



## Town of Dover New Hire Checklist

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Dept: \_\_\_\_\_

### Required Forms (all employees)

Emp

Treas

W-4 Federal Tax Withholding

\_\_\_\_\_

\_\_\_\_\_

M-4 MA Tax Withholding

\_\_\_\_\_

\_\_\_\_\_

I-9 US Employment Eligibility

\_\_\_\_\_

\_\_\_\_\_

Copies of original documents

\_\_\_\_\_

\_\_\_\_\_

Requires passport or Driver's license  
and birth certificate or social security  
card.

Retirement Deductions (1 required)

Norfolk County Retirement

\_\_\_\_\_

\_\_\_\_\_

Requires copy of Birth Cert. \_\_\_\_\_

Requires beneficiary form \_\_\_\_\_

Mass Teachers Retirement

\_\_\_\_\_

\_\_\_\_\_

Deduction % \_\_\_\_\_

OBRA Mandatory Def Comp < 20 hours

\_\_\_\_\_

\_\_\_\_\_

SSA-1945 Social Security Statement

\_\_\_\_\_

\_\_\_\_\_

ACA Marketplace Notice

\_\_\_\_\_

\_\_\_\_\_

New Hire Reporting Form

\_\_\_\_\_

\_\_\_\_\_

Direct Deposit Enrollment

\_\_\_\_\_

\_\_\_\_\_

Requires voided check or statement  
with account and routing numbers

Ethics Online Test

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact

All forms have been reviewed and returned to Human Resources:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Human Resources

**Town of Dover**  
**New Hire Benefit Checklist**

Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Department: \_\_\_\_\_

**Benefit Forms (full time & 20+ hour employees)**

Health & Life:	<u>Emp</u>	<u>Treas</u>	
Rate sheet and plan comparisons	_____	_____	
Benchmark and HSA Qualified HDHP			
(one of these options must be completed)			
Enrollment Form	_____	_____	Plan: _____ F / I
Or Waiver of Coverage	_____	_____	
COBRA Letter	_____	_____	
HSA Info and Deduction Form	_____	_____	
FSA Info and Enrollment Form	_____	_____	Health FSA: Y / N – Not with HSA
			Dependent FSA: Y/ N
Delta Dental Info and Enrollment Form	_____	_____	Coverage: None / F / +1 / I
Basic Life Insurance	_____	_____	Coverage: Y / N
Voluntary Retirement:			
MA Smartplan Enrollment Form (all)	_____	_____	
403(b) Info Sheet (school employees)	_____	_____	
Voluntary Insurances:			
Boston Mutual Optional Life and Accident	_____	_____	
Info MIIA EAP Info	_____	_____	

All forms have been reviewed and returned to Human Resources:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Human Resources