

Statement on the Collection and Use of Social Security Numbers

Human Resources

In accordance with the requirements of Florida law (Section 119.071, Florida Statutes), the University of West Florida collects social security numbers only if specifically authorized or required by law or if imperative for the performance of the University's duties and responsibilities. The University may collect social security numbers for some or all of the following purposes: identity tracking and management; billing and payments; credit worthiness; data collection; reconciliation and tracking; benefit processing; tax and scholarship reporting; financial aid processing; student health services, and reporting to authorized state and federal government agencies. Federal and state laws require us to protect social security numbers from disclosure to unauthorized parties. Students and employees are assigned UWF identification numbers to assist in tracking and protecting their personal information.

UWF Forms	Form Purpose	Purpose for SSN#	Statutory Authority	Mandated, Authorized or Business Imperative
FRS Certification Form	Eligibility to be employed	Applicant Identification	Section 119.071(5)(a)6.g, F.S.	Mandated
Level II Background Screening Request Form	Eligibility to be employed in a position of special trust	Applicant/employee identification	Section 119.071(4)(a)2.b., F. S.	Mandated
Verification of Employment Authorization Release	Employment verification	Employee identification	Section 119.071(5)(a)(2)(a)(II), F.S.	Business Imperative
Third Party Non-UWF Forms	Purpose	Purpose of SSN#	Statutory Authority	Mandated, Authorized or Business Imperative
Form I-9, Employment Eligibility Verification (US Department of Homeland Security)	Verify each new employee (both citizen and noncitizen) hired after Nov 6, 1986, is authorized to work in the United States.	Citizen and noncitizen identification	U.S. Dept. of Homeland Security, U.S. Citizenship and Immigration Services; Immigration Reform and Control Act of 1986, Pub. L. 99-603(8 USC 1324a)	Mandated
Form W-4, Employee's Withholding Allowance Certificate	Tax reporting	For employee identification	I.R.C. Section 6109	Mandated
Florida retirement contribution reports and forms (Florida Department of Revenue)	Administration of pension benefits	For employee identification	Section 119.071(6)(g), F.S.	Business Imperative
Worker's Compensation Amerisys forms on behalf of Risk Management, STARS reports of lost wages and First Report of Injury	For report and documentation of work-related injury and follow up	For employee identification	Section 440.185(2)(b), F.S.	Mandated
I.R.C. Section 403b,457b contribution reports (Internal Revenue Service)	Employee enrollment and claims	For employee identification	I.R.C. Section 6109	Mandated
State of Florida New Hire Report (Department of Revenue)	Administration of various programs: child support enforcement, Medicaid, unemployment compensation, Food Stamp, aid to disabled, etc.	New hire identification	Section 409.2576, F.S.	Mandated
State sponsored insurance enrollment forms and reports (group health, life, and dental coverage) (limited to dependents)	Administration of health benefits	Dependent identification	Section 119.071(6)(f), F.S.	Business Imperative
Agency for Workforce Innovation Unemployment Compensation forms	Verification of benefits eligibility	Employee identification and verification with Social Security Administration	Section 443.091(1)(g), F.S.	Mandated
FICA Alternative Plan Forms (OPS Retirement)	Selection of 401(a) Investment options and Beneficiaries	Reporting	(OBRA 90) IRC 3121(b)(7)(F).	Business Imperative

BENCOR National Government Employees Retirement Plan Enrollment Form

FICA

GENERAL INFORMATION

Employer: UNIVERSITY OF WEST FLORIDA
Worksite Location: _____
Address: _____
City: _____ State: _____ Zip: _____
Participant Name: _____
Address: _____
City: _____ State: _____ Zip: _____
SS#: _____ Date of Birth: _____
Telephone #: _____

BENEFICIARY DESIGNATION

Participant Primary Beneficiary: _____
Address: _____
City: _____ State: _____ Zip: _____
SS#: _____ Date of Birth: _____
Relationship: _____
% Share: _____
Participant Contingent Beneficiary: _____
Address: _____
City: _____ State: _____ Zip: _____
SS#: _____ Date of Birth: _____
Relationship: _____
% Share: _____
Participant Contingent Beneficiary: _____
Address: _____
City: _____ State: _____ Zip: _____
SS#: _____ Date of Birth: _____
Relationship: _____
% Share: _____

Married Participant
I understand that I must select my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please contact BENCOR Administrative Services for a Spousal Consent form if naming a Primary Beneficiary other than your spouse.)

Unmarried Participant
I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform BENCOR of any change in my marital status.

I understand that if I outlive my Primary Beneficiary, benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). (If additional space is required, please attach a separate page providing all designation information and the percentage share for each.)

Signature _____ Date _____

INVESTMENT ELECTION

Please ensure that the investment instructions provided below are accurate. We will be relying on your instructions to allocate your contributions. Please note that investment allocation percentages must total 100%.

All funds are deposited into the Guaranteed Pooled Fund unless you select other investment options below.

The investment allocation indicated below is for :

- Current Investments
 Future Investments
 Both Current & Future Investments

Withdrawals due to Employer-initiated events may be subject to restrictions and/or adjustments.

Stable Value Fund

_____ % TFLIC Guaranteed Pooled Fund

Stock Funds

_____ % Transamerica Partners Large Value Fund
_____ % Transamerica Partners Stock Index Fund
_____ % Transamerica Partners Large Core
_____ % Transamerica Partners Large Growth Fund
_____ % Transamerica Partners Mid Value Fund
_____ % Transamerica Partners Mid Growth Fund
_____ % Transamerica Partners Small Value Fund
_____ % Transamerica Partners Small Growth Fund
_____ % Transamerica Partners International Equity Fund

Multi-Asset Funds

_____ % Transamerica Asset Allocation-Short Horizon Fund
_____ % Transamerica Asset Allocation Short/Intermediate Fund
_____ % Transamerica Asset Allocation-Intermediate Horizon
_____ % Transamerica Asset Allocation-Intermed/Long Horizon
_____ % Transamerica Asset Allocation-Long Horizon

Bond Funds

_____ % Transamerica Partners Core Bond
_____ % Transamerica Partners High Yield Bond

100 % Total

Please return completed form to:

BENCOR Administrative Services, Inc.
8488 Shepherd Farm Drive
West Chester, Ohio 45069

For a prospectus on any of the options listed above or for customer service call **1-888-258-3422**.

Information

FRAUD WARNING

In some states, we are required to advise you of the following:

Florida Residents Only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable to everyone, except Florida, New York, Oregon and Virginia Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and subjects such person to criminal and substantial civil penalties.