

## 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

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