

Employee Benefits Orientation Checklist

Employment Documents:

- | | |
|---|--|
| <input type="checkbox"/> Contract / State ID Card | <input type="checkbox"/> W-4 Form |
| <input type="checkbox"/> I-9 | <input type="checkbox"/> Direct Deposit Authorization |
| <input type="checkbox"/> Employee Disclosure Form | <input type="checkbox"/> TBR Designation of Beneficiary Form |

Policy Information:

Refer to Columbia State Community College website: <http://chargernet.columbiastate.edu/>

Enter Login information and Select the Employee Tab, Select Policies and Procedures under Human Resources on right

Also, refer to Tennessee Board of Regent website: <http://www.tbr.edu/> Personnel Policies & Personnel Guidelines

- Acknowledgement of responsibilities and mandatory training

Vehicle Registration Information:

Vehicle Registration Form: <http://www.columbiastate.edu/vehicle-form> -

Annual fee of \$10 for 1st vehicle, \$1 for each additional vehicle

Retirement:

- Notice of Election to Participate in the Optional Retirement Program or TN Consolidated Retirement System
- Optional Retirement Program (ORP) (Faculty & Professional Staff only) <http://treasury.tn.gov/orp/>
 - Enrollment is required through 1 of the 3 providers: ING TIAA-CREF VALIC

OR

- TN Consolidated Retirement System (TCRS) <http://treasury.tn.gov/tcrs/> Membership Form

Other:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Prudential Long Term Disability Insurance Plan
(must sign either requesting OR declining coverage) | <input type="checkbox"/> VSP Vision | <input type="checkbox"/> AFLAC products – enroll through AFLAC
[AFLAC rep, Sue Braly, sbraly@pbsllc.biz
Cell (931) 580-9714] |
|--|-------------------------------------|---|

I have received and verify that I have been informed of each item applicable to my position and have been advised that it is my responsibility to familiarize myself with all of Columbia State Community College policies and procedures, not just those listed on this checklist.

Employee Signature _____ Date _____

Human Resources _____ Date _____