# New Employee Benefits Orientation – Checklist

<table>
<thead>
<tr>
<th><strong>EMPLOYEE INFORMATION</strong></th>
<th><strong>Name:</strong></th>
<th><strong>Start Date:</strong></th>
<th><strong>Supervisor:</strong></th>
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<tbody>
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<td><strong>Position:</strong></td>
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## THE CALENDAR
- Attendance, Pay Schedule, Vacation Accrual
- Sick Leave
- Holidays
- Direct Deposit Requirement Administrator/Staff – must have 40 leave credits available
- Prohibiting Harassment in Employment & Retaliation for Reporting Harassment or Participation in a Harassment Investigation
- Workplace Violence
- Nepotism

## POLICIES OF CSU Channel Islands
- Smoking on Campus
- Discrimination & Affirmative Action Programs in Employment
- Health & Safety
- Drug Free Campus & Workplace
- Additional Employment

## MISCELLANEOUS BENEFITS
- Auto & Homeowners Insurance
- Credit Union(s)
- Aflac Critical Illness Coverage
- Fee Waiver Program
- Employee Assistance Program
- Pre-paid Legal
- MedEX Travel Assistance

## LIFE INSURANCE
- CSU (Employer Paid) Life Insurance
- Voluntary Additional Life Insurance - guarantee issue amounts w/in 60 days of eligibility

## DISABILITY BENEFITS
- Short-term Disability
- Voluntary Disability Plans
- Long Term Care

## HEALTH BENEFITS
- Medical - eff date______________ *
- Dental - eff date______________ *
- Vision - eff date______________ 
- Dependent Care & Health Care Reimbursement Accounts
- Flex Cash (in lieu of benefits)

## RETIREMENT
- PERS Retirement Plan
- Deferred Compensation - 401k, 457 & 403b Plans
- Part-time, Seasonal, Temporary Plan (PST)

*Effective date of your medical and dental benefit plans will be the 1\textsuperscript{st} day of the month following the date your enrollment forms are received by the Benefits Office. If your enrollment forms are received by the Benefits Office beyond the 60\textsuperscript{th} day of benefit eligibility, your coverage will be effective the first day of the month following a 90 day waiting period. (The general effective date under the Health Benefits area above is for employees on a regular pay schedule. If you are a faculty member, the date may differ from above, so be sure to check with the Benefits Office.)*

## ACKNOWLEDGMENT
(To be signed upon completion of all orientation items)

**Signature:** ________________________________ **Date:** ________________________________