

# NEW EMPLOYEE ORIENTATION



**COLE COUNTY**

**MISSOURI**

Working together for a better tomorrow

# WELCOME



Welcome to employment with Cole County! We are excited that you have made the decision to join our team.

This orientation is meant to introduce you to your new environment, provide you with valuable resources and help supply information about critical policies and benefits offered to Cole County employees.

You may navigate through this orientation and view any links to additional information along the way. If you have any questions, please contact HR or the department head/elected official in your office.

# NEW PART-TIME EMPLOYEE FORMS



This is a comprehensive list of the forms to be completed & submitted to HR by all new PART-TIME employees (as well as some important notices). You may click on each form name to print from this page or you may print individually from the pages that follow which offer additional information.

## GENERAL FORMS, REQUIRED

1. [Federal Withholding W-4](#)
2. [State Withholding W-4](#)
3. [Direct Deposit Authorization](#)
4. [Employment Eligibility Verification I-9 Form & E-Verify](#)
5. [Acceptable Use Policy](#)
6. [Personnel Policies Handbook Form](#)
7. [Emergency Contact Information Form](#)
8. [CERF 1,000 Hours Automatic Enrollment Acknowledgement Form\\*](#)

## NOTICES

9. [EAP \(Employee Assistance Program\)](#)
10. [Workers Compensation- Reporting Injury](#)
11. [Health Care Reform Notice](#)

\* Prenger Family Center employees are not eligible for CERF

# GENERAL FORMS



Participation is **REQUIRED** and these forms **MUST** be completed by all new **PART-TIME** employees and returned to HR.

# FORM #1: FEDERAL WITHHOLDING W-4

## Notes/Instructions:

- Complete your Federal W-4, referring to a site such as [this one](#) if you need assistance.

## Looks similar to this:

**Form W-4 (2017)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your marital or financial situation changes.

**Example: When withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her return, you can claim exemption from withholding if your total income exceeds \$1,000 and includes more than \$500 of unearned income (for example, interest and dividends).

**Exemptions.** An employer may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or
- will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

**Personal Allowances Worksheet (Keep for your records.)**

**A** Enter "1" for yourself if no one else can claim you as a dependent . . . . . **A**

**B** Enter "1" if:   
 • You're single and have only one job; or   
 • You're married, have only one job, and your spouse doesn't work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. . . . . **B**

**C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C**

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. . . . . **D**

**E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . **E**

**F** Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. . . . . **F**

**G** Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child, then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.   
 • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$50,000 if married), use the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

**H** Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) **H**

For accuracy, complete all worksheets that apply.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

**Form W-4 Employee's Withholding Allowance Certificate** OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

1 Your first name and middle initial Last name 2 Your social security number

Home address (number and street or rural route) City or town, state, and ZIP code

3  Single  Married  Married, but withheld at higher Single rate. Note: If married, but highly separated, or spouse is a nonresident alien, check the "Single" box. 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2 5 6 Additional amount, if any, you want withheld from each paycheck 6 \$ 7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.   
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and   
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.   
 If you meet both conditions, write "Exempt" here  7

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature Date   
 (This form is not valid unless you sign it.)   
 8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. GHI No. 1025002 Form W-4 (2017)

**REQUIRED FORM**

\*Click on the form to your right to (re)print.

# FORM #2: MISSOURI WITHHOLDING W-4



## Notes/Instructions:

## Looks similar to this:

- Complete your Missouri W-4, referring to a site such as [this one](#) if you need assistance.

Form MO W-4 Missouri Department of Revenue  
Employee's Withholding Allowance Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Filing Status \_\_\_\_\_  
Single  Married  Head of household   
Home Address (Number and Street or Rural Route) \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

1. Allowance For Yourself: Enter 1 for yourself if your filing status is single, married, or head of household. \_\_\_\_\_ 1  
2. Allowance For Your Spouse: Does your spouse work? Yes  No  If yes, enter 1. If no, enter 1 for your spouse. \_\_\_\_\_ 2  
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4. \_\_\_\_\_ 3  
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim. \_\_\_\_\_ 4  
5. Total Number Of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here. \_\_\_\_\_ 5  
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here. \_\_\_\_\_ 6 \$ \_\_\_\_\_  
7. Exempt Status: If you had a right to a refund of all of your Missouri income tax withheld last year because you had no tax liability and this year you expect a refund of all Missouri income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below. \_\_\_\_\_ 7  
8. If you meet the conditions set forth under the Servicemember Civil Relief Act as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability, write "Exempt" on line 8. See information below. \_\_\_\_\_ 8  
9. If income earned as a member of any active-duty component of the Armed Forces of the United States is eligible for the military income deduction write "exempt" on Line 9. \_\_\_\_\_ 9

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it) \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Date Services for Pay First Performed by Employee (MM/DD/YYYY) \_\_\_\_\_ Federal Employer I.D. Number \_\_\_\_\_ Missouri Tax Identification Number \_\_\_\_\_

Notice To Employer: Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.

Employee Information — You Do Not Pay Missouri Income Tax on all of the Income You Earn!  
Visit <http://www.dor.mo.gov/taxcalculator/withhold> to by our online withholding calculator.

Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

Single	Married Filing Combined	Head of Household
\$2,100 — personal exemption	\$ 4,200 — personal exemption	\$ 3,500 — personal exemption
\$5,350 — standard deduction	\$12,700 — standard deduction	\$ 5,350 — standard deduction
\$9,450 — Total	\$16,900 — Combined Total (For both spouses)	\$12,850 — Total
+ \$1,200 for each dependent	+ \$1,200 for each dependent	+ \$1,200 for each dependent
+ up to \$5,000 for federal tax	+ up to \$10,000 for federal tax	+ up to \$5,000 for federal tax

Items To Remember:

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claims the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should complete a smaller number of allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Exemption Statement of the non-resident military servicemember, Form W-2 issued to the non-resident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

Mail to: Taxation Division Phone: (573) 751-8750 Visit <http://www.dor.mo.gov>  
P.O. Box 3340 Fax: (573) 526-8079 P.O. Box 3340 (Permit 12-2016)  
Jefferson City, MO 65105-3340 <http://des.mo.gov/child-support/mojournal/new-hire-reporting.htm> for additional information regarding new hire reporting.

REQUIRED FORM

\*Click on the form to your right to (re)print.

# FORM #3: DIRECT DEPOSIT AUTHORIZATION



## Notes/Instructions:

- Cole County employees are paid by direct deposit only. You may elect to deposit your net check into one account or two different accounts.
- Complete this form and attach a voided check(s) or letter from your bank with account and routing number.

## Looks similar to this:

BANK DEPOSIT AUTHORIZATION			
SOCIAL SECURITY NO.	FIRST NAME	MIDDLE NAME	LAST NAME
Please deposit, the amount stated below*, from my payroll check into the following account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
Bank	Transit Routing Number		
Bank Location (Street Address)	Account Number		
(City, State, Zip Code)	*Amount will be balance of net deposit		
PLEASE ATTACH VOIDED CHECK OR A LETTER FROM YOUR BANK WITH ACCOUNT & ROUTING NUMBER:			
Please deposit, the amount stated below**, from my payroll check into the following account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
<small>(This amount must be rounded off to a dollar amount only. Example \$175.00)</small>			
Bank	Transit Routing Number		
Bank Location	Account Number		
(City, State, Zip Code)	**Amount		
<input type="checkbox"/> First Pay \$ _____ <input type="checkbox"/> Second Pay \$ _____ <input type="checkbox"/> Third Pay \$ _____			
PLEASE ATTACH VOIDED CHECK OR A LETTER FROM YOUR BANK WITH ACCOUNT & ROUTING NUMBER:			
I hereby authorize the direct deposit of my net pay by my employer in the account(s) and financial institution indicated above. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt after reasonable opportunity to act on it. In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit. I understand that my employer will make a reasonable effort to complete this transaction in a timely manner and my paycheck will be delivered to my pay location until that time. I recognize that it is my sole responsibility and duty to verify my account balance prior to drawing on my account.			
EMPLOYEE SIGNATURE _____			
Please discontinue depositing my payroll checks to my bank account(s). I will receive my payroll checks at my working location until a new bank deposit authorization is submitted.			
EMPLOYEE SIGNATURE _____			

**REQUIRED FORM**

\*Click on the form to your right to (re)print.

# FORM #4: EMPLOYMENT ELIGIBILITY (I-9)

## Notes/Instructions:

- New employees must provide two (2) forms of identification, one of which must be a photo ID. A list of acceptable ID's can be found on the last page of this form.
- Under federal requirements, these ID's must be original documents.
- Instructions to complete your I-9 can be found [here](#).

**REQUIRED FORM**

\*Click on the form to your right to (re)print.

## Looks similar to this:

**Employment Eligibility Verification**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town
		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_

4. An alien authorized to work \_\_\_\_\_ until (expiration date, if applicable, mm/dd/yyyy).  
Some aliens may write "NA" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

OR

3. Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

Last Name (Family Name)	First Name (Given Name)
Address (Street Number and Name)	
City or Town	
State	ZIP Code

Employer Completes Next Page

Form I-9 11/14/2016 N Page 1 of 3



# FORM #5: ACCEPTABLE USE POLICY



## Notes/Instructions:

- Sign and date this form to acknowledge that you understand and agree to use County internet and email for lawful purposes only.

## Looks similar to this:

**COLE COUNTY**

**ACCEPTABLE USE POLICY  
INTERNET/EMAIL**

The County views the legitimate use of the Internet/E-mail system as potentially enhancing a large number of its functions and services being provided to the public. The goal of the policy is to ensure the responsible and acceptable use of these resources. This policy applies to all employees, contractors, volunteers and other individuals who are provided access to these systems.

Department directors may provide access to Internet and/or E-mail systems to their department employees. This capability will be provided on an as needed basis and is a revocable privilege.

Employees may use email and Internet services for lawful and acceptable purposes only. Unlawful and unacceptable purposes include, but are not limited to:

- Any illegal, illicit, improper, unprofessional or unethical activity, or any activity that could be reasonably construed to be detrimental to the interests of the County;
- Unauthorized attempt to access another's E-mail;
- Transmitting obscene or harassing messages;
- Use for access to and distribution of indecent or obscene material, child pornography, inappropriate text or graphic files, or files dangerous to the integrity of the network;
- Extensive use of internet e-mail resources for personal use;
- Solicitation of funds (without prior approval of the department directors);
- Political messages;
- Harassing messages;
- Messages that could be construed as sexually explicit or discriminatory based on race, national origin, sex, age, disability, religious or political beliefs.

Department directors may review any and all data, information or computer files stored in or sent to or from computers owned or supplied by the County in their department. Employees discovered violating any provision of this policy may be subject to discipline by their Department Director including termination of employment.

Employees, contractors, volunteers and other individuals agree to defend, indemnify and hold harmless Cole County elected officials, employees and all entities of Cole County Government from all liabilities, claims and expenses, including attorney's fees arising as a result of any breach of this User Policy or any illegal, unlawful or unauthorized use of Cole County services, networks or systems.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**REQUIRED FORM**

\*Click on the form to your right to (re)print.

# FORM #6: PERSONNEL POLICIES HANDBOOK



## Notes/Instructions:

- Sign and date this form to acknowledge receipt of the Cole County Personnel Policies Handbook. (You may print this handbook if you wish, but it is not necessary; it will always be accessible online.)

## Looks similar to this:

**COLE COUNTY**  
**PERSONNEL HANDBOOK AND POLICIES**  
**ACKNOWLEDGEMENT FORM**

The employee handbook describes important information about Cole County, and I understand that I should consult the Department Head regarding any questions not answered in the handbook.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the County Commission of Cole County has the ability to adopt any revisions to the policies in this handbook. Furthermore, I have received the handbook and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Typed or Printed)

\_\_\_\_\_  
Employee Social Security Number

**REQUIRED FORM**

\*Click on the form to your right to (re)print.

# FORM #7: EMERGENCY CONTACT INFO



## Notes/Instructions:

- Complete this form so the County has a record of who to contact in case of emergency.
- YOU MUST PROVIDE AN EMAIL ADDRESS. You may use your County-issued or personal email address, but be advised that your check stub for each payroll will be sent to the email address you provide on this form.

## Looks similar to this:

**Cole County Employee Contact Information**  
(This information will be kept with your personnel records)

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_

Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_

Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**REQUIRED FORM**

\*Click on the form to your right to (re)print.

# FORM #8: CERF 1,000 HOUR AUTO ENROLL



## Notes/Instructions:

- Part time employees working in excess of 1,000 hours (but less than 2,000 hours) in a calendar year will be automatically enrolled in the CERF Retirement Plan and will contribute 6.7 percent of their gross salary per pay period.
- After you enroll in CERF, you will remain in CERF until you terminate County employment for a period greater than 30 days.

**REQUIRED FORM**

\*Click on the form to your right to (re)print.

## Looks similar to this:

**COLE COUNTY**

**CERF RETIREMENT AUTOMATIC ENROLLMENT  
ACKNOWLEDGEMENT FORM**

The County offers CERF (County Employees Retirement Fund) to all full-time employees. I understand that as a Part-time employee, if I work for the County in excess of 1,000 hours in a calendar year, I will be automatically enrolled in CERF and will have to pay 6.7% out of each paycheck.

\_\_\_\_\_

Name (Printed)                      Signature                      Date

# NOTICES



These notices are informational and do not require completion of a form; it is the responsibility of the County to make all new **PART-TIME** employees aware of these rights, responsibilities and procedures.

# NOTICE #9: EAP (EMPLOYEE ASSISTANCE PROGRAM)



## Notes/Instructions:

- The County pays for an Employee Assistance Program through Capital Region Medical Center. It offers assessment, short-term counseling, referral and follow-up services for employees and their family members

## Looks similar to this:

**What is the Employee Assistance Program?**

The EAP is a counseling and referral service staffed by a team of licensed mental health professionals, and is designed to help you with your personal, job or family problems. It is free, voluntary and confidential.

**What kinds of problems does the EAP help resolve?**

Our professional counselors are prepared to assist you with virtually any issue or problem that can affect your work performance or personal health. Some of the most common concerns brought to the EAP include:

- Family
- Alcohol/Drug Abuse
- Marital
- Job-Related Problems
- Stress/Anxiety
- Legal/Financial
- Depression
- Grief/Loss
- Eating Disorders

**What can I expect from the EAP?**

A telephone call is all it takes to obtain information or to make an appointment with an EAP counselor. As needed or appropriate, a counselor will meet with you in a confidential setting and:

- Help you assess the problem.
- Meet with family members.
- Provide short-term counseling.
- Assist you in selecting other professional services and resources within your community.
- Follow-up to ensure that you receive quality services.

**How much will the EAP cost me?**

There is no cost to employees who receive counseling and other services provided directly by the EAP counselor. If additional outside treatment or professional services are needed, the costs are your responsibility if not covered by your company insurance or private insurance. The EAP counselor will work with you to identify the best available outside services in line with your individual finances.

**Is the EAP confidential?**

Yes, your privacy is protected by strict confidentiality laws and regulations and by professional ethical standards for counselors. The details of your discussions with the counselor may not be released to anyone without your prior written consent. Participation in the EAP will not jeopardize your job or career.

**When is the best time to contact the EAP?**

Do not wait too long! The sooner you seek help, the sooner your problems will be addressed. Problems left unresolved often can lead to more serious situations with a greater risk that your health or job performance will be jeopardized.

The program is provided by your employer through an agreement with Capital Region Medical Center.

**Better. Every day.**

INFORMATIONAL ONLY

\*Click on the form to your right to (re)print.

# NOTICE #10: WORKER'S COMPENSATION



## Notes/Instructions:

- County provides services to those who have been injured on the job or exposed to occupational disease arising out of and in the course of employment.
- If you are injured on the job, you must follow the County Workers' Compensation Injury Reporting Guidelines.

## Looks similar to this:

**COLE COUNTY**

**WORKERS' COMPENSATION  
INJURY REPORTING GUIDELINES**

**LIFE OR LIMB THREATENING INJURIES:**

Send employees directly to the Capital Region Medical Center Emergency Room at 1125 Madison Street, Jefferson City, MO 65101

Report the incident to the Cole County Commission Office as soon as possible:

Chelsea Kirchner: (573) 634-9109 (office)  
Debbie Malzner: (573) 634-9162 (office)  
(573) 619-7181 (cell)

**NON-LIFE OR NON-LIMB THREATENING INJURIES:**

**During regular business hours** – Prior to seeking medical attention, contact the Cole County Commission Office:

Chelsea Kirchner: (573) 634-9109 (office)  
Debbie Malzner: (573) 634-9162 (office)

**Outside regular business hours** – Prior to seeking medical attention, contact Debbie Malzner:

Debbie Malzner: (573) 619-7181 (cell)

**CLINIC LOCATION:**  
Capital Region Corporate Health Clinic  
3308 West Edgewood, Jefferson City, Mo 65101  
Phone: 644-7878  
Hours: 7:30am–4:30pm Monday through Friday

Notes: All medical care must be initiated through the Cole County Commission or a case manager. Employees seeking care for injuries not reported to their supervisor and Cole County Commission may be held responsible for charges incurred from the provider(s).

An Employee Report of Accident must be completed prior to obtaining medical care. In cases of emergencies, it should be completed as soon as possible.

**INFORMATIONAL ONLY**

\*Click on the form to your right to (re)print.

# NOTICE #11: HEALTH CARE REFORM



## Notes/Instructions:

- County provides notice of the Health Care Reform Law to all new employees of the County.
- More information on the Health Care Reform Law and the Marketplaces is available [here](#).

## Looks similar to this:

**COLE COUNTY**  
**HEALTH CARE REFORM NOTICE**  
**ALL COUNTY EMPLOYEES**

To: All County Employees  
From: Cole County Commission  
RE: Health Insurance Marketplace Coverage Options  
Dear Employees,

Effective Jan. 1, 2014, the health care reform law created an online marketplace for purchasing health insurance coverage. This marketplace is referred to as a Health Insurance Marketplace, or an Exchange. In the Marketplace, you can find and compare different health insurance plans. You are not required to purchase insurance coverage through the Marketplace. The County is continuing to offer health coverage to eligible employees, as explained below.

The notice is being provided to help you understand the health insurance options that are available to you. Purchasing health insurance for yourself and your family is more important than ever. Starting in 2014, the health care reform law requires most individuals to be covered by health insurance or pay a penalty.

If you purchase coverage through a Marketplace, you may be eligible for a federal subsidy that lowers your monthly premiums or reduces your cost sharing. However, to receive these federal savings, you cannot be eligible for health plan coverage through the County that is "affordable" and provides "minimum value." Also, keep in mind that you may only enroll in a health insurance plan through the Marketplace during an open enrollment period or a special enrollment period. The open enrollment period for Marketplace coverage during 2017 runs from Nov. 1, 2016, through Jan. 31, 2017.

The availability of coverage through the Marketplace does not affect your eligibility for coverage through the County's health plan. The enclosed notice provides information about the Company's current health plan coverage. Please contact Debbie Malzner or Chelsea Kirohner in finance for additional information on the plan's coverage. If you purchase health insurance through the Marketplace instead of enrolling in the County's health plan, you may lose the County's contribution to the employer-sponsored health coverage. Also, while contributions to the County's health coverage are excluded from your income for tax purposes, your payments for Marketplace coverage are made on an after-tax basis.

More information on the health care reform law and the Marketplaces is available at [www.healthcare.gov](http://www.healthcare.gov).

Sincerely,  
Debbie Malzner, Finance Director

**INFORMATIONAL ONLY**

\*Click on the form to your right to (re)print.



# THANK YOU



Thank you for your time. If you have unresolved questions,  
please contact the HR Office:

(573) 634-9109

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Chelsea Kirchner ([ckirchner@colecounty.org](mailto:ckirchner@colecounty.org))