

Employee Information Sheet and Insurance Waiver

Checkers # \_\_\_\_\_ Rally's # \_\_\_\_\_ New \_\_\_\_\_ Change \_\_\_\_\_

Employee Information:

First Name \_\_\_\_\_ M.I. \_\_\_\_\_
Last Name \_\_\_\_\_ Email \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Phone \_\_\_\_\_
Social Security # \_\_\_\_\_
Gender Male \_\_\_\_\_ Female \_\_\_\_\_
Hire Date \_\_\_\_\_
Date of Birth \_\_\_\_\_

Compensation:

Federal Information:

Hourly Rate \_\_\_\_\_

State Subject to W/H Taxes:

Filing Status:

Tennessee \_\_\_\_\_
Kentucky \_\_\_\_\_
Virginia \_\_\_\_\_

\_\_\_\_\_ Single
\_\_\_\_\_ Married
\_\_\_\_\_ Married Withhold Single Rate
\_\_\_\_\_ Allowances Extra W/H\$ \_\_\_\_\_

State Subject to UNEMPLOYMENT TAXES:

Tennessee \_\_\_\_\_
Kentucky \_\_\_\_\_
Virginia \_\_\_\_\_

Bank Information:

City Taxes (WHERE APPLICABLE):

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Middlesboro \_\_\_\_\_
Pineville \_\_\_\_\_
Barbourville \_\_\_\_\_

Bank Name \_\_\_\_\_
ABA Routing # \_\_\_\_\_
Account # \_\_\_\_\_

TO WHOM IT MAY CONCERN:

This is to certify that I do not wish to enroll in the Company's health insurance coverage, due to the fact that I am covered under health insurance policy # \_\_\_\_\_ with (name of insurance company) \_\_\_\_\_ from another source or I prefer to waive my right to any and all Company provided health insurance coverage. I understand this fully releases the Company (Lee Oil Company, Inc./Lee's Food Mart/Lee Enterprises/Heartland, Inc.) of any and all liability for providing health insurance.

Employee Print Name

Employee Signature

Date