Log In to Dayforce

https://www.dayforcehcm.com
Log In Information

**Company Name:** marshallhealth (all lower case, no spaces)

**UserName:** your five digit employee number

**Password:** MHyyyy (yyyy=your birth year, 19xx)

**Email Alerts through your Outlook**
First/Last Paycheck

• New Residents will receive their first paycheck 6/27/14 for 64 hours
  – Benefits will start July and premiums will start being deducted 7/11/14 pay

• Residents completing program (resigning) 6/30/14 will receive last pay for 8 hours (one day) on 7/11/14
  – Benefits will end June 30
Needed for Orientation

1. Health Insurance
   - Copies of Birth Certificate(s) (children)
   - Copy of Marriage Certificate
   - SSN for all dependents

2. Life Insurance
   - SSN and address for beneficiaries
Resident Benefits

**Employer Paid**
- PEIA Health Insurance
  - 80% employee only
  - 75% employee & children
  - 50% family
- PEIA Life Insurance
  - $10,000
- The Standard Life Insurance
  - 1.25 times annual salary
  - Minimum $50,000
- The Guardian
  - Long Term Disability
  - Automatic Enrollment

**Employee Paid (Optional)**
- PEIA Health Insurance
- Mountaineer Flexible Benefits
  - Dental
  - Vision
  - Hearing
  - Short-Term Disability
  - Health Savings Account
  - Flexible Spending Account
  - Legal
- Supplemental Retirement
  - Tax deferred
  - Not matched by employer
- Optional Life Insurance
## PEIA Health Insurance

### PPB Plan A

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$102.00/month</td>
</tr>
<tr>
<td>Employee w/Children</td>
<td>$240.00/month</td>
</tr>
<tr>
<td>Family</td>
<td>$526.00/month</td>
</tr>
</tbody>
</table>

### Formulas

<table>
<thead>
<tr>
<th>Formula Description</th>
<th>Formula Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premium (above)</td>
<td>$</td>
</tr>
<tr>
<td>Tobacco Free?</td>
<td>Subtract $25/EE or $50/Fam</td>
</tr>
<tr>
<td>Submitted Adv Directive/Living Will?</td>
<td>Subtract $4</td>
</tr>
<tr>
<td>Your Monthly PEIA PPB Plan A Prem.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Divide by 2</td>
</tr>
<tr>
<td>Your Premium Amount Per Pay</td>
<td>$</td>
</tr>
</tbody>
</table>
Form I-9

Purpose:
- To document verification of the identity and employment authorization of each new employee

Two Sections:
- Section 1 - Employee Information
- Section 2 - Employer Review and Verification
Section 1
Employee Information

• All new employees must complete and sign Section 1 no later than the first day of employment (6/18/14)

• Name
• Address
• Date of Birth
• Social Security Number
• State citizenship or immigration status
Citizenship and Immigration Status

There are four options for the employee:

1. Citizen of the United States
2. Noncitizen national of the US
3. Lawful permanent resident
   a) need either Alien Registration number (A-Number) or USCIS Number is the same as the A-Number without the “A” prefix
   b) If they have not received an A-Number/USCIS Number, use their Admissions Number
4. An Alien authorized to work
   a) need date the employment authorization expires, if any
   b) Alien Registration number (A-Number) or USCIS Number
Section 2
Acceptable Documents

• We cannot specify which document(s) employees may present
• Employees must present one document from List A OR a combination of one document from List B and one document from List C
• Verify that they are unexpired and make a photocopy of all ID’s provided
• The person who examines the documents must be the same person who signs Section 2
• Both the examiner and the employee must be present during the examination of the documents
QUESTIONS?

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