

Maine New Hire Reporting Form

Employer Name and Address:

DOL State ID: _____

Federal ID: _____

Employee Information:

1. SSN: _____ Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Date of Hire: _____ Date of Termination: _____

Home Phone: _____ Work Phone: _____

Re-Hire: Y / N Occupation: _____

Pay Frequency: HR / WK / MO / YR Gross Amount: \$ _____

Insurance Available for Employee? Y / N Cost: \$ _____ Employee Covered? Y / N

Insurance Available for Dependent(s)? Y / N Cost: \$ _____ Dependent covered? Y / N

2. SSN: _____ Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Date of Hire: _____ Date of Termination: _____

Home Phone: _____ Work Phone: _____

Re-Hire: Y / N Occupation: _____

Pay Frequency: HR / WK / MO / YR Gross Amount: \$ _____

Insurance Available for Employee? Y / N Cost: \$ _____ Employee Covered? Y / N

Insurance Available for Dependent(s)? Y / N Cost: \$ _____ Dependent covered? Y / N

3. SSN: _____ Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Date of Hire: _____ Date of Termination: _____

Home Phone: _____ Work Phone: _____

Re-Hire: Y / N Occupation: _____

Pay Frequency: HR / WK / MO / YR Gross Amount: \$ _____

Insurance Available for Employee? Y / N Cost: \$ _____ Employee Covered? Y / N

Insurance Available for Dependent(s)? Y / N Cost: \$ _____ Dependent covered? Y / N

**Mail to: DSER – New Hire Reporting Program
11 State House Station
Augusta, ME 04330-0011**

**Or Fax to: (207) 287-6882
(800) 437-9611**