to acknowledge that I have received a copy of Community College of Denver's *Code of Ethics* in accordance with State Board policies. I also understand that if I have any questions regarding the *Code of Ethics*, I am to contact Human Resources at 303-352-3042.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Confidentiality Agreement

I understand that in the course of my employment with Community College of Denver (CCD) I will receive or become aware of student or business information that is of a sensitive or confidential nature. This information may be written, electronic, or oral and come from a variety of sources. I understand that I am not to access sensitive or confidential information unless it is necessary for me to complete my job responsibilities. I acknowledge that I must protect all sensitive or confidential information.

Community College of Denver requires that all:

- **Student information and FERPA requests** be forwarded to the Registrar, Director of Registration & Records.
- **Open-records requests** be forwarded to Office of the President. *Note: these requests may have compliance deadlines.*
- **Employment-related disclosure requests** be forwarded to Human Resources.
- **Media requests** be referred to the Director of Marketing & Communications.

I understand that in the performance of my duties I may be requested to provide sensitive or confidential information to others. I agree to hold in confidence and to not disclose any sensitive or confidential information to any person, including employees of state, federal or local governments, except those who legally have reason to acquire the information. I will immediately notify my supervisor of all such requests.

If I willfully and knowingly disclose such information in any manner to any person or agency not entitled to receive the information, I understand that I may be subject to corrective or disciplinary action, including termination, or, in some cases, personal liability.

I acknowledge that I have read, understand and will adhere to Community College of Denver's requirements with respect to sensitive or confidential information.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name:_____ **S#:**_____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your spouse, or former spouse, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Statement Concerning Your Employment in a Job Not Covered by Social Security

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplmswms.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB No.
1210-0149
(Expires 3-31-2017)

PART A: General Information

When key parts of the health care law took effect in 2014, there was 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 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 tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1st the following year.

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 the Summary Plan Descriptions at CCCS.edu, or contact your Human Resources Department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit ConnectForHealthCO.com 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.

3. Employer name Community College of Denver		4. Employer Identification Number (EIN) 38-3721881	
5. Employer address Campus Box 240 PO Box 173363		6. Employer phone number 303-352-3042	
7. City Denver		8. State CO	9. ZIP code 80217-3363
10. Who can we contact about employee health coverage at this job? Benefits Specialist			
11. Phone number (if different from above) 303-352-3004		12. Email address Ccd.benefits@ccd.edu	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

- Some employees. Eligible employees are:
 - Regular, full-time faculty, APT and classified employees
 - Variable Hour, part-time, including adjunct employees, working an average of 30+ hours per week
 - Not receiving PERA retirement benefits

With respect to dependents:

- We do offer coverage. Dependent eligibility is defined in the Plan Description for each medical plan.

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, [ConnectForHealthCO.com](https://connectforhealthco.com) will guide you through the process.