

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

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, 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 2 to 4 weeks from the time you return your paperwork.
- 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](mailto: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 [W-4 Form](#), Employee's Withholding Allowance Certificate
- \_\_\_\_\_  
Initial [Form 673](#) (*Statement for Claiming Exemption from Withhold on Foreign Earned Income Eligible for the Exclusion(s) Provided by Section 911*)
- \_\_\_\_\_  
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

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

Note: You will need to re-enroll in the International 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](#)

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

Initial

[Accidental Death & Dismemberment](#)   [Business Travel Accident](#)   [ING Life Insurance](#)

\_\_\_\_\_ CARE Retirement Savings Plan: [Retirement Planning Workbook](#)

Initial

[Important Information](#)   [Enrollment Form](#)   [Beneficiary Designation Form](#)

Note: You need to complete the Retirement Savings Plan enrollment forms if you want to continue your contributions to your 401k account. If you do not return it, the employee contributions will stop.

## INFORMATION SECTION

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### 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](#)

\_\_\_\_\_ [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](http://www.internationalsos.com). You can log in using CARE's membership number 11BCPA000091.

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

\_\_\_\_\_ [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:

\_\_\_\_\_