

PAPERWORK CHECKLIST - EMPLOYEES TRANSFERRING TO THE U.S.

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 and print the documents in Section 1 and 2.**
- **Section 3 and 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 forms in Section 1-3 to the Human Resources department at CARE Headquarters in Atlanta.

SECTION 1: Personnel Forms – PRINT AND RETURN

Initial Signed original offer letter/employment contract (*Employee keeps a copy*)

Initial [Employee Basic Data Form](#)

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 [Manager Turnover Checklist](#) (give to your current manager for completion)

SECTION 2: Benefits Forms and Information – PRINT AND RETURN

Initial [Benefits Enrollment](#) (*Refer to Benefit Enrollment Instructions before filling out Enrollment form.*)

Note: You will need to re-enroll in the US based Medical, Dental and Vision Plan. 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](#)

Note: If you are a Non U.S. Resident transferring to the U.S., you will need to re-enroll in the 401k retirement savings plan for U.S. based staff.

Note: If you are a U.S. Resident transferring to the U.S., you are not required to re-enroll but should complete the enrollment form if you would like to make changes to your contribution amounts (your payroll will change from monthly schedule to a bi-weekly schedule).

[Important Information](#)

[Beneficiary Designation Form](#)

[Resident Enrollment Form](#)

[Non-Resident Enrollment Form](#)

INFORMATION SECTION

SECTION 3: Policy Information – READ AND INITIAL CHECKLIST

Initial [Employee Handbook \(http://careweb.care.org/help/ehandbook\)](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*)

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

Initial [Frequently Asked Questions](#)

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

Initial [Vision Benefits Information](#)

[Supplemental Vision Plus Plan Summary](#)

[Supplemental Vision Plan Summary](#)

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

Initial [Disability](#)

[Long term disability](#)

[Short term disability](#)

Initial [Flexible Spending Account](#)

[FSA Highlights](#)

Initial [Your Group Life Insurance Plan](#)

Initial [Country Specific Information](#)

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

Initial Commuter Benefits

Initial Employee Assistance Program

Initial 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.

Documents can be faxed to +1-404-589-2630 or emailed to 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: _____