



This topic will cover the following: On-Boarding.

1 Log in to PeopleSoft.

2 Click OnBoarding tile from the Employee Self Service (ESS) home.

3 Click Onboarding Activities tile

4 Click Voluntary Self-Identification - Disability link.

5 Review the Voluntary Self-Identification - Disability information page.

6 Select an option under the Please select one of the options below section and click Submit.

Note: Option selection will populate your name and the current system date which will serve as your electronic signature.

7 Click OK.

8 Click Voluntary Self-Identification - Veteran Status link.



9 Review the **Voluntary Self-Identification – Veteran Status** information page.

Voluntary Self Identification - Veteran Status

Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12958.

Protected veterans may have additional rights under USERRA: the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the appropriate option below.

☐ I am a veteran type not listed

☐ I am a protected veteran

☐ I am NOT a protected veteran.

☐ I do not wish to disclose this information

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Submit

10 Make a selection and click **Submit**.

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Submit

11 Click **Voluntary Self Identification – Ethnic Groups** link and click **Add an Ethnic Group** button.

Voluntary Self Identification - Ethnic Groups

Add an Ethnic Group

Voluntary Self-Identification

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

12 Click the **magnifying glass** in the Ethnic Group field.

Ethnic Group

*Ethnic Group

Save

13 Make a **selection** from the list.

Lookup

Search for: "Ethnic Group"

Search Criteria

Search Results

Ethnic Group	Description
AMIND	American Indian or Alaskan Native
ASIAN	Asian American
BLACK	Black or African American, not of Hispanic Origin
HSPA	Hispanic or Latino
NSPEC	I do not wish to disclose
PACIF	Native Hawaiian or Other Pacific Islander
WHITE	White, not of Hispanic Origin
ZZMORE	2 or More Race

Save

14 Click **Save**.

Ethnic Group

*Ethnic Group 2 or More Race

Save

Delete

15 Your updated information is shown below.

Employee Self Service

Personal Details

Ethnic Groups

2 or More Race

Voluntary Self-Identification

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.



- 16 Click **Emergency Contacts** under Personal Details and **Add Emergency Contact** button.

- 17 Enter **Contact Name**.

- 18 Select a **Relationship** by clicking on the drop-down arrow in Relationship field.

- 19 Click **Add Address**.

- 20 Enter address information and click **Done**.

Note: You can click on **Same as mine** check box if your emergency contact has same address as yours.

- 21 Click **Add Phone Number**.



22 Enter phone number information and click **Done**.

23 Click **Save**.

24 Your updated information is shown below.

25 Click **Verify Contact Details** and review.

26 Click **Benefits** link.

Note: When you click on Enroll, the “Enrollment Elections Summary” form will open up. This form will list your available benefits. You will see an Edit button next to each available benefit; clicking on the **Edit** button will expand that benefit and provide you with the cost and other selection options. As you select each benefit, you can scroll down to the bottom of the form to see the cost impact. This Tip Sheet will show you how to select the Medical benefit, then just follow the same steps to select other benefits.

27 Click **Edit** button next to Medical.

Benefit	Full Cost	Lahey Paid	Before Tax Deduction	After Tax Deduction
Medical				
Dental				
Vision				
Health Care FSA				
Dependent Care FSA				
Basic Life				
Supplemental Life				
Accidental Death/Dismemberment				
Child Life				
Spousal Life				



Basic Long Term Disability

Current: No Coverage

New: **Basic LTD 60% of Eligible Pay: 60.00% of Salary** 34.94 34.94

Edit **Legal Plan**

Current: Waive

New: Waive 0.00 0.00

Employee Assistance Program

Current: Employee Assistance Plan

New: Employee Assistance Plan 0.00 0.00

Edit **Buy-Up Long Term Disability**

Current: No Coverage

New: No Coverage

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount that Lahey Health is contributing to subsidize the cost of your benefits.)

	Before Tax Deduction	After Tax Deduction	Total
Full Cost			36.96
Lahey Paid			-36.96
Your Deduction	0.00	0.00	0.00

Some of these costs are based on your regularly scheduled hours and pay rate. These costs may change if your regularly scheduled hours or pay rate change.

Submit Select your Lahey Health benefits, then click **Submit** to send your final choices through Colleague Connection.

Important: Your enrollment will not be complete until you submit your choices through Colleague Connection.

Benefits Enrollment

Medical

George Willis-Jefferson

There are several choices of medical plans. Below are the options and costs for your medical coverage. Cost is based on your regularly scheduled work hours. Your 2018 Wellness Incentive, if applicable, will be added to your paycheck each pay period in 2018.

[Click here for more information on the medical plan options](#)

Important! Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.

Select an Option

Here are your available options with your deduction:
(Your Deduction = Full Cost - Lahey Paid)

[Overview of the Plan Costs](#)

Select one of the following plans:

☐ HP-Lahey Health Value HMO [Search for providers in this plan](#)

Important Note: Selection of a PCP is required.

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	\$355.24	\$283.49	\$71.75
Individual plus Spouse	\$923.83	\$739.86	\$183.77
Individual plus Child(ren)	\$710.48	\$556.94	\$153.54
Individual plus Family	\$1,085.73	\$831.32	\$234.41

☐ HP-Lahey Health Select HMO-OAA [Search for providers in this plan](#)

Important Note: Selection of a PCP is required.

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	\$373.94	\$279.39	\$94.55
Individual plus Spouse	\$972.23	\$747.80	\$224.43
Individual plus Child(ren)	\$747.87	\$556.86	\$191.01
Individual plus Family	\$1,121.81	\$837.98	\$283.83

☐ Harvard Pilgrim PPO

Important Note: No PCP is required.

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	\$512.29	\$279.09	\$233.20
Individual plus Spouse	\$1,331.96	\$738.46	\$593.50
Individual plus Child(ren)	\$1,024.59	\$556.32	\$468.27
Individual plus Family	\$1,536.89	\$830.39	\$706.50

☐ HP-Lahey Health Preferred HMO [Search for providers in this plan](#)

Important Note: Selection of a PCP is required.

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	\$326.83	\$283.75	\$43.08
Individual plus Spouse	\$849.74	\$757.43	\$92.31
Individual plus Child(ren)	\$653.64	\$578.41	\$75.23
Individual plus Family	\$980.47	\$842.01	\$138.46

☐ Waive

Update and Continue Discard Changes

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

Note: When you select a plan, the "Enroll your Dependents" form will open up. If the plan you selected requires a PCP, you would also see the "Choose a Primary Care Provider ID" form.

☒ HP-Lahey Health Preferred HMO [Search for providers in this plan](#)

Important Note: Selection of a PCP is required.

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	\$326.83	\$283.75	\$43.08
Individual plus Spouse	\$849.74	\$757.43	\$92.31
Individual plus Child(ren)	\$653.64	\$578.41	\$75.23
Individual plus Family	\$980.47	\$842.01	\$138.46

☐ Waive

Enroll Your Dependents

The definition of an eligible dependent includes:

- Legal spouse
- Children and step children to age 26 and disabled dependents to any age; and
- Children of your eligible covered children and stepchildren

If an individual is missing from the list, she does not meet the eligibility criteria. You may use the Add/Review Dependents button below to add or change dependent information.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Martha Jefferson	Spouse

Add/Review Dependents

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. To find your Primary Care Physicians PCP ID#, click on Select a Provider link below.

Specify a Primary Care Provider ID #: [Select a Provider](#)

☐ Check here if you are an existing patient of this provider.

☐ Check here to use the same provider for all your dependents

[Click here to Select a Provider for your Dependent\(s\).](#)

Update and Continue Discard Changes

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

29 Enter Primary Care Provider ID # and if applicable place check marks in the boxes below.

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. To find your Primary Care Physicians PCP ID#, click on Select a Provider link below.

Specify a Primary Care Provider ID #: AA312422 [Select a Provider](#)

☒ Check here if you are an existing patient of this provider.

☒ Check here to use the same provider for all your dependents

[Click here to Select a Provider for your Dependent\(s\).](#)

Update and Continue Discard Changes

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

Note: You can also click on the "Select a Provider" link for this plan. It will take you to the Harvard Pilgrim Health Care/Lahey portal from which you can get the provider ID number to enter here. If you are enrolling in a HMO plan, each enrolled member must have a PCP ID number listed.

30 Click on **Update and Continue**.

28 Click the **radio button** to select a plan.



Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. To find your Primary Care Physicians PCP ID#, click on Select a Provider link below.

Specify a Primary Care Provider ID #: [Select a Provider](#)

☒ Check here if you are an existing patient of this provider.

☒ Check here to use the same provider for all your dependents

[Click here to Select a Provider for your Dependent\(s\).](#)

[Update and Continue](#)

[Discard Changes](#)

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

31 Review Summary screen and click on Update Elections.

Benefits Enrollment

Medical

George Wills-Jefferson

i Important: Your enrollment will not be complete until you submit your choices online through Colleague Connection.

Your Choice

You have chosen HP- Lahey Health Preferred HMO with Individual plus Spouse coverage.

Your Estimated per-pay-period Deduction

Full Cost	\$849.74
Lahey Paid	\$757.43

Your Deduction	\$92.31
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The Primary Care Provider ID is AA2312422. You have seen this provider before.

Your Covered Dependents

Dependent Information

Name	Relationship	Select a Provider	Existing Patient
Martha Jefferson	Spouse	AA2312422	<input checked="" type="checkbox"/>

Notes

Once submitted, this choice will take effect on 03/18/2018. Deductions for this choice will start with the pay period containing 04/01/2018.

[Update Elections](#)

[Discard Changes](#)

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.

32 Make other Benefit elections as above; and once completed, click on Submit.

Enrollment Elections Summary

Edit	Medical	Full Cost	Lahey Paid	Before Tax Deduction	After Tax Deduction
Current:	No Coverage				
New:	HP- Lahey Health Preferred HMO:Ind+Spouse	849.74	757.43	92.31	0.00
Edit	Dental				
Current:	No Coverage				
New:	Waive	0.00	0.00		
Edit	Vision				
Current:	No Coverage				
New:	Waive	0.00	0.00		
Edit	Health Care FSA				
Current:	No Coverage				
New:	Waive	0.00	0.00	0.00	
Edit	Dependent Care FSA				
Current:	No Coverage				
New:	Waive	0.00	0.00	0.00	
Edit	Basic Life				
Current:	No Coverage				
New:	BLF 1X: Salary X 1 : \$125,000	2.02	2.02		
Edit	Supplemental Life				
Current:	No Coverage				
New:	Waive	0.00	0.00		
Edit	Accidental Death/Dismemberment				
Current:	No Coverage				
New:	Waive	0.00	0.00		

Edit	Accidental Death/Dismemberment				
Current:	No Coverage				
New:	Waive	0.00	0.00		
Edit	Child Life				
Current:	No Coverage				
New:	Waive	0.00	0.00		
Edit	Spousal Life				
Current:	No Coverage				
New:	Waive	0.00	0.00		
	Basic Long Term Disability				
Current:	No Coverage				
New:	Basic LTD 60% of Eligible Pay: 60.00% of Salary	34.94	34.94		
Edit	Legal Plan				
Current:	Waive				
New:	Waive	0.00	0.00		
	Employee Assistance Program				
Current:	Employee Assistance Plan				
New:	Employee Assistance Plan	0.00	0.00		
Edit	Buy-Up Long Term Disability				
Current:	No Coverage				
New:	No Coverage				

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount that Lahey Health is contributing to subsidize the cost of your benefits.)

	Before Tax Deduction	After Tax Deduction	Total
Full Cost			886.70
Lahey Paid			-794.39
Your Deduction	92.31	0.00	92.31

Some of these costs are based on your regularly scheduled hours and pay rate. These costs may change if your regularly scheduled hours or pay rate change.

[Submit](#) Select your Lahey Health benefits, then click **Submit** to send your final choices through Colleague Connection.

i Important: Your enrollment will not be complete until you submit your choices through Colleague Connection.



33 After reading Authorize Elections, click **Submit** again.

George Willis-Jefferson

You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.

Click **Cancel** if you are **NOT** ready to submit your choices and wish to return to the Enrollment Summary.

Once your enrollment period is closed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualifying event as defined by the IRS.

Authorize Elections

I acknowledge that the dependents I have listed qualify as eligible dependents under Lahey Health's health and welfare plans. I hereby authorize Lahey Health to deduct periodically from my wages or salary the amount required, if any, for my benefits coverage. If the benefits effective date is retroactive, I understand and agree that deductions may be doubled temporarily, to account for the retroactive effect of the election. I am also authorizing Lahey Health to send necessary personal information to my selected health and welfare plans in addition to other third party vendors that may be contracted by Lahey Health to initiate and support my coverage. I understand that Protected Health Information is only used for the purpose of supporting and managing my health care under Lahey Health benefits and that any data that is shared is electronically transmitted in a safe and secure manner. I authorize any health professional, insurance or re-insurance company, or other health plan to provide medical information to the plan and to permit the plan to examine, copy, or receive copies of any portion of my or my dependents medical records for the duration of the membership for the purposes of determining eligibility and entitlement to benefits. I also understand that I may be contacted by either my selected health or other third party administrators chosen by Lahey Health as to my health status and as to my benefit choices available to me or my dependents.

33

Submit **Cancel**

Click **Submit** to send your final choices through Colleague Connection.

Click **Cancel** if you are **NOT** ready to submit your choices and wish to return to the Enrollment Summary.

34 Click **Done**.

Benefit Details

Benefits Enrollment

Submit Confirmation

George Willis-Jefferson

Your benefit choices have been successfully submitted through Colleague Connection.

Click **Done** to log out of Colleague Connection.

Click **Print** to generate your Enrollment Summary.

Done **Print**

34

Note: You can click on the Print Button before clicking on Done to save a pdf enrollment summary.

35 Click **OK**.

Personal Information

Save Confirmation

☒ The Save was successful.

OK

35

36 Click **Direct Deposit** under Payroll and click **Add Account**.

Personal Details
☐ Visited

Benefits
☐ Visited

Payroll
☐ Visited

Direct Deposits
☐ Visited

Tax Withholding
☐ Not Started

W-2/W-2C Consent
☐ Not Started

Direct Deposit

Yogi Bear

You have not added any direct deposit account information.

Add Account

36

37 Enter information in the fields and click **Submit**.

Direct Deposit

Add Direct Deposit

Yogi Bear

Your Bank Information

Routing Number 2 [View Check Example](#)

Distribution Instructions

Account Number 11 5

Retype Account Number 1 5

*Account Type

*Deposit Type

Amount or Percent 100

*Deposit Order 1 (Example: 1 = First Account Processed)

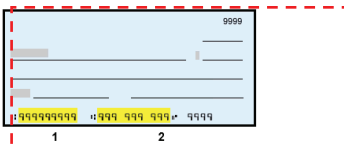
Submit

37

Note: you can click on the View Check Example link to get additional information on Routing Number and Account Number

Check Example

The Routing Number and Account Number can be obtained from your check. At the bottom of a check, there are three groups of numbers. The first group contains the nine digit routing number, the second provides the account number, and the third is the check number.



1 - Routing Number
2 - Account Number

Return

38 Click **OK**.

Direct Deposit

Submit Confirmation

☒ The Submit was successful.
However, due to timing, your change may not be reflected on the next paycheck.

OK

38



Note: You can add additional accounts by clicking on Add Accounts

Direct Deposit
Yogi Bear

Review, add or update your direct deposit information.

Direct Deposit Details

Account Type	Routing Number	Account Number	Deposit Type	Amount or Deposit Percent	Order	Edit	Remove
Checking	2	1	Percent	100.00%	1		

Add Account 38

39 Click **Tax Withholding**.

Attachments
Personal Details
Benefits
Payroll
Direct Deposits
Tax Withholding
W-2/W-2C Consent
Summary

Company: Lahey Clinic Hospital Inc
Status: Active

Form Type	Jurisdiction	Tax Status	Married	Withholding Allowances
Federal	Federal	Additional Amount	0.00	Additional Allowances
		Additional Percentage		Other
State	Massachusetts	Tax Status	Married	Withholding Allowances
		Additional Amount	0.00	Additional Allowances
		Additional Percentage		Other

39

40 Click on the **right facing arrow** for Federal.

40

41 Click on the **right facing arrow** for Federal.

Federal Tax Withholding Forms

Company: Lahey Health Shared Services

You must complete Form W-4 so the Payroll Department can calculate the correct amount of tax to withhold from your pay. Federal income tax is withheld from your wages based on marital status and the number of allowances claimed on this form. You may also specify that an additional dollar amount be withheld. You can file a new Form W-4 anytime your tax situation changes and you choose to have more, or less, tax withheld.

Whether you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

You can make changes to your withholding allowances online using the downloaded updateable PDF form and submit the changes for processing by your payroll department. Be sure to print or save a copy of the completed form for your records.

Updateable Forms
Form Description
Federal Withholding Allowance Certificate

41

42 Click on **OK**.

WARNING

The system will download to your computer a copy of the tax form which contains personal information. You should not continue if you are using a shared computer. (such as those in a library or internet cafe), doing this could leave your personal information vulnerable

OK Cancel

42

43 Click on the **download icon**. The form will download and you will see a pdf icon on the bottom of your screen.

43

Note: depending on the browser that you are using the download may show up differently.

44 Enter the withholding information in lines 3, 5, and 6 and click on Submit.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

W-4 Employee's Withholding Allowance Certificate
OMB No. 1545-0074
2017

1 Your first name and middle initial: **Smith**
2 Your social security number: **XXX-XX-1111**

3 ☐ Single ☐ Married ☐ Married, but withheld at higher Single rate.
Note: If married, not legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. **1**

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **5**
6 Additional amount, if any, you want withheld from each paycheck **6 \$**

7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
If you meet both conditions, write "Exempt" here **7** Not Applicable

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Louie Smith** Date: **05/07/2018**

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) **Lahey Health Shared Services 41 Mall Road Burlington, MA 01805** 9 Office code (optional) **43178972** 10 Employer identification number (EIN) **43178972**

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2017)

Submit 44

45 Enter your **User name** and **Password** and click on OK.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

W-4 Windows Security
OMB No. 1545-0074
2017

The server uvphapt02gl.laheyhealth.org is asking for your user name and password. The server reports that it is from PeopleSoft Enterprise PeopleTools.

Warning: Your user name and password will be sent using basic authentication on a connection that isn't secure.

User name
Password
☐ Remember my credentials

OK Cancel

45

46 Click on the **right facing arrow** for State.

46



47 Click on the right facing arrow for Updatable Forms.

48 Click on OK.

49 Click on the **download icon**. The form will download and you will see a pdf icon on the bottom of your screen.

Note: depending on the browser that you are using the download may show up differently.

50 Enter the **withholding information in lines 1 - 4** and click **Submit**.

Note: You may also need to check one of the boxes for 5 if applicable.

51 Enter your **User name and Password** and click on **OK**.

52 After all the steps have been completed you can click on the **Summary** link to review the completion status.

You have successfully completed OnBoarding process steps.