

PAPERWORK CHECKLIST FOR EMPLOYEES TRANSFERRING FROM US TO INTERNATIONAL LOCATIONS (NON US CITIZENS)

As a transferring Employee, you can elect to make changes to your benefits. 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 4.** Initial to acknowledge you have read and understand the documents.
- **Section 5** 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.

Once your completed forms are returned, you can expect:

- Your SOS and World Wide Assistant enrollment cards will be sent to you in the mail. Please allow 4 to 6 weeks from your start date for delivery.
- Your information will be sent to CIGNA International Expatriate Benefits and you will be mailed your Medical Insurance Cards. Please allow 4 to 6 weeks from your start date for delivery. If you need medical assistance prior to this time, please contact HRServiceCenter@care.org.

SECTION 1: Personnel Forms – PRINT AND RETURN

- _____
Initial Signed original offer letter/employment contract (*Employee keeps the copy*)
- _____
Initial [Employee Basic Data Form](#)
- _____
Initial [Employee Confidentiality Agreement](#)
- _____
Initial [Indebtedness Statement](#)
- _____
Initial [Conflict of Interest Statement](#)
- _____
Initial [Certification of Citizenship](#)
- _____
Initial Vehicle Policy (*Please note, if you do not submit this form, signed by your Country Director, a monthly fee will be assessed.*)
 [CARE USA Vehicle Policy](#) [Vehicle Waiver Form](#)
- _____
Initial [Manager Turnover Checklist](#) (give to your current manager for completion)

SECTION 2: Banking Options (You can only choose 1 option) – PRINT AND RETURN

- _____
Initial [Payment Options](#) (*Information only*)
- _____
Initial Check (*Default payment option*)
- _____
Initial [Direct Payroll Deposit Authorization](#) (*Optional - ONLY available to holders of a US bank account*)
- _____
Initial [Wire Transfer form](#)

SECTION 3: Benefits Forms and Information – PRINT AND RETURN

_____ Benefits Enrollment (Refer to Benefit Enrollment Instructions before filling out Enrollment form.)

Initial

Note: You will need to re-enroll in the International Plan. If you want to waive all benefits, then Waiver form must be filled (pg 2 of the Enrollment Form.)

Benefit Enrollment Instructions Benefit Enrollment Form Statement of Domestic Partner

_____ Beneficiary Forms

Initial

Accidental Death & Dismemberment Business Travel Accident ING Life Insurance

_____ CARE Retirement Savings Plan (You will need to enroll again in the International Plan)

Initial

_____ Retirement Planning Workbook

Important Information Enrollment Form Beneficiary Designation Form

INFORMATION SECTION

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

SECTION 5: Supplemental Benefits Information – for your reference. DO NOT RETURN.

_____ Frequently Asked Questions (UPDATED)

_____ AD&D Insurance Certificate Class- 2

_____ CIGNA INTERNATIONAL EXPATRIATE BENEFITS NEW MEMBER KIT
(Note: your medical ID cards will arrive in the CARE pouch within 6 weeks of your start date)

_____ Benefits Information

International Benefits at a glance Supplemental Vision Plan Summary
Supplemental Vision Plus Plan Summary Eyemed Out of Network Claim Form

_____ Country Specific Information

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

_____ Your Group Life Insurance Plan

_____ Employee Assistance Program

_____ [Health Advocate Information](#)

_____ Country Office Association
[Introduction to COA](#) [COA Membership Form](#)

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:
