

## PAPERWORK CHECKLIST FOR U.S. BASED EMPLOYEES

Please print and refer to this checklist as a guide to completing and returning the appropriate documents.

- **Click on underlined links to complete or view forms**
- **Complete, print and submit the documents in Section 1, 2 and 3.**
- Read documents in Section 3. Initial to acknowledge you have read and understand the documents.
- Section 4 has additional information on your benefits for your records. Please save any documents you want to refer to at a later time.

**Once completed, please return this checklist, initialed and signed, with all appropriate forms to the Human Resources department at CARE by your first day of employment.**

### SECTION 1: Personnel Forms – PRINT AND RETURN

\_\_\_\_\_  
Initial Signed original offer letter/employment contract

\_\_\_\_\_  
Initial [Employee Basic Data Form](#)

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Initial [Employee Confidentiality Agreement](#)

\_\_\_\_\_  
Initial [Indebtedness Statement](#)

\_\_\_\_\_  
Initial [W-4 Form](#), Employee's Withholding Allowance Certificate

\_\_\_\_\_  
Initial State Tax Form, Employee's Withholding Allowance Certificate

***Please pick your appropriate State of residency***

[California](#)

[Georgia](#)

[Illinois](#)

[Maryland](#)

[Massachusetts](#)

[New Jersey](#)

[New York](#)

[N. Carolina](#)

[Ohio](#)

[Virginia](#)

[Wash DC](#)

[West Virginia](#)

[Important tax information for US Citizens and Residents](#)

\_\_\_\_\_  
Initial I-9 Form, Employment Eligibility Verification

*I-9 documentation is required within 3 days of employment to work at CARE*

[I-9 Instructions](#)

[I-9 Form](#)

\_\_\_\_\_  
Initial [Payroll Direct Deposit Authorization](#) - Payroll distributed biweekly via direct deposit

\_\_\_\_\_  
Initial Conflict of Interest Statement *(General or Fundraiser form as noted on your Employment Information form)*

[General](#)

[Fundraiser](#) *(only for if you will partake in fundraising activities)*

### SECTION 2: Benefits Forms and Information – PRINT AND RETURN

\_\_\_\_\_  
Initial **Benefits Enrollment** *(Refer to Benefit Enrollment Instructions before filling out Enrollment form.)*

*Note: If you want to waive all benefits, then Waiver form must be filled (pg 2 of Enrollment Form)*

[Benefit Enrollment Instructions](#)

[Benefit Enrollment Form](#)

[Statement of Domestic Partner](#)

\_\_\_\_\_  
Initial **Beneficiary Forms**

[Accidental Death & Dismemberment](#)

[Business Travel Accident](#)

[ING Life Insurance](#)

\_\_\_\_\_  
Initial CARE Retirement Savings Plan: [Retirement Planning Workbook](#) [Resident](#) / [Non Resident](#)

[Important Information](#)

[Beneficiary Designation Form](#)

[Resident Enrollment Form](#)

[Non-Resident Enrollment Form](#)

## INFORMATION SECTION

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### **SECTION 3: SECTION 4: Policy Information – READ AND INITIAL CHECKLIST**

\_\_\_\_\_ Employee Handbook (<http://careweb.care.org/help/ehandbook>)

Initial

\_\_\_\_\_ [Code of Conduct & Accountability to Program Participant Communities](#)

Initial

\_\_\_\_\_ [Code of Ethics & Conduct](#)

Initial

\_\_\_\_\_ [HIPAA Privacy Policy](#)

Initial

\_\_\_\_\_ [Health Club Reimbursement](#) (*Eligible after 6 months of employment*)

Initial

### **SECTION 4: Supplemental Benefits Information – for your reference. Please do not return.**

\_\_\_\_\_ [Frequently Asked Questions](#)

\_\_\_\_\_ [Medical - Pharmacy - Dental Insurance Plan - Employee Member Kit](#)

\_\_\_\_\_ [Vision Benefits Information](#)

\_\_\_\_\_ [Supplemental Vision Plus Plan Summary](#)

\_\_\_\_\_ [Supplemental Vision Plan Summary](#)

\_\_\_\_\_ [AD&D Certificate Class-1](#)

\_\_\_\_\_ [Disability](#)

\_\_\_\_\_ [Long term disability](#)

\_\_\_\_\_ [Short term disability](#)

\_\_\_\_\_ [Flexible Spending Accounts](#)

\_\_\_\_\_ [FSA Highlights](#)

\_\_\_\_\_ [Domestic Partner Statement](#)

\_\_\_\_\_ [Your Group Life Insurance Plan](#)

\_\_\_\_\_ [Country Specific Information](#)

Access [International SOS Country/Security Guides](#) at: [www.internationalsos.com](http://www.internationalsos.com). You can log in using CARE's membership number 11BCPA000091.

\_\_\_\_\_ [Commuter Benefits](#)

\_\_\_\_\_ [Employee Assistance Program](#)

\_\_\_\_\_ [Health Advocate Information](#)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Please note that delays in receiving completed paperwork will delay processing and hence prevent your payroll and benefits coverage being activated. Your quick response is imperative in successfully onboarding you to CARE. For questions & support please contact [HRServiceCenter@care.org](mailto:HRServiceCenter@care.org).

Documents can be faxed to +1-404-589-2630 or emailed to [HRServiceCenter@care.org](mailto:HRServiceCenter@care.org). Please send original documents to:

CARE USA  
c/o Human Resources  
151 Ellis Street  
Atlanta, GA 30303

**For HR Use Only**

Received by:

\_\_\_\_\_

Date Received:

\_\_\_\_\_

Form(s) not received:

\_\_\_\_\_

Confirmation & Follow up:

\_\_\_\_\_