

NEW EMPLOYEE ORIENTATION (Permanent)

Employee Name: _____ H#: _____

Class Code/Slot/Position #: _____ Date of Hire: _____

REQUIRED FORMS/DOCUMENTS

- I-9 Employment Eligibility
e-Verify Completed Date _____
- W-4 Withholdings & Deductions
- Policies & Procedures Receipt

The Nondiscrimination Statement, The Sexual Harassment Policy, The Employee Grievance Policy, The Acceptable Use Policy For Network Services and the Internet, The Statement on Alcohol and Drug Abuse, The Statement of Policies and Procedures Manual, Guide to State Ethics Act

- Confidentiality Statement
- Student Loan Default
- Disclaimer
- Hepatitis B (if applicable)
- Employee Data Sheet
- Direct Deposit Form w/ voided check
- Transcript Request # Requested _____

RCVD _____ 1. _____

RCVD _____ 2. _____

RCVD _____ 3. _____

INSURANCE

- Notice of Election Form
- Tobacco Certification** (pg. 40)
\$40.00 Individual / \$60.00 Subscriber Plus
dependent(s) Surcharge for Certified Tobacco Users
- Insurance Benefits Guide (www.eip.sc.gov)
- State Health Plan (Savings & Standard) (p 41)
 - Provider Directory (www.eip.sc.gov)
 - Prescription Program (p 62)
 - Medi-Call/Maternity (p 50/52)
 - Wellchild (p 65)
Birth-18 (routine chkup/immune)
 - Colonoscopy (p 58)
1 every 10 years age 50 and over – preventative
 - Pap Test Benefit (p 64)
Pap Test each year ages 18-65
 - Mammography (p 64) – preventative
35-39 One Baseline during those years
40-74 One Routine every calendar year
 - Quit for Life Program (p 74)
- Blue Choice HMO (p 78)
- Dental/Dental Plus (p 99)
 - Dental Plan coverage: _____
 - Monthly premium: _____
 - Dental Plus _____ Y or _____ N
 - Monthly premium: _____

- Basic Life (\$3,000.00)-(if enrolled in a State Health Plan) (p 117)
- Optional Life (p 119) –
coverage _____ premium _____
- Dependent Life Spouse (up to ½ of Emp Opt coverage, if more than \$10,000 or \$20,000) (p 130)
coverage _____ premium _____
- Dependent Life Child _____ Y or _____ N (pg. 130)
\$1.24/\$1.65
- Basic LTD - (Automatic if enrolled in a State Health Plan; p 137)
62.5% up to \$800 Max Month / 90-day waiting period
- SLTD (Year Round Enrollment) (p 141)
65% up to \$8000 Max Month
90 Days _____ 180 Days _____
- Money Plu\$ Flyer (p 159)
 - Pre-Tax Group Premium Feature \$0.28/\$0.38
 - Health Savings Account (Only with Hlth Savings)
\$1.50/\$2.00
 - Dependent Care Spending Account \$3.14/\$4.18
 - Medical Spending Account \$3.14/\$4.18
(Must be employed 1 year)
- **If enrolled in both Depd Care and Med Spend, one admin fee waived**
- Vision Care Discount (p 109)
 - \$60 Comprehensive Eye Exam, 20% Disc on all eyewear, except contact lenses
 - Provider Directory online at www.eip.sc.gov
- EyeMed State Vision Plan (p 114)
 - Plan Outline
 - Provider Directory online at www.eip.sc.gov
- Spectera – **Supplemental** Vision Program
(enroll through year)
 - Provider Directory online at www.spectera.com
- Effective Dates of Coverage _____
- Dependent Documentation Received (pg. 20)
- Pre-Existing Conditions/Letter of Creditable Coverage
(p 12-13) – previous health insurance
- 31-Day Rule-Family Status change (p 24)
- Annual/Open Enrollment October (p 23)
- Dependent (s) Eligibility
- COBRA (letter) (p 30)
- HIPAA Guidelines

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY.

RETIREMENT

- Retirement Enrollment SCRS/ORP
- Retirement Beneficiary SCRS/ORP

PAYROLL INFORMATION

- Payroll Schedule
- Pick up location/EE Self Service Instructions
- Double deduction of Premium (DOH 1st of the month)

Please Note: Faculty Annual Payroll Deductions Pro-rated and deducted over 9 months.

ATTENDANCE & LEAVE

- State Holidays & College/Faculty Calendar(s)
- Work Hours (8.25 hours M-Th, 4.50 hours F)
- Staff Electronic Leave System (if applicable)
- Leave Accrual Rates/Carryover
 - 9.38 hours/mth Sick Leave – Faculty & Staff
 - 9.38 hours/mth Annual Leave – Staff (increases after 10+ years of State Service)
- Family Sick Leave
 - 75.0 hours of personal Sick Leave per Calendar yr
- Death of Immediate Family Member
 - 22.50 hours (3 consecutive days)
- Faculty Non-Work Days (FNWDs)

OTHER

- Emergency Manual
- EPMS/FPMS Process
- Workers' Compensation
- Employee Assistance Program (EAP) Information

- HGTC ID Card
- BANNER/Wavenet/E-mail to System Office (re: new employee)
- Perks Card
- Conway Wellness Center Discount/YMCA Discount
- Foundation Information
- FSD-Faculty Staff Development Procedure and applicable forms

Other Available Programs and Associations:

Credit Unions

- Carolina Collegiate FCU, Coastal Carolina University, 349-2035
- Carolina Trust FCU, 1-888-448-2133
- South Carolina State Credit Union, (843) 667-4990, Florence

SC State Employee Association 1-877-882-4025 - <http://www.scsea.com>

Bank at Work Programs

- Wells Fargo
- Bank of America
- BB&T
- First Citizens

Annuity Companies (Packets and Information available in HR)

- AIG VALIC, Enoch Booth, 800-892-5558 ext 89861, 403(b) TSA
- AXA Advisors, LLC, Kevin Jackson, (843) 849-7878 Equitable, 403(b) TSA
- 403(b) ASP, Jimm Thompkins, (843) 248-0004, 403(b)
- SC Deferred Compensation, Kathy Diehl, 877-457-6263 X 20150 (VM) or 843-325-9327, Great West 401(k) and 457

Supplemental Companies (Packets and Information available in HR)

- AFLAC, John Lentz, Cathy L. Travaglini, 445-4580
- The General Agency, 1-800-922-5036, Income Protection & Accident
- Consecro, Mike Lynn, 803.328.1311
- Colonial, Mike Linebaugh, 803.422.9847

Human Resources Webpage: www.hgtc.edu/hr

I certify that I have reviewed the online New Hire Benefits Orientation containing information related to benefits at Horry Georgetown Technical College.

I have been advised of the availability of state benefits and was given the opportunity to enroll in all programs.

I understand that I am responsible for my benefits and it is my responsibility to inform them Benefits Administrator of Horry Georgetown Technical College within the appropriate time frame if/when changes need to be made to my coverage.

Furthermore, my signature indicates that the checked items were discussed with me during orientation at Horry-Georgetown Technical College.

Employee Signature and Date

Employer Signature and Date

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY.