



I. INTRODUCTION

The purpose of this document is to provide a clear understanding of the role and expectations of personnel at the Txin Kaangű (TK) Initiative. The Txin Kaangű (TK) Initiative serves a vital role within the Aleut Community of St. Paul Island by providing critical services and programs. All personnel within the Txin Kaangű (TK) Initiative therefore are essential and vital not only to the organization but to the community and the families it serves.

This Personnel Recruitment and Onboarding Policy & Procedures (P&P) manual provides guidance and support for the development of a successful workforce to ensure and enhance Txin Kaangű (TK) Initiative programs and services. Furthermore, this policy provides continuity of personnel recruitment strategies and onboarding procedures across the organization.

A policy is, “A statement of company philosophy covering a specific aspect of the employer-employee relationship.” While a procedure is, “The method or technique by which a given policy is implemented or accomplished.”¹

This document does not replace the P&P set forth by the Aleut Community of St. Paul Island Tribal Government but is meant to act as a supplement for additional personnel guidance and support.

Txin Kaangű (TK) Initiative

In 2015, the Tribal Council of the Aleut Community of St. Paul Island established the Txin Kaangű Initiative as a preventative and integrative medicine model. The goal of the Initiative is “to provide for the integration of Tribal Government programs, services, divisions, departments, and their employees that provide for the health, welfare and safety of our Tribal membership and community.” The idea of Txin Kaangű, which roughly translates to **“your health and wellness,”** reflects the desire for a holistic approach to healing and wellness that relies on collaboration and creativity in a broad approach to service provision. The Txin Kaangű Initiative’s first strategic plan outlined how the program’s definition of “healthy people” refers not only to the physical body, but also to the mind and spirit,

¹ Hawaii Employers Council, Guide to Developing HR Policies and Procedures August 2017 – rr4489.



and reflects an individual's relationships with other people, their environs, and their opportunities to learn and grow.

The Initiative defined “healthy people” as those who have access to and experience quality:

- Childcare
- Cultural health
- Dental health
- Emotional health
- Employment
- Environmental health, including access to subsistence and natural resources
- Family relationships
- Restorative justice
- Housing
- Mental health
- Physical health
- Spiritual health
- Training, self-improvement, and education opportunities

To achieve this well-rounded idea of wellness, the Initiative's integrated and broad service array attempts to cover all entry points for families at risk of child maltreatment, ideally long before they become involved in the child welfare system. The initiative envisions a system that allows community members to approach any Tribal Government employee to be effectively directed to needed services. Services include:

- Personal and community health
- Personal and family services
- Victim services
- Youth and education
- Culture and language
- Tribal Justice
- Business development and training
- Environmental

Our commitment to healthy people also includes those who work within the organization. You are valued and are important to our community. It is our intention that you will utilize and become familiar with this P&P and the content within to assist you in understanding the important role you play and embrace our community-centered, holistic model for our talent force. In addition to personal, family, community health, and other services, the Tribal Government offers other supports

Mission and Vision

The Txin Kaanguê (TK) Initiative's mission is to “empower our community to build strong and resilient families” through the idea of Ataqakun Anğağilix, or **“Living together as one.”**

As part of our 2015 Strategic Planning process, we engaged with Txin Kaanguê (TK) Initiative personnel (leadership, staff, volunteers) and community members to articulate and visualize our



community-based organizational mission and values. This included engaging with Indigenous Ways of Knowing (IWOK) through storytelling and artistic expression. The Txin Kaangux̂ (TK)

Initiative's values (Table 1) and The Sea of Change (Figure 1) below are outcomes of this expression.

Table 1: The Txin Kaangux̂ Initiative's Values

RELATIONSHIPS	Know your family tree, relations, and people's history.
TRADITION	Subsistence is sustenance for life; live with and respect the land, sea, and all nature.
SPIRITUALITY	Respect and be aware of the Creator in all living things.
RESILIENCY	Be resilient and adaptive to new opportunities.
IDENTITY	Our Unangan language defines who we are and lets us communicate with one another.
ACCOUNTABILITY	Ownership of individual and community health and wellness.
HOLISTIC	Integrated, comprehensive approach to health and wellness: treating the whole person and family.
CONTRIBUTION	Life is gifted to you. What you make of it is your gift in return.
BALANCE	Always learn and maintain a balance for the coming generations that we don't see yet, for their time here.

Source: Txin Kaangux̂ Initiative 2015-2018 Strategic Plan, September 2015.

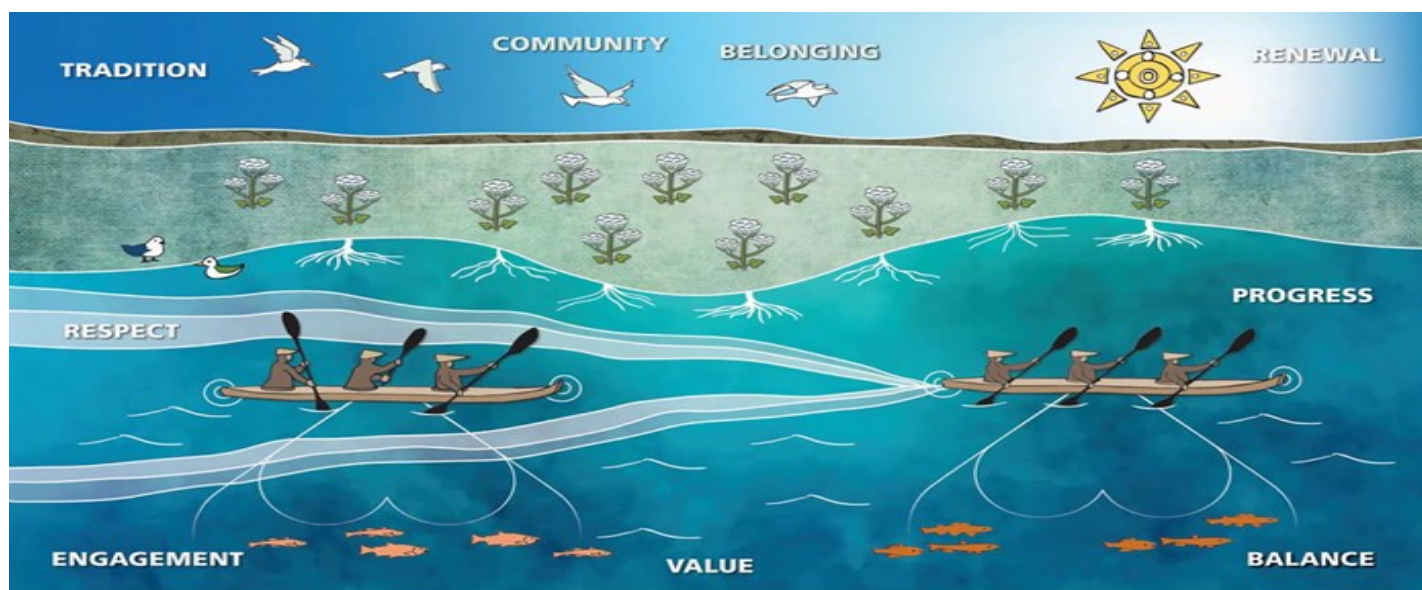
These values are what drive our work and are the foundation of our culturally responsive P&P. These values guide how we recruit and retain qualified, knowledgeable, and experienced personnel to support our critical programs and services to the community. The goals of the Txin Kaangux̂ Initiative can be understood through a vision and narrative described in Figure 1 below, using the metaphor of a "sea of change" that allows the community to travel from where they are to where they hope to be in the future.





Figure 1: The Sea of Change

The individuals paddling in the Baidarka demonstrate the importance of working together. When paddlers are not paddling in unison, as shown by the left Baidarka, the journey is more strenuous and frustrating. However, when the struggling paddler has someone modeling in the front and someone supporting them from behind, they move to the second Baidarka, as shown on the right, with everyone paddling together. The wake of this Baidarka serves as a guide for those behind it, leading the way.



The sun symbolizes what the paddlers are traveling toward: light, warmth, energy, love, and life. The poochkis and their roots symbolize the culture, traditions, history, and way of life for people on the island. What is beneath the surface is responsible for all that blooms and flourishes on the bountiful island. This is also represented in the reflections of the hearts that are beneath the paddlers, to remind us that the love and spirit that guides our work, even if not always visible, is always there.

As part of an intricate talent force ecosystem, we all contribute to the realization of these values and only progress forward through community cooperation and collaboration. Each of us brings talent and purpose to our positions within the organization. Those paddling in the Baidarka demonstrate the importance of working together. When paddlers are not paddling in unison, as shown by the left Baidarka, the journey is more strenuous and frustrating. Similarly, when personnel exhibit respect and accountability in their roles in the workplace, they contribute to the holistic harmony, balance and resilience of the organization and the larger community.



For more information about the Aleut Community of St. Paul Island and the Txin Kaangux̂ Initiative. Please use the links below:

- <https://www.aleut.com>
- <http://www.tanamawaa.com>
- <https://www.apiai.org/departments/cultural-heritage-department/unangam-tunuu-font>
- <https://www.apiai.org/departments/cultural-heritage-department/culture-history/word-of-the-week>
- <https://www.alaskanativelanguages.org/unangam-tunu>
- <https://cncfr.jbsinternational.com>

II. RECRUITMENT POLICIES & PROCEDURES

The intention of this policy is to help the Txin Kaangux̂ (TK) Initiative to successfully recruit and retain qualified, knowledgeable, and experienced personnel to support their critical programs and services to the community.

Development of Position Descriptions

In this section we will discuss the purpose for developing a standard form for Txin Kaangux̂ (TK) Initiative Position Descriptions, including using consistent content and format.

Content and Format:

1. Position Title and Department
2. Position Location
3. Position Classification, Hours & Work Schedule
4. Job Summary
5. Essential Duties & Responsibilities
6. Qualifications
7. Salary and Benefits (*a range is also acceptable*)
8. Deadline and Instructions to Apply

Additionally, for the purposes of recruitment or vacancy announcement, the additional components should be added:

9. Legal Organizational or Tribal Disclaimers (as needed)

Every position description should be well-written and follow this standard format to ensure that performance expectations are clearly established and met by personnel. Position descriptions are the first place to go to when trying to obtain an understanding of the position's role and responsibility. They should be easily accessible to all within the organization to enable better



communication and engagement among staff members. Maintaining position descriptions is extremely important and should be edited at a minimum annually in correspondence with personnel annual evaluations. However, editing these position descriptions more often may be necessary if significant changes in duties and job function occur. An example of a position description can be found in the Appendix.

Vacancy Notification

In this section we will discuss the Policy & Procedures for posting and advertising notice of a Txin Kaangű (TK) Initiative position vacancy.

The Txin Kaangű (TK) Initiative will prioritize recruitment for position vacancies from within the tribal community whenever possible. All efforts will be made to accommodate and build community members' capacity for professional skillsets and training to meet the needs and requirements of the position whenever possible. To assist in this prioritization, the posting of vacancy notifications will include the following local, community locations:

1. Txin Kaangű (TK) Initiative Facebook Page
2. Aleut Community Notification Boards located at: the airport, store, city hall, and clinic
3. As an announcement on the local radio station

Vacancy notifications for Regular and Seasonal Positions will be posted for at least two (2) weeks or until the position is filled. Temporary Positions may be announced and selected by the immediate supervisor in consultation with the Txin Kaangű (TK) Initiative Executive Director. Following intensive efforts to recruit and fill positions from within the tribal community, external, regional, and national notifications will be made until the position is filled. Some of the national recruitment platforms that may be used include:

- Tribal Government Job Boards
- Local Alaskan Job Boards
 - ◊ Alaskan colleges and universities (and others)
- And other national Job Boards
 - ◊ Indeed
 - ◊ LinkedIn
 - ◊ Others

Hiring Procedures

In this section we will discuss the Policy & Procedures of hiring new personnel. It is important to welcome talent to Txin Kaangű (TK) Initiative and that process starts during the recruitment and hiring process.



We need to be mindful of our core value of **RELATIONSHIPS - Know your family tree, relations, and people's history.**

We need to be mindful of our core value of **RELATIONSHIPS - Know your family tree, relations, and people's history.** We are building relationships during this time whether a candidate is hired or not. Many of our talent comes from the community we serve, and we should always strive to be respectful and courteous in our interactions. One of the ways that we can exhibit this is by having clear and fair hiring Policy & Procedures.

Hiring Process Checklist

Below is the hiring process checklist to be used by HR or other personnel responsible for new hires. The checklist is a list of procedures that should be included in every hiring process. Following this checklist will ensure that all key steps and documents in the hiring process will be adhered to, maintained, and processed in an efficient and responsible manner.

1. Position Description: A Position Description should be reviewed and updated as needed before posting.
2. Position Vacancy: HR Personnel will post the position in the locations listed above.
3. Resumes: HR personnel will gather and distribute to the hiring supervisor and/or hiring committee each candidates' resume and other credentials for review and screening.
4. Candidate Interviews: Top candidates will be invited via email for an interview with HR personnel, the hiring supervisor, and/or the hiring committee.
5. Reference Checks: HR personnel will conduct reference checks by phone or another HR approved reference check approval method. Timely communication of the results of the check will be provided to the hiring supervisor and/or hiring committee.
6. Background Check and Testing: HR personnel will conduct the appropriate level of background checks and other required testing per Tribal Government and other state and national government policies.
7. Required documentation (provide, collect, and process)
 - a. A copy of the Position Description
 - b. The Notification Letter of Employment
 - c. Authorization for Direct Deposit
 - d. Nondisclosure Agreement for Employment to be signed and returned for processing
 - e. Information about Drug testing requirements to be signed and returned for processing
 - f. Employee Background Check Consent Form (see Appendix)



- g. I-9 Form & Instructions to be signed and returned for processing
- h. W-4 Form & Instructions to be signed and returned for processing
- i. Information for completing the Txin Kaangű (TK) Initiative New Hire Orientation
- j. Information on all HR benefits (health, retirement, other) including all forms to be signed and returned for processing.

After an employee has been hired all documentation must be turned into the appropriate HR Specialist and Accounting Specialist for processing. These documents will be held as part of the personnel file.

Non-Discrimination EEO

The Txin Kaangű (TK) Initiative follows Aleut Tribal Government's Nondiscrimination and Equal Employment Opportunity Policy which states:

"The Tribal Government provides equal employment opportunities in compliance with federal civil rights law to all employees and applicants for employment in accordance with federal law. In addition, the Tribal Government shall not discriminate with regard to terms and conditions of employment, including but not limited to employment benefits, hiring, placement, promotion, discharge, reduction in force, recall, transfer, leaves of absence, or compensation."

Native Preference Section

The Txin Kaangű (TK) Initiative follows the policy of the Aleut Tribal Government, in accordance with Federal civil rights law, in that it may give hiring preference to American Indians, Native Alaskans, and TDX shareholders. Such native preference will not be considered a violation of the Tribal Government's Nondiscrimination and Equal Employment Opportunity Policy. To enroll or update your tribal enrollment, please complete the Tribal Enroll Application-Update Form and submit it to the Tribal office (see Appendix).

Nepotism policy

The following is the policy and procedures regarding nepotism. Nepotism is defined as: favoritism (as in appointment to a job) based on kinship.² The Txin Kaangű (TK) Initiative does not discriminate in its employment and personnel actions with respect to its employees and applicants on the basis of marital, familial status, or kinship. Txin Kaangű (TK) Initiative will always hire the most qualified individuals based on experience, skills, and merit to join our talent force. The Txin Kaangű (TK) Initiative follows the policy and procedures regarding nepotism established by The Aleut Community of St. Paul Island Tribal Government, including its mediation procedure and

² Merriam Webster online dictionary, <https://www.merriam-webster.com/dictionary/nepotism>. Accessed June 2021.



Nepotism Review Request Form (see Appendix). The following is a modified version of their policy and procedure.

No tribal council member, judge, employee, and/or representative of the Tribal Government may exert excessive influence or favoritism to pressure others to alter decisions concerning employment or other benefits for their first-degree relatives including parents, in-laws, children, spouses or significant others, siblings, aunts and uncles, first cousins, grandparents, or grandchildren, and anyone living in the same home or with whom a significant relationship exists or any significant involvement in any other entity or organization [Title I; Chapter 1.4; Section 1.4.2(e)]

Notwithstanding this policy, Txin Kaangux̂ (TK) Initiative retains the right to refuse to hire a person to a position in the same department, division or facility, wherein his/her relationship to another employee has the potential for creating adverse impact on supervision, safety, security or morale, or involves a potential conflict of interest.

The Txin Kaangux̂ (TK) Initiative director shall have the authority and responsibility for determining if such a potential for adverse impact exists or does not exist.

When two existing employees marry, and a determination has been made that the potential for creating adverse impact as described above exists, the Txin Kaangux̂ (TK) Initiative director in conjunction with the other Txin Kaangux̂ (TK) Initiative leaders including HR specialists, shall make reasonable efforts to minimize problems of supervision, or safety, security, or morale through reassignment of duties, relocation of transfer.

When a determination of nepotism comes into question, and a review is requested, the requesting individual will complete and submit a Nepotism Review Request Form to their immediate supervisor for processing.

Interviewing

In this section we provide Policy & Procedures for interviewing as part of the hiring process. Once a pool of qualified potential candidates is established, the Txin Kaangux̂ (TK) Initiative hiring committee, HR personnel, or the immediate supervisor will conduct an in-person or virtual interview. The purpose of the interview is to provide an opportunity to hear directly from the candidate. This allows them to expound upon their skillset, clarify questions that may have emerged from their written documentation, and to interact with them to get a better sense of their fit and potential success within the organization. Good preparation for holding a successful interview is key.



The process is as follows:

1. The immediate supervisor and/or HR specialist should draft initial interview questions. These questions should be well-thought out, focusing on the specific skills the position requires, and designed ahead of time.
2. After developing a first draft, the questions should be circulated to others in the division or unit to allow for co-worker input, insight, and feedback. This process not only allows for the hiring committee to gain valuable insight into the day-to-day tasks of the position that might have been overlooked, but it also allows for co-workers to feel empowered and share in a collective vision for the organization.
3. Finalize the questions, ensuring that they include the four broad categories:
 - a. To gauge for preparation. These can determine whether the candidate has done sufficient research into the position and the organization. These questions can reveal the determination, independence, and self-motivation of the candidate.
 - b. To gauge for critical-thinking and position-required skills. These can determine whether the candidate has the capacity and skillset to successfully fulfil the demands of the position. It can also be a measure of where to build a candidate's capacity through professional development and training.
 - c. To gauge for listening and communication skills. These can determine whether the candidate is a good listener and communicator. It can also identify intercommunication styles and potential.
 - d. To gauge for emotional intelligence (compassion, empathy). These can determine whether the candidate is a good fit for engaging in the sensitive nature of the organization's programs and services. The questions can identify the candidate's interpersonal skills (friendly, easygoing, and cooperative with others), and teamwork skills.

Things to keep in mind:

1. It is important to always remember that no two candidates are the same, and neither are two interviews. Unique individualized questions should be framed for each candidate based on the information provided in their application. There are resources available to help organizational leaders develop appropriate interview questions. Please see Appendix for more information.
2. Structure interviews around the skills you are looking for from each candidate and give them the opportunity to demonstrate those skills.
3. Leave room in the interview for the candidates to offer their own questions. Some of the best ways to gauge the skillset and level of organizational fit of the candidate is by listening and understanding their questions. They may provide insight to the values that the candidate brings to the organization.



Reference Checks

This section we describe the Policy & Procedures for checking references during the hiring process. As part of our Txin Kaanguê (TK) Initiative's efforts to hire the most qualified individuals to join our talent force, professional and personal reference checks are a routine component of the hiring process. Reference checks enable an employer to confirm an applicant's credentials, educational background, and work history. But it also allows the employer the opportunity to speak with others who know and have worked with the candidate to better gauge and assess their strengths and weaknesses, and to learn about their best qualities.

The appropriate Txin Kaanguê (TK) Initiative HR specialist or the potential applicant's supervisor are responsible to conduct reference checks for all top candidates, and before a final hiring decision and offer is made. It is the policy of the Txin Kaanguê (TK) Initiative that permission to will be granted by the applicant before talking to anyone about them as part of pre-employment screening.

Additionally, all Txin Kaanguê (TK) Initiative personnel will follow all federal, tribal, and state guidelines and regulations pertaining to pre-employment screening, including those established by the U.S. Equal Employment Opportunity Commission (EEOC):

"As a general rule, the information obtained and requested through the pre-employment process should be limited to those essential for determining if a person is qualified for the job; whereas, information regarding race, sex, national origin, age, and religion are irrelevant in such determinations. Employers are explicitly prohibited from making pre-offer inquiries about disability. Although state and federal equal opportunity laws do not clearly forbid employers from making pre-employment inquiries that relate to, or disproportionately screen out members based on race, color, sex, national origin, religion, or age, such inquiries may be used as evidence of an employer's intent to discriminate unless the questions asked can be justified by some business purpose. Therefore, inquiries about organizations, clubs, societies, and lodges of which an applicant may be a member or any other questions, which may indicate the applicant's race, sex, national origin, disability status, age, religion, color or ancestry if answered, should generally be avoided. Similarly, employers should not ask for a photograph of an applicant. If needed for identification purposes, a photograph may be obtained after an offer of employment is made and accepted."

More information about the EEOC and other U.S. Federal, Tribal and State Employment Rights and Civil Rights Regulations can be found here: <https://www.eeoc.gov/overview>, as well as in the Appendix.



Background Checks & Other Required Testing

This section describes in detail the Policy & Procedures for background checks and drug testing.

All new and/or re-hire employees will submit to a pre-employment drug test before they can begin working. Additionally, any incidents involving drugs on the job will result in subsequent drug screening. New Hire supervisor or the HR specialist will inform the new personnel the designated representative(s) for any pre-employment, or post-incident drug screening.

Background checks are required before employment and checked at least every 5 years. These include checks in the current state of residence as well as residential states over the past 5 years. Personnel may start work once receiving a satisfactory fingerprint check from the FBI or state agencies, but they should be under continual supervision until all background checks have concluded.

For additional information please refer to Aleut Tribal Government Policy on Background Check for Placement Resources 510-080-003 (see Appendix).

Candidate Selection

This section we describe the Policy & Procedures for new hire selection and notification. Once determination of the final candidate is made, a congratulatory welcome letter should be sent to the new employee via U.S. mail as well as their personal email. Below is information that should be included as part of the New Employee Notification.

New Employee Notification

It is an exciting time to welcome a new person to the organization. After the often-difficult process of recruitment and selection, it is now time to notify the candidate that they have been selected for hire. A nicely crafted welcome and congratulatory letter should be developed on official letterhead and sent to the new hire as soon as possible. The notification should be sent by both U.S. Mail and email (*if possible*). Below are items that should be included in the New Hire Welcome Letter:

1. New Position Title
2. Name of the Department, Division, Program(s) they will be working in or leading.
3. Work location
4. Hourly rate/salary: [\$ amount], including pay schedule (monthly, bimonthly, weekly, etc), and the date of the employee's expected first pay period
5. Name and Title of their direct supervisor
6. Name and Title of those they would be directly supervising (*if applicable*)



7. Date and Time of their Txin Kaanguê (TK) Initiative New Hire Orientation, and/or first day of work.
 - a. Additionally, be clear how long the orientation will be. Will they be leaving right after, or will they be expected to stay until the close of business day? It is often best to have them there after the orientation to complete small, important tasks. This helps acclimate them to their new surroundings and allows them to feel immediately that they are a valuable part of the team.
 - b. Instructions on where to park, and how to access the building and room for the New Hire Orientation, or their first day or work.
8. Clear information and instructions for submitting any remaining new hire documents:
 - a. Authorization for Direct Deposit
 - b. Others (*if applicable*).

Classification and Compensation

Below is an outline of position classifications and compensation. This information not only will be used to assist in the development of position descriptions, but it should also be presented as part of the Txin Kaanguê (TK) Initiative New Hire Orientation and New Hire Welcome Packet

Regular Appointment (full-time)	Assigned to work forty (40) hours per workweek	Entitled to all employment benefits provided except during the probationary periods
Regular Appointment (part-time)	Assigned to work less than forty (40) hours per workweek.	Entitled to applicable employment benefits except during probationary
Seasonal Appointment	Assigned to work during designated season and may work either full-time or part-time depending on position description.	Applicable benefits shall be applied at the end of the seasonal appointment.
Temporary Appointment	Assigned to work less than one hundred and eighty (180) calendar days, as determined by the DOO or Executive Director.	Unless specifically granted exception, temporary employees are not entitled to any employment benefits.
Volunteers	Non-appointment positions.	Unless specifically granted exception, volunteers are not entitled to any employment benefits.



Employee Levels and Pay Scale

Job Title	Job Level	Wage/Salary Range
Administrator	I	\$80,000-\$120,000
	II	\$100,000-\$140,000
	III	\$120,000-\$160,000
Director	I	\$40,000-\$60,000
	II	\$60,000-\$80,000
	III	\$80,000-\$120,000
Manager	I	\$21.00-\$25.00
	II	\$25.00-\$28.00
	III	\$28.00-\$30.00
Coordinator or Specialist	I	\$16.00-\$23.00
	II	\$23.00-\$26.00
	III	\$26.00-\$28.00
Assistant or Technician	I	\$8.00-\$14.00
	II	\$14.00-\$18.00
	III	\$18.00-\$22.00

Probationary Period

Upon hire, all new personnel will participate in a probationary period. This allows both the organization and the individual to best assess the potential for success in the new employer-employee partnership. During this time, new employees will be evaluated on how they satisfactorily perform the duties of the position. Evaluation areas include knowledge and skillset, interpersonal engagement, work habit, and performance.

All Regular Employees have a probationary period for the first ninety (90) calendar days of employment. The probationary period for all Seasonal Employees is determined by the employee's immediate supervisor. All applicable benefits are in effect during the probationary period except for Paid Time Off (PTO). PTO will be accrued during the probationary period but cannot be used until the probationary period is up.

An employee may be discharged at any time without notice and without rights under the personnel grievance procedures during the probationary period.



III. ONBOARDING POLICIES & PROCEDURES

The intention of this Onboarding Policy is to help support and guide newly hired personnel to reach their fullest capacity in their roles within the Txin Kaanguê (TK) Initiative, which provides critical programs and services to the community. A critical component of effective onboarding is to have a clear plan of action for preparing for the new hire's first day of work, and their training and orientation. The Txin Kaanguê (TK) Initiative will make every effort to provide a face-to-face, in-person new employee orientation when possible.

Onboarding new personnel to an organization takes time, effort, patience, and commitment. Effective onboarding happens as a progressive and iterative process. It is not completed after the orientation, or even after the first week starting a new position. Thoughtful and empathetic integration and onboarding is framed within the cultural idea of **Ataqakun Anâgâlix, or "Living together as one."** This can take at a minimum One Year for a new employee to fully experience and reach a level of self-sufficiency in their new role. Joining a new organization can be exciting but disorienting. The new personnel must learn and effectively navigate not only their specific duties and responsibilities, but a whole new organizational culture, including expectations for interpersonal interactions, new technology, written and unwritten rule, policies, and procedures. The larger the organization the more complex the learning curve. Often, organizations can be resource strapped, particularly if a vacancy has been left empty for quite some time. During this time, the roles and duties of the position may have been shared across the organization, and the prospect of the new hire can be a sign of relief and excitement for others to "get back to normal." However, often the desire to resume the regular distribution of labor can result in underestimating the amount of effort and time needed to support the new-hire onboarding process. Therefore, the goal of this onboarding section is to be a resource and guide for successfully onboarding, integrating, and retaining a well-qualified, talent force.

Thoughtful and empathetic integration and onboarding is framed within the cultural idea of **Ataqakun Anâgâlix, or "Living together as one."**

Successfully onboarding new personnel is extremely important. Therefore, to assist with all the various steps involved you will find an Onboarding Checklist in the Appendix. The Onboarding Checklist breaks down tasks that need to be completed for the final recruitment process, preparation for the new hire's first day, as well as outlining what will be accomplished during the first day and week of employment. When using the checklist, it is vital to clearly assign and communicate tasks to people within the organization and mark off when tasks have been completed.



Txin Kaangux̂ (TK) Initiative New Hire Orientation

The orientation is a vital part of welcoming a new hire and allows them to acclimate to their new role and identity within the organization. Ideally the orientation will be conducted in-person using an interactive presentation platform like PowerPoint, thus allowing for visual cues and space for questions and answers. However, this may not be possible due to organizational resources or public health concerns like the COVID pandemic. Therefore, a live video orientation, or a pre-recorded orientation, may be used. If the latter is used, the link to the orientation should be provided to the new personnel in their New Hire Notification letter and email.

New Hire Orientation Preparation

Notify all personnel in the building that the new hire has been made and communicate the expectation that they should welcome the new personnel when they arrive on their orientation date. List date and time.

A one-on-one meeting between the new personnel and their immediate supervisor will be scheduled no later than 1 week after to the New Hire Orientation and be held ideally within 1-2 days following the orientation. This is an opportunity to welcome them again, answer any questions they may have, and explain the openness and process to communicate and meet with them.

Prepare the Workspace for the New Hire

Prior to the new hire's first day of work and their orientation, efforts should be made to ensure everything is in place for them to begin their new position. It is important to clean and set up their space/office within the organization. Special attention should be made to ensure they have all the proper materials and resources to begin their work and feel welcome and comfortable. Below is a checklist of what to consider.

1. Ensure their workspace has a clean and safe desk and chair.
2. Ensure that their computer has been cleaned and prepared with appropriate access and software needed for the position.
3. Ensure that they will have keys to the office/building, their desk, and any file cabinets they will need to access. Make copies as needed.
4. Be prepared to provide them with the appropriate security codes to access secured building areas, if applicable.
5. Be prepared to provide them with any logins to email, software, online resources, or other password-protected resources needed for them to fulfill their duties.
6. Set up their organization email account. This can be done using a generic password, which will later be changed by the new personnel.
7. Set up their office phone account.
8. Add the new personnel's name and email to any email groups, distribution lists, phone lists, and/or websites.



9. Update any physical signage that indicates position titles and names, if applicable.
10. Update their physical office mailbox and label it, if applicable.

Essentially, care should be taken to ensure that everything is in place for their arrival. Not only does this preparation increase productivity, but by doing so, it also reflects a sense of appreciation, consideration, and excited anticipation for the new personnel to join the organization. Theoretically one would not invite a guest to a party without having the house ready to receive them; neither should an organization invite new personnel without making the effort to welcome them and set the stage for their integration in the workplace.

New Hire Orientation Arrival

HR personnel, direct supervisor, or another close working colleague should meet the new hire when they arrive and walk them to the Orientation Room. This is also a good time to present them with the New Hire Welcome Packet, a folder with important information, documents, and forms. Please include a pen and notepad for them to use to take notes during the orientation. On the way to the orientation room, be sure to introduce them to any co-workers they pass. A more thorough walk-through and introduction will occur after the orientation.

Outline of the Txin Kaangux̂ (TK) Initiative New Hire Orientation

The following is an outline of what should be included in the Txin Kaangux̂ (TK) Initiative New Hire Orientation. Much of the information is a presentation format of the content found in this Personnel Recruitment and Onboarding Policy & Procedures manual. There is a lot of information that will be provided in the orientation, and it may take a few hours; therefore be sure to schedule in some breaks and time for lunch.

Section I: Community & Organizational Background

1. History of the Community
2. Overview of The Aleut Community of St. Paul Island Tribal Government
3. History of Txin Kaangux̂ (TK) Initiative
4. Overview of the community definition of "Healthy People"
5. Overview of Txin Kaangux̂ (TK) Initiative Programs & Services
6. Office Locations & Regular Office hours
7. Overview of Community-Driven Values
8. Txin Kaangux̂ (TK) Initiative Mission & Vision
9. Overview of The Sea of Change
10. Talent Force Ecosystem

Section II: Wellness in the Workplace

1. Health Care Benefits



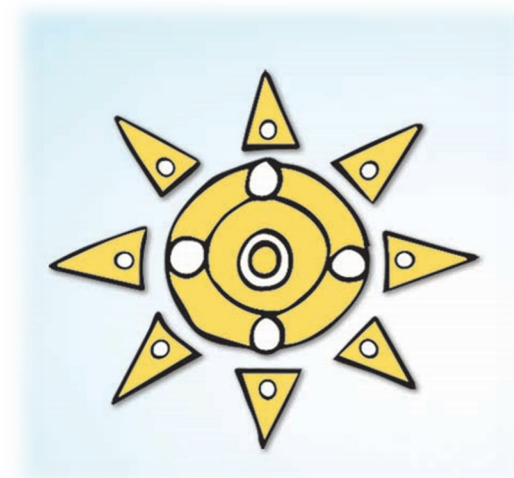
2. Life & Disability Insurance
3. Retirement Benefits
4. Time Off Benefits (holiday, leave, PTO, bereavement, etc.)

Section III: Capacity Building & Evaluation

1. Professional Development & Continued Education
2. Tuition Reimbursement & Training
3. Evaluation Plan
4. Transfer & Promotions Policy

Section IV: Personnel Roles & Responsibilities

1. Organizational Chart
2. Ethics, Cooperation & Accountability
3. Drug-Free Workplace Policy
4. Smoking Policy
5. Harassment Policy
6. Bullying Policy
7. General Communication Protocol
8. Cell Phone & Wireless Communication
9. Social Media
10. Confidential & Protected Communication
11. Travel Policy
12. Temporary Telecommuting
13. Resolution Support
14. IT Support Services



Section V: Q&A

After the Orientation

Provide the new employee with a tour of the organization, introducing them to colleagues along the way. They should be meeting with everyone they will be interacting with in the normal course of work in their first week. Introduce the new employee to locations of office resources and provide an overview of any guidelines for their use and care. Be sure to point out the following:

1. Restrooms
2. Mail/Copy Room (copy machines, fax machines, paper, toner, and printing supplies)
3. Office Supply Cabinet/Closet
4. Break Room/Kitchen and Shared Appliances (refrigerator, microwave, coffee maker)
5. Emergency Exits
6. Parking Locations (if not visible, providing a map is a good alternative)
7. Time Clock (if the organization uses a physical time clock, show them where it is and review how it is used).



During the tour, provide the new employee with a synopsis of what their day-to-day routine might look like, who might they be interacting with on a regular basis. Review with them in a welcoming and value-centric manner their responsibilities and expectations in the position. Finally, walk them to their desk, or space of work. Allow them an opportunity to spend time alone in their space. A great way to help them feel important and part of the productive team is by giving them some easy tasks to accomplish for the rest of the day. Allow them to leave early, the extra time to rest, refresh, and reflect on the information they have received throughout the day will be appreciated.

Regular Office Hours

As a valued member of the Txin Kaangux̂ (TK) Initiative talent force, punctuality and dependability are extremely important for us to provide continuity in care through our program and services to the community. Therefore, we have established this policy regarding our regular office hours,

CONTRIBUTION- Life is gifted to you. What you make of it is your gift in return. We will value the contribution that our work provides and in so doing perpetuate a character of dependability and honesty.

including procedures for non-exempt employees to document their work hours using a Timecard/Sheet system. The Txin Kaangux̂ (TK) Initiative operates on an 8-hour workday Monday through Friday, starting at 8:00 AM to 5 PM, with a 30 minutes or 1 hour meal break during the day. It is the expectation as well as policy that if an employee anticipates arriving after 8:00 AM, they courteously contact their immediate supervisor. We understand that emergencies outside

our control may prohibit timely notification, however these are not common occurrences. Therefore, we will behave in a professional manner in a way that honors our community's values of **ACCOUNTABILITY, RELATIONSHIPS, and CONTRIBUTION- Life is gifted to you. What you make of it is your gift in return.** We will hold ourselves accountable in our relationships with our community, our families, and our co-workers. We will value the contribution that our work provides and in so doing perpetuate a character of dependability and honesty. Below are some definitions related to our office hour policy:

- Tardy: means failure to report to work more than 20 minutes after the required start time.
- Absent without Permission: means failure to report to work within one hour of required start time.

Compensation and Overtime

Txin Kaangux̂ (TK) Initiative employees will receive their regular pay, every two weeks. Paychecks will be issued within 5 working days after the end of each pay period.



Working overtime is defined as working over 8 hours per workday; or working over 40 hours per work week. Employees will be paid at the rate 1.5 times the employee's regular hourly rate. All employees must receive prior written approval by their immediate supervisor to work overtime and to be compensated at the overtime rate.

All non-salaried Txin Kaangux̂ (TK) Initiative employees are responsible for documenting or "clocking" their hours using the Timecard/Sheet system. New employees should be instructed on how to use this system during their orientation and during their individual onboarding training by their supervisor. All Timecard/Sheets must be submitted by 12:00 noon the day following the end of the pay period. Employees cannot punch in and out for another employee. Failure to clock in or out results in no credit for hours worked and will require the completion of a Timecard Change Authorization Form to correct the error. To request a copy of the Timecard Change Authorization Form, please contact your immediate supervisor or HR specialist.

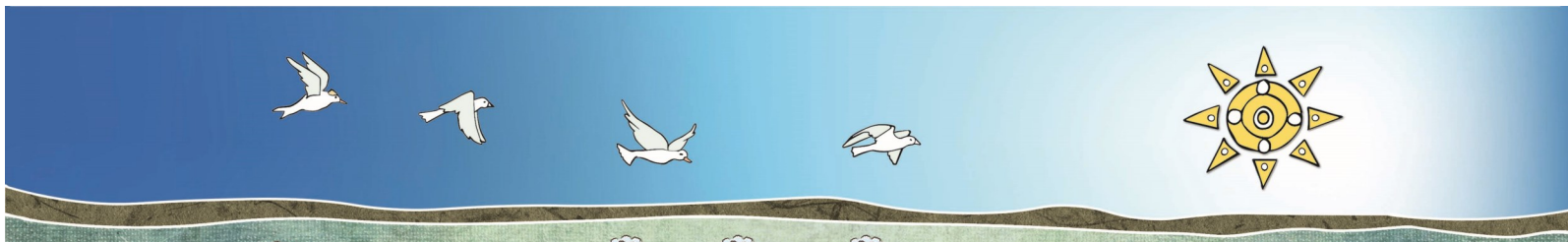
Authorization for Direct Deposit

The Txin Kaangux̂ (TK) Initiative utilizes payroll direct deposit for employees to receive paychecks directly deposited into their financial institution, such as a bank checking account. All newly hired employees will receive a copy of the Authorization for Direct Deposit in their New Employee Notification letter. The form can also be found in the Appendix.

Individual Training Sessions and Meetings

In addition to the general New Hire Orientation, supervisors should ensure that the individual training sessions cover the following:

1. Explain how to complete their time sheet.
2. Review the pay schedule, and inform them when they can anticipate their first paycheck/ bank deposit.
3. Confirm the work schedule.
4. Confirm receipt and processing of Authorization for Direct Deposit.
5. Provide them with a copy of any organizational policies and procedures relevant to their position, including this Recruitment and Onboarding Policy & Procedure.





Wellness in the Workplace

The idea of Txin Kaangű, which roughly translates to “*your health and wellness*,” reflects the desire for a holistic approach to healing and wellness that relies on collaboration and creativity in a broad approach to service provision. The Txin Kaangű (TK) Initiative not only places a high value on self and community health and wellness as reflected in the services and programs we offer, but we, as an organization promote and support the health and wellness of our talent force. The Txin Kaangű (TK) Initiative offers a variety of health and wellness packages through the Aleut Tribal Government of St. Paul, including Health, Dental and Vision Benefits, Life Insurance, Disability Benefits, and Retirement Benefits.

Figure 2: Word Collage of Txin Kaangű Community Values Relating to Health & Wellness.



Health Care Benefits

The Txin Kaangű (TK) Initiative offers its employees a variety of primary and supplemental health, dental, and vision plans to select from. Employees may enroll in the primary Federal Employee Health Benefits Program (FEHB), as well as the supplementary:

- TDX Supplemental Dental, Vision, Routine Hearing
- Principal® Supplemental Dental, Vision
- Aflac Supplemental Hospital, Dental, Vision, Cancer Care, Critical Care Protection, Critical Care plus Rider, Short-term Disability, Accident

Both full-time and part-time Txin Kaangű (TK) Initiative employees are eligible to elect health coverage through the FEHB. Rates for coverage may vary depending on your employment status. You can enroll or make changes to your plan during the annual open enrollment season, or if you are a new employee within 60 days after employment status change. For general information in the FEHB, please visit: <https://www.opm.gov/healthcare-insurance/healthcare/eligibility>. For plan specific or enrollment questions, please contact the Txin Kaangű (TK) Initiative HR Manager.

To enroll or make changes to your plan please follow the instructions and on the Federal Employees Health Benefits Program (FEHB) Health Benefits Election Form found in the Appendix.



Additional Supplemental Insurance is available to full-time Txin Kaanguê (TK) Initiative employees (working 32+ hours a week) providing the option to select Dental/Vision/Life/Other insurance for themselves and their families.

Further information about these Health Benefit plans, including enrollment forms, can be found in the Appendix.

Note about using the forms:

- When using the Supplemental Insurance Selection Forms, check the box next to the plan(s) desired. Dependent information must be listed for any family members you want to include.
- The dollar amounts shown under “Employee monthly premium” are the employee’s monthly share based on quotes from our insurance broker. The Tribe pays the rest of the premium. The official premium amount may change after final enrollment. The employee share ratio will remain the same, but the dollar amount could change. The employee share is deducted from your paycheck.

Life Insurance

Txin Kaanguê (TK) Initiative employees can purchase additional Tanadgusix Corporation (TDX) Insurance Package Benefits, such as:

- Short-term Disability
- Long-term Disability
- Life: \$100,000 to beneficiary upon death
- Accidental Death & Dismemberment (AD&D): Additional \$100,000 for accidental death and various percentages of the \$100,000 for a bodily dismemberment: finger, hand, arm, foot, leg, etc.

Further information about these Life Insurance plans, including enrollment forms, can be found in the Appendix.

Retirement Benefits

The Txin Kaanguê (TK) Initiative participates in the Aleut Tribal Government of St. Paul 401(k) Plan. A 401K is an employer-sponsored retirement account. These accounts offer deferred tax protections to maximize your savings for retirement. Your contributions are pre-tax and will be deducted automatically from your paycheck.

Who manages the 401K? Fidelity Investments manages the Aleut Tribal Government of St. Paul 401(k) Plan.



How do I enroll? To enroll, log on to Fidelity NetBenefits® at www.401k.com, and complete the beneficiary form and return it to the Txin Kaanguê (TK) Initiative HR/Benefits office.

What are the benefits? Investing in a 401K brings a higher saving yield than a traditional bank savings account. Because the Txin Kaanguê (TK) Initiative has an employer matching component, which basically means "free money," the amount that you contribute to the plan, the Txin Kaanguê (TK) Initiative will match up to the maximum allowed by the plan.

What are the risks? As with any 401K, the investment risk is dependent on market fluctuations. To decrease risk, Fidelity uses a diversified portfolio to spread your investment over a variety of options (stocks, bonds, etc.).

Here is how it works:

1. The Tribe matches the first 3% of employee contributions dollar-for-dollar.
2. After the first 3%, the tribe matches employee contributions at \$0.50 per dollar up to a maximum total contribution from the Tribe of 6%.
 - a. The second level is matching at a reduced rate, but it is still a 50% return on your investment.

When am I vested? The term "vesting" refers to the portion of your account balance that you are entitled to under the plan's rules. You are always 100% vested in your:

- Employee pretax account, the amount you contribute from your paycheck before taxes are taken out
- Rollover account, funds you contribute or "rolling over" from a different retirement account
- Earnings thereon

Employer matching contributions and earnings will be vested in accordance with the following schedule:

Years of Service for Vesting Percentage	
# of Years	% Vested
2	20
3	40
4	60
5	80
6	100



For more information, please see the Tribal Government of St. Paul 401(k) Plan Enrollment Guide found in the Appendix.

Holiday Benefits

The following list below are holidays available for Txin Kaangű (TK) Initiative personnel. If the holiday is not taken, then the employee will receive holiday pay for the respective day.

New Year's Day	January 1
Orthodox Christmas Day	January 7
Orthodox New Year	January 14
Orthodox Easter Day	As designated by the Orthodox Calendar
Memorial Day	Last Monday in May
Aleut Day	June 6
Aleut Commemorative Evacuation Day	June 14
Independence Day	July 4
St. Peter's and Paul's Day	July 12
Labor Day	First Monday in September
Aleut Independence Day	October 28
Veteran's Day	November 11
Thanksgiving Day	Last Thursday in November
Native American Heritage Day	Last Friday in November following Thanksgiving Day
Christmas Day	December 25

For more information, please refer to Aleut Tribal Government Holiday Policy, 100-0600-003.

Leave Benefits

SPIRITUALITY - Respect and be aware of the Creator in all living things is one of our community values, and this includes taking good care of oneself, our families, and our community. An important part of wellness and health care is taking the time off, or leave from our normal schedule of work, and refocusing our attention to replenish, refresh, and revive our physical, spiritual, and mental health. We cannot be our best selves at work, without also attending to these needs.



However, taking leave needs to be done with planning and thoughtfulness of others. Per the Aleut Community of St. Paul Island Tribal Government Policy and Procedures: *“Leave is defined as any authorized absence with or without pay during regularly scheduled work hours with the advance approval by the immediate supervisor.”*

The following types of leave are available to eligible employees:

1. Paid Time Off (PTO)
2. Family and Medical Leave
3. Court Leave
4. Emergency Leave
5. Bereavement Leave
6. Administrative Leave
7. Fishing Leave
8. Compensatory Leave
9. Military Service Leave
10. Elected Office Leave
11. Leave Without Pay (LWOP)



Each of us at Txin Kaangux̂ (TK) Initiative is part of an interconnected web of professionals collaborating with each other and serving our community. Your presence at work is extremely vital to the success and resilience of those we serve. Your unexpected absence can be deeply felt, so all efforts should be made to plan for an absence so there is a continuity in care and others in the organization do not feel the extra burden or stress to cover the workload of others. Respect for oneself, goes together with respecting others. When personnel take a leave of absence, no matter the duration, they should take every effort to ensure that their work is covered in their absence and that no undue burden is caused to others in the organization. The best way to do this is through planning, communication, and following procedures for gaining leave approval. Txin Kaangux̂ (TK) Initiative personnel should request, leave in writing to their supervisor, at least two workdays before the anticipated leave date.

Every effort will be made by the supervisor to approve the leave in accordance with the specific type of leave policy, and if the employee qualifies for the leave. All leave requests will have both the employee's and supervisor's signature. The supervisor should also review the number of hours the employee has remaining in their account to cover the leave requested, and the determination should be made regarding paid or unpaid leave approval. The further in advance the supervisor is made aware of the leave request the more it helps them plan for the absence and



prevents undue disruption of work assignments and responsibilities. If for some reason the leave request is denied, the supervisor will provide the reason for the decision in writing.

Paid Time Off (PTO)

Paid Time Off (PTO) is a type of leave that pools similar types of leave (vacation, sick time, and personal time) under one category or bank of hours. PTO is calculated not only by employment classification (Exempt, non-Exempt) but also by the number of years of employment and other variables. Please see the PTO Schedule for details.

PTO Schedule		
Years of Employment	Maximum Accrual Rate Per Pay Period	Maximum Accrual Rate Per Year
0 - 3 years	6 hours	156 hours
4 - 7 years	8 hours	208 hours
8 - 12 years	10 hours	260 hours
13+ years	12 hours	312 hours

The employee's PTO balance is accessible either by the organization's Accounting office, or HR office. When requesting sick leave for three (3) days or more, a note from the doctor, or clinic must accompany the request for it to be approved.

An employee cannot take LWOP until they have exhausted their PTO or if they are still on their 90-day probationary period. However, upon completion of their probationary period, the employee will begin accruing PTO retroactively starting with their date of employment.

Bereavement Benefits

Grief and loss are a natural part of our human experience, and there is no right way to grieve, mourn or express sorrow. Grief can manifest in multiple ways and is not a linear process with a uniform beginning and ending. Traditions and beliefs surrounding grief, loss, and mourning are deeply tied to our cultural beliefs and traditions. The Txin Kaangű (TK) Initiative values a workplace culture where everyone feels supported, important, and cared for, especially during times of sorrow and grief. It is our goal to create a compassionate, inclusive organizational culture around grief and bereavement.

The Txin Kaangű (TK) Initiative generally follows the guidelines set forth in Aleut Tribal Government Bereavement Policy and Procedures (see Appendix) to provide guidance for staff to navigate the procedures and receive bereavement benefits. In general, under the Aleut Tribal Government Bereavement Policy and Procedures, staff can request up to 5 days for the death of "immediate family members." At the Txin Kaangű (TK) Initiative we understand that the definition of "immediate family members" can vary, and is heavily influenced by traditions, culture, religion/spirituality, ethnicity, upbringing, and community. Therefore, the Txin Kaangű (TK) Initiative



takes a very flexible and supportive approach in approving time-off for bereavement. We seek the best solution for the specific needs of our staff while continuing to meet the needs of the community we serve. To request and receive approval for bereavement benefits, staff should contact their immediate supervisor as soon as possible.

When a staff member experiences a loss, this affects the whole Txin Kaangux̂ (TK) Initiative community. It is important for all staff to recognize and be sensitive to the grief their colleagues. Below are some tips on creating a more compassionate, inclusive organizational culture around grief and bereavement:

- Strive to create a work environment where grief is normalized, including the emotional manifestations of grief.
- Understand that grief looks different for different people.
- Understand that not all people will want the same level or type of support. It is best to ask colleagues how you can support them during this time.
- Understand that people can experience profound loss after having a miscarriage.
- Manage work expectations through grief, be mindful of sending them communications (email or phone calls) during this time, and be conscientious of their workload when they return from bereavement leave.
- Understand that humans have strong familial attachments to their pets, sometimes at a level of a human child, and experience profound grief at the loss of a pet.
- Do not ask for proof of death, or if the individual attended a funeral/service.
- Understand that grief does not end after bereavement leave, and that it can wax and wane in intensity over time.

To receive Txin Kaangux̂ (TK) Initiative Bereavement Benefits, please contact your immediate supervisor as soon as possible following a loss of a loved one.



Capacity Building and Evaluation Professional Development & Continued Education

Each Txin Kaangux̂ (TK) Initiative employee has been selected for the unique experience, knowledge, and expertise that they bring to the organization. The Txin Kaangux̂ (TK) Initiative invests in its talent force through capacity building opportunities, training, and continued education. Being open to improve



and expand one's own potential is part of our community value of **RESILIENCY - Be resilient and adaptive to new opportunities**. New opportunities to grow our knowledge and skills positively impact our understanding, attitudes, motivation, and capability to effectively perform our work. Supervisors play an important part in encouraging and supporting staff to pursue and complete professional development opportunities, including formal accreditation and training. Supervisors should incorporate a training and development plan into their staff evaluation to help identify growth areas and opportunities in a way that is value-centric, encouraging, and positive. Txin Kaangux̂ (TK) Initiative personnel are also encouraged to present and discuss opportunities with their supervisors. While professional development and trainings may focus specifically on skills directly tied to their current position, they are not limited to these. We are committed to support the growth and education of our talent force beyond the position description. This is one way to continue to build next level leadership and invest in our current employees.

Tuition Reimbursement & Training

Txin Kaangux̂ (TK) Initiative works in partnership with the Aleut Tribal Government in providing tuition reimbursement and training opportunities. Personnel should contact their supervisor to learn about these opportunities and discuss them as part of the training and development plan.

Evaluation Plan

The Txin Kaangux̂ (TK) Initiative utilizes formal and informal evaluation processes to support all employees in achieving their full potential in the work performance. Our evaluation policy and procedures are designed to improve employee's understanding of their work duties, evaluate performance, and identify opportunities for capacity building. The Txin Kaangux̂ (TK) Initiative follows the 360 Employee Performance Evaluation Framework of the Aleut Tribal Government of St. Paul Island. Below is a brief explanation of the purpose and use of 360 Evaluation.

360 Employee Performance Evaluation Framework

"Formal performance evaluations of employee work behavior helps the employer and employee build on the strengths of the employee and identify those areas the employee needs improvement to be more effective and efficient in his/her job. Performance evaluations enable the creation of reasonable performance standards so that both supervisor and employee are aware of work that is considered "acceptable performance." Because of the active involvement of the supervisor, the employee, peer and/or subordinate employees in performance evaluations, an important channel of 360 degree communication is opened. Communication can result in increased cooperation and understanding between supervisors, the employee, peer and/or subordinate employees, which in turn can enhance work performance and work environment thus providing better customer service to our community and each other."



360 Employee Performance Evaluation is used to evaluate all Txin Kaanguê (TK) Initiative employees on an annual basis. During the annual evaluation meeting, employees will meet with their direct supervisors to:

1. Review their 360 Evaluation ratings.
2. Review, discuss, and revise (*if needed*) their current position descriptions.
3. Identify capacity building opportunities.
4. Develop a training and capacity building plan (*if needed*).
5. Discuss any potential pay increase, decrease, or probationary periods.

The supervisor and employee will evaluate the 360 results based on previously established goals and performance standards. The initial goals and performance standards will act as the benchmark for subsequent promotion, transfer, reassignment, or disciplinary action, as well as merit increases or demotions.

The 360 Employee Performance Evaluation consists of a 6-Step Process:

- Step 1 – Notification and Scheduling: The human resource (HR) manager will notify all employees when evaluations begin. The HR manager will contact department and division supervisors to set up a date and time for each of their employees' evaluation.
- Step 2 – Complete Evaluation Forms: HR manager will create an evaluation form for all employees. Evaluation form will also be emailed to the employee being evaluated, subordinate employee(s) and peer(s) conducting the evaluation. Once forms are completed, they must be turned in to HR.
- Step 3 – Assemble Forms and Create Chart: HR will assemble all evaluation forms and review for any discrepancies. A chart will be created showing the employees self-evaluation and the average of all other evaluators.
- Step 4 – Distribute Chart and Hold Evaluation: supervisor and employee will be given the chart for review at the beginning of the evaluation.
- Step 5 – IDP, PIP or Revised Job Description: supervisor and employee will fill out a goal setting worksheet and submit to HR
- Step 6 – Finalize Paperwork

Please refer to the 360 Employee Performance Evaluation Manual in the Appendix for more information.



Transfer & Promotions Policy

The Txin Kaangux̂ (TK) Initiative values its talent force and encourages opportunities for upward growth and mobility of its employees. One way this occurs is through promotion. The outcome of the annual 360 Employee Performance Evaluation will determine whether any promotion, transfer, reassignment, or disciplinary action, merit increases or demotions are justified and warranted. In addition to the 360 evaluation, employee seniority will also be taken into account when determining promotion and pay increases.

Personnel Role & Responsibility

Organizational Chart

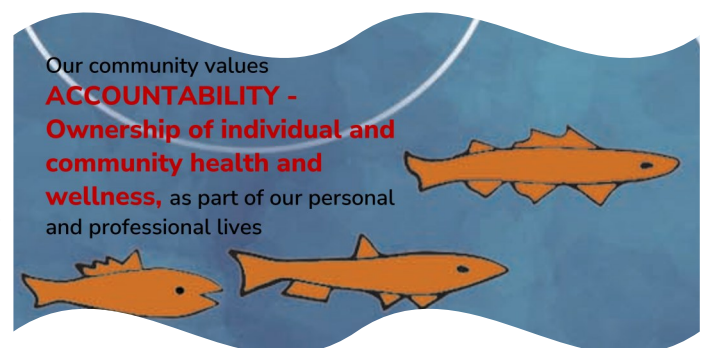
An organizational chart depicts the interrelationships between positions, roles, and organizational divisions. When developing and revising the Txin Kaangux̂ (TK) Initiative organizational chart, special attention should be taken to use a non-hierarchical model when available. The organizational chart should reflect a culturally appropriate design in communicating the organizational structure, personnel roles, and leadership accountability.

The Organizational Chart will be updated and revised by the designated authority within a reasonable amount of time following any new hire, or when changes occur in personnel roles and positions, such as in the case of transfers or promotions. The revised Organizational Chart should be shared across the organization via email or any other form of standard communication.

The most current Organizational Chart should be provided to any new employee and become part of the New Hire Orientation.

Ethics, Cooperation & Accountability

Txin Kaangux̂ (TK) Initiative maintains a commitment to the highest values related to work ethics, cooperation and accountability. Our community values **ACCOUNTABILITY - Ownership of individual and community health and wellness**, is part of our personal and professional lives. Our employees will uphold these standards in the manner they interact with each other and the community and clients we serve. All Txin Kaangux̂ (TK) Initiative staff will continually strive to improve and develop high levels of competency, accountability, responsibility, providing excellent, culturally responsive customer service. All staff will model community cooperation and ethical accountability through professional behavior.





Such as:

- Respecting clients' wellness and privacy.
- Avoiding conflicts of interest and misrepresentation of their services, credentials, or skills.
- Promoting and observing nondiscriminatory policies among and for all persons.
- Providing the highest quality of care possible.
- Serving as a model for others.
- Being respectful in attendance and timeliness.
- Striving to go beyond required duties.
- Stepping in the space of leadership when opportunities arise.
- Being actively present and engaged during meetings and trainings.
- Offering knowledge and skills to educate co-workers (*when needed*).
- Seeking out supervision and consultation.
- Partnering in delivering services with others who compliment your knowledge and skills.
- Remembering that we all carry wisdom and knowledge to be gifted and shared with others, but that none of us are experts in everything, and it is okay to ask for, receive, and offer help.

Drug-Free Workplace Policy

Txin Kaangű (TK) Initiative, is a drug-free workplace and follows the Aleut Tribal Policy in this regard. No employee may work, report to work, be present on premises, drive TK vehicles, or engage in any work-related activities while under the influence of Federally-defined illegal drugs, alcohol, or controlled substances. Furthermore, the unauthorized manufacture, distribution, dispensation, possession, or use of drugs or alcohol on TK premises, in TK vehicles, or while engaged in work activities is strictly prohibited. As part of the Txin Kaangű (TK) Initiative hiring policy, pre-employment drug screening is required. Additionally, at any time during employment with the Txin Kaangű (TK) Initiative employees may be asked to receive a drug screening if there is a suspicion of a violation to the Drug-Free Workplace Policy.

Smoking Policy

Tobacco and the use of tobacco holds spiritual significance for native communities. In addition to personal consumption tobacco has traditionally been used in ceremonies, for prayer, offered up as sacrifice, offering, or used as medicine. It is important that the Txin Kaangű (TK) Initiative respects the traditional, historical, communal, and personal use of tobacco while at the same time providing and ensuring that the collective Txin Kaangű (TK) Initiative community is protected from adverse health and environmental effects from tobacco. Therefore, all smoking and the use of all tobacco products, including chewing tobacco, is prohibited indoors in all facilities, vehicles,



equipment, and vessels owned, leased, and/or operated by the Txin Kaangű (TK) Initiative. However, the Txin Kaangű (TK) Initiative is also sensitive to people's choices related to smoking; therefore, nonsmokers will also respect the right of smokers to smoke when and where permitted. Txin Kaangű (TK) Initiative shall create and maintain designated smoking areas.

Harassment Policy

For the protection, support, and wellbeing of all its employees and clients, Txin Kaangű (TK) Initiative takes issues of harassment very seriously. Harassment is federally defined as, "a form of employment discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA). Harassment is unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information." Txin Kaangű (TK) Initiative follows the Aleut Tribal Policy regarding harassment, including sexual harassment. Below are excerpts from this policy. All Txin Kaangű (TK) Initiative employees will abide by all federal, state, and tribal laws, regulations, and policies regarding harassment and sexual harassment.

"Harassment is unwelcome verbal or physical conduct that creates an intimidating, hostile, humiliating, or offensive work environment. Any form of harassment of or by employees, customers, volunteers, vendors and/or applicants may take many forms including, but not limited to:

1. Oral or written statements, such as racial or sexual epithets or slurs, and derogatory jokes or comments
2. Visual conduct, such as derogatory posters, cartoons, drawings, gestures, or suggestive or obscene letters, notes or invitations
3. Physical conduct, such as unwanted, suggestive, or offensive touching, assault, impeding or blocking normal movement, or interference with an employee's work
4. Use of computers, including the Internet and e-mail system, to transmit, communicate, solicit, or receive derogatory messages or material
5. Threats and demands, including those directed at another employee"

Sexual Harassment is a particular form of harassment based on unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. Sexual harassment is unlawful and violates Title VII of the Civil Rights Act of 1964. Txin Kaangű (TK) Initiative will not tolerate sexual harassment in the workplace. Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different sex and/or gender. Please see Aleut Tribal Government Policy regarding harassment, including the Sexual Harassment, Harassment-Free Workplace Policy 5/28/2014.



Bullying Policy

For the protection, support, and wellbeing of all its employees and clients, Txin Kaangux̂ (TK) Initiative is committed to providing a workplace that is free from bullying. Bullying can be defined as, “repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, that creates a risk to health, safety and well-being. Bullying behavior can include social media posts or comments that meet this definition.” For more information, including additional definitions, please see the Tribal Government of St. Paul Policy on Workplace Bullying found in the Appendix.

General Communication Protocol

Txin Kaangux̂ (TK) Initiative is built to support and serve a beautiful, resilient community. We demonstrate our care and respect when we model effective, respectful, and ethical communication with them and among ourselves both inside and outside the organization. Our language and communication, whether it is oral, written, or part of non-verbal communication (facial expressions, body movement, posture, gestures, and vocal inflections), should promote our community and organizational values. The analogy of *The Sea of Change* depicting individuals paddling in the Baidarka, demonstrates the importance of working together, respectfully, and collaboratively. We should always uphold honesty, transparency, and integrity and not give way to destructive communication patterns such as deception, falsehood, and gossip. We will acknowledge that gossip, even when it is done with the intention of acting in good faith, has the effect of hurting organizational morale. A good rule of thumb is to only speak about a person when they are present, with their permission, and conducted in a thoughtful, respectful manner. If you would not say something about someone when they are present, there is a good chance the communication is gossip.



Special care, consideration, and incorporation of our community values and traditions should be taken, including the inclusion of the Unangan language in all Txin Kaangux̂ (TK) Initiative documents, when possible. **Our IDENTITY - Our Unangan language defines who we are and lets us communicate with one another.** This includes any processes related to recruitment and onboarding. Additionally, consideration of different communi-

cation styles and IWOK through storytelling and artistic expression are strongly encouraged. Supervisors should also consider adapting these culturally responsive frameworks in their training and evaluation plans with staff.



Cell Phone & Wireless Communication

At times it may be necessary for a staff member to use a cell phone and data plan to meet the specific needs of their position description. Rather than purchasing and assigning cell phones to these employees, the Txin Kaanguġ (TK) Initiative offers a reimbursement process of personal ownership and data use for work, per the guidelines set forth in the Aleut Tribal Government Wireless Communication Policy and Procedures (see Appendix).

In general, to qualify for this reimbursement the role of the staff member must satisfy at least one or more of following criteria. The employee

1. Hold a leadership title and be responsible for making critical organizational decisions
2. Be able to be reached beyond normal business hours
3. Have job responsibilities that require the employee to be out of the office more than 50% of their normal working day
4. Have a role that requires them to travels extensively (traveling more than 8 weeks per year)

Reimbursable amount (%) depends on the how many of the four criteria above are met. Please see the Aleut Tribal Government Wireless Communication Policy and Procedures for complete explanation of reimbursement amounts.

Reimbursement plans and use of cellphones and data plans for work need prior approval. Please talk with your supervisor about this benefit and to see if you qualify.

The Txin Kaanguġ (TK) Initiative recognizes that cell phones may be important tools for staff to fulfill their job duties, however caution should be used to ensure correct use and safety. Cell phones or texting should never be used while driving personal or work vehicles. We understand that our cell phone technology is an important part of our society and that they can be useful tools for personal and professional use. However, discretion regarding the casual and personal use of cell phones (including apps, texting, and internet browsing) should be followed to maintain a professional environment that centers high-quality service and community care. Excess personal phone calls and texting can be distracting. More information on the usage and policy regarding cell phones in the workplace can be found in the Aleut Tribal Government Cell Phone Allowance, and Wireless Communication Devices Policies and Procedures in the Appendix.

Social Media

Social media plays a significant role in our society. It is estimated that there are over 4 billion social media users worldwide. Businesses, non-profits, governments, as well as individuals use social media to gather and disseminate information. The Txin Kaanguġ (TK) Initiative uses and hosts social media sites for outreach and to support the community we serve. But with such a



powerful tool comes great responsibility. Our social media profiles, both personal and professional, are often the first impression we give to the world. Txin Kaangű (TK) Initiative, employees should always consider the broad implications for professional, as well as personal, information posted to social media. What is posted on personal sites, can impact the organization and community. The Txin Kaangű (TK) Initiative follows the guidance, of the Aleut Tribal Government Social Media and Procedures (see Appendix).

Confidential & Protected Communication

Due to the sensitive nature of the work we do as part of the Txin Kaangű (TK) Initiative there are times that additional care must be taken with regards to our communication and our handling of confidential and protected information. Many of our programs and services require us to follow federal, tribal, and state government authority and regulations surrounding client, patient, and children's data, communication, and information. This includes the way we collect, gather, store, and transfer data within and outside our organization.

Certain policies are legally required. Below is a brief overview of certain U.S. federal, tribal and state policies related to the workplace. Where available external source links have been provided. All personnel should familiarize themselves with the following relevant federal, and tribal government policies and procedures.

1. Health Insurance Portability and Accountability Act of 1996 (HIPAA): The purpose of HIPAA was to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and for other purposes. More information on HIPAA can be found here: <https://www.hhs.gov/hipaa/for-professionals/index.html>.
2. Confidentiality of Alcohol and Drug Abuse Patient Records, 1987: In the early 1970's, Congress recognized that the stigma associated with substance abuse and fear of prosecution deterred people from entering treatment and enacted legislation that gave patients a right to confidentiality. For the almost three decades since the federal confidentiality regulations (42 CFR Part 2 or Part 2) were issued, confidentiality has been a cornerstone practice for substance abuse treatment programs across the country. <https://ecfr.federalregister.gov/current/title-42/chapter-I/subchapter-A/part-2>; <https://www.samhsa.gov/sites/default/files/samhsapart2-hipaacomparison2004.pdf>.
3. Public Law P.L. 101-630 Indian Child Protection and Family Violence Prevention Act: The Act prescribe minimum standards of character and suitability of employment criteria for



individuals who are employed or are being considered for employment in positions with duties and responsibilities that involve regular contact with or control over Indian children, including the policy regarding mandatory reporting. <https://www.ntciss.org/wp-content/uploads/2017/03/PL-101-630-IHS-BIA-Handbook-2005.pdf>.

4. Other provisions described in 25 U.S. Code Title 25—INDIANS: <https://www.law.cornell.edu/uscode/text/25>.

There are many things that each member of the organization can and should do to ensure that sensitive data and information is safe. Determine who needs access to sensitive and confidential information, and train them properly on how to use, manage, maintain, and protect this information. Ensure that they are aware who they can and cannot share this information with. This can be part of individual personnel standard operating training, policies, and procedures. Ensure to remove employee access for those transferring to other positions or leaving the Txin Kaanguê (TK) Initiative. Below are additional ways we can all protect Txin Kaanguê (TK) Initiative confidential information.

1. Gather and store sensitive or confidential information in locked cabinets. Make sure they are locked after each use and at the end of the day.
2. Store and secure keys at all times.
3. Lock office space and departments when no other employees are in the space, or at the end of each day.
4. Secure your computer. Be aware of the placement of computers in relation to the public. Ensure that passersby cannot view your screen with sensitive or confidential information. Always logout and close your screen or laptop when not in use.
5. Passwords. Protect them, do not share them, and change them frequently using a complex combination of letters, symbols, and upper and lower cases.
6. Shut down your computer at the end of the day.
7. Only use your work email for official business, this will lessen the risk to receive unsolicited emails, links, files, that may be embedded with viruses, bots, phishing, malware, etc.
8. Only click on links and open files from secure, known sources.
9. Prevent inadvertently sending confidential information to the wrong receiver. Check (and recheck) your email before hitting the “send” button. This is especially important when sending emails to batch groups.
10. Do not text sensitive or confidential information.
11. If you have an authorized phone for organizational use, make sure it is password protected, and limit use of sending, reading, and opening sensitive or confidential information.
12. Uninstall unnecessary applications or programs for the work computers.



13. Thoroughly clean and configure computers used between employees.
14. Wipe data from discarded devices and dispose of them safely.
15. Have qualified IT professionals install and maintain firewalls and anti-virus software on all computers and any devices authorized for use by employees.
16. Backup your data on protected servers when possible.

Travel

At times it is necessary for Txin Kaangux̂ (TK) Initiative staff to travel as a required part of their work. The Txin Kaangux̂ (TK) Initiative follows the guidelines laid out by the Aleut Tribal Government Travel Policy and Procedures (see Appendix). It is expected that all staff will be mindful and use best judgement regarding organizational travel funds.

Reimbursable expenses may include:

- Air travel
- Baggage fees
- Ground transportation (taxi, shuttle, car, services, car rentals, public transportation)
- Mileage
- Water transportation (ferries)
- Lodging
- Per diem meals and incidentals
- Baggage fees
- Fax charges
- Internet charges
- Tolls
- Parking

All business travel must receive preapproval prior to incurring travel costs. To obtain preapproval please contact your immediate supervisor at least 1 week prior to departure to complete and submit the Travel Approval Form. Upon returning from preapproved travel, please complete and submit the Travel Report and Reimbursement Form to enable timely reimbursement of authorized expenses incurred for business-related travel. Examples of the Travel Approval Form and Travel Report and Reimbursement Form that will need to be requested from your supervisor can be found in the Appendix.

Temporary Telecommuting

The safety of our Txin Kaangux̂ (TK) Initiative staff and community is of utmost importance. At times we recognize that events such as a natural disaster or pandemic outside of our control may impact the day-to-day operations of the organization. Flexibility during such situations is important for continued operations and care for our community. In the event of an emergency,



the Txin Kaangux̂ (TK) Initiative may require certain employees to temporarily work remotely. Operational alterations will be communicated by Txin Kaangux̂ (TK) Initiative leadership by email, phone, texting, postal service, and/or community posting. If employees need to work remotely, timely effort will be made to ensure that they have the equipment to continue with their work. This includes appropriate hardware, software, phone and data lines. Further information and guidance can be found on the Aleut Tribal Government Temporary Telecommuting Policy and Procedures (see Attached).

Resolution Support

Traditional grievance policy & procedures tend to be reactive and punitive in nature, creating an unwelcome adversarial and anxiety-inducing organizational climate. A solution to this is reframing this practice with a culturally-responsive, collaborative, justice, and equity-focused Resolution Support framework.



All personnel may seek employment-related Resolution Support. All records and the process of the seeking resolution support will be confidential. Since the Txin Kaangux̂ (TK) Initiative operates with a **holistically- Integrated, comprehensive approach to health and wellness: treating the whole person and family**, efforts should be made to always approach resolution support from a cooperative and caring mindset. We understand that sometimes there may be times we need assistance and support to reach a just, clear, and equitable resolution to challenges and/or conflict in the workforce. Therefore, employees may request Resolution Support by following the process below:

1. Present a clear written account of the situation for which you seek resolution to your immediate supervisor. All efforts should be made to set an atmosphere of care and respect for this process.
2. The immediate supervisor will respond back in writing within 3 days to schedule a resolution meeting. All efforts should be made to set an atmosphere of care and respect for this process.
3. Hold a Resolution Support meeting, working with the employee to understand the nature of the situation, and resolving to respond in an effective, positive, and time sensitive manner.



4. The Resolution Support will follow a justice, and equity driven framework such as *Healing Circles*, *Repair-the-Harm Circles*. Therefore, after the initial meeting, other individuals may be invited to engage in the Resolution Support Process.
5. Final decisions, actions, and outcomes resulting from the Resolution Support process shall be provided in writing by the immediate supervisor within 2 days. The document should also provide a synopsis of the Resolution Support process.
6. TK Initiative Leadership and designated staff will be trained by a 3rd Party Facilitator on the Resolution Support Framework.
7. The full Resolution Support Process must be followed by all parties identified for resolution. If one or more of the individuals choose not to adhere to this framework, they will then be guided through the alternative Grievance Policy & Procedures that are laid out by the Tribal Government.
8. Example Resolution Support Framework and resource links can be found in the Appendix.

If, and when Txin Kaangű (TK) Initiative employees choose either by written communication, or through their inaction to complete all steps of the Resolution Support Framework, they will be guided through the alternative Grievance Policy & Procedures summarized here. The Aleut Tribal Government's Grievance Policy & Procedures states:

"This policy outlines the process the Txin Kaangű (TK) Initiative uses to receive, address, and resolve grievances. It is the responsibility of all parties involved in a grievance to participate fully in the resolution process in good faith as the Initiative recognizes that client satisfaction is an important part of providing effective care. Every effort should be made by staff to resolve client concerns informally as quickly and as simply as possible.

This policy applies to all Tribal Government employees, volunteers and contractors working under the Initiative. All involved have a responsibility to comply with this policy.

Failure to comply with this policy may result in disciplinary action in accordance with any and all disciplinary policies of the Tribal Government."

The Tribal Grievance Policy involves both formal and informal procedures each with specific steps that must be taken. There is an official Grievance Form that must be submitted to start as well as a Grievance Review Form, both of which are found in the Appendix.



Txin Kaanguê (TK) Initiative employees should read through and familiarize themselves with both the Resolution Support Framework and the Grievance Policy & Procedures.

IT Support Services

1. For IT support, please email support@finite.com. This includes any issues related to internet connections, computer issues or technical issues.
2. For onboarding or payroll support, please contact the HR department. This includes any issues related to the onboarding process, employee benefits, or payroll questions.
3. For program support, please contact your supervisor. This includes questions regarding your email, employee portal, or training opportunities on various computer programs such as outlook, excel or Microsoft office.



IV. APPENDIX

1. Acknowledgement of Receipt of the Txin Kaangű (TK) Initiative Recruitment and Onboarding Policy & Procedures
2. Example of a Position Description
3. Employee Background Check Consent Form
4. Aleut Tribal Government of St. Paul Enroll Application-Update Form
5. Nepotism Review Request Form
6. Resources to Develop Appropriate Interview Questions
7. U.S. Federal, Tribal and State Employment Rights and Civil Rights Regulations
8. Aleut Tribal Government Policy on Background Check for Placement Resources 510-080-003
9. Txin Kaangű (TK) Initiative Onboarding Checklist
10. Authorization for Direct Deposit
11. Federal Employee Health Benefits Program (FEHB) Information and Health Benefits Election Form
12. Tanadgusix Corporation (TDX) Health & Welfare Trust Supplemental Dental, Vision, & Routine Hearing Plan General Summary of Benefits and Rates
13. Tanadgusix Corporation (TDX) Health & Welfare Trust Supplemental Dental, Vision, & Routine Hearing Plan Enrollment Forms
14. Tanadgusix Corporation (TDX) Health & Welfare Trust Employee Health Plan Waiver of Health Plan Coverage
15. Tanadgusix Corporation (TDX) Principal® Life Insurance Company General Summary of Benefits and Enrollment Form
16. Tanadgusix Corporation (TDX) Prudential Life Insurance Program Enrollment Form
17. Aflac Supplemental Benefits
18. Aflac Rates for Aleut Tribal Government of St. Paul
19. Aflac Employee Benefits Interest Form and Status Change Form
20. Aleut Tribal Government of St. Paul 401(k) Plan Enrollment Guide
21. Aleut Tribal Government Bereavement Policy and Procedures
22. 360 Employee Performance Evaluation Manual
23. Aleut Tribal Government of St. Paul Workplace Bullying Policy & Procedures
24. Aleut Tribal Government Cell Phone Allowance Policy and Procedures
25. Aleut Tribal Government Wireless Communication Devices Policy and Procedures
26. Aleut Tribal Government Social Media and Procedures
27. Aleut Tribal Government Travel Policy and Procedures
28. Example of Aleut Tribal Government Travel Approval Form
29. Aleut Tribal Government Travel Report and Reimbursement Form
30. Aleut Tribal Government Temporary Telecommuting Policy and Procedures
31. Example of Resolution Support Framework & Links

32. Aleut Tribal Government of St. Paul Grievance P&P and Forms





PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND
TXIN KAANGU{ INITIATIVE



Acknowledgement of Receipt of the Txin Kaangu{ (TK) Initiative Recruitment and Onboarding Policy & Procedures¹

I, _____ acknowledge that I have received and read the Txin Kaangu{ (TK) Initiative Recruitment and Onboarding Policy & Procedures. I was provided opportunity to fully read and review the content including all Appendix material. I was also afforded the opportunity to ask questions to fully understand the policies and procedures as described therein.

I understand that the Txin Kaangu{ (TK) Initiative Recruitment and Onboarding Policy & Procedures establishes work expectations, rules, and requirements that will apply to me while I am employed by the Txin Kaangu{ (TK) Initiative. I agree that the Txin Kaangu{ (TK) Initiative Recruitment and Onboarding Policy & Procedures does not create a contract of employment for any specific duration.

I agree to abide by in provisions set forth in the Txin Kaangu{ (TK) Initiative Recruitment and Onboarding Policy & Procedures.

I further understand that Txin Kaangu{ (TK) Initiative may revise, add, subtract additional content, materials, and /or provisions of the Recruitment and Onboarding Policy & Procedures at any time. Any changes will be communicated in writing to all Txin Kaangu{ (TK) Initiative personnel. I agree that any of these changes will be binding upon me during my employment with the Txin Kaangu{ (TK) Initiative. If I find any changed provisions in the Txin Kaangu{ (TK) Initiative Recruitment and Onboarding Policy & Procedures to be objectionable to me, or that I cannot comply with, I shall resign my position immediately with the Txin Kaangu{ (TK) Initiative, thereby terminating my employment.

If my employment with the Txin Kaangu{ (TK) Initiative is terminated for any reason, I further agree that I will not discuss, disclose, or release any document, file, data, or any other information acquired during my term of employment with the Txin Kaangu{ (TK) Initiative. If I violate the above term and condition or any other provision contained in the Txin Kaangu{ (TK) Initiative Recruitment and Onboarding Policy & Procedures, I agree that the Txin Kaangu{ (TK) Initiative, and if necessary, the Tribal Government, has the right to seek any appropriate remedy against me in Tribal Court or other court with jurisdiction.

Employee Signature

Date

Txin Kaangu{ (TK) Initiative Supervisor, or HR Specialist

Date

¹ Adapted from the Tribal Government of St. Paul Island Personnel Policies and Procedures

JOB ANNOUNCEMENT

POSITION TITLE AND DEPARTMENT:

Social Services Associate with the Department of Community Safety and Peace

POSITION LOCATION:

This position will be based in Anchorage, Alaska.

POSITION CLASSIFICATION, HOURS & WORK SCHEDULE:

Regular Appointment; Full-time; 40 hours per week; Hours may vary.

JOB SUMMARY:

This position is located in the Anchorage Support Office, Department of Community Safety and Peace (DCSP). The primary function of the Social Services Associate is to assist in the implementation of the goals and objectives associated with the DCSP, to give assistance and support toward the achievement of the philosophy, mission, strategy, and customers of the program. All actions will be in accordance with the Indian Child Welfare Act (ICWA) federal laws, state laws, and tribal laws.

Secondarily, the Social Services Associate assists in the case management services to children and families of the Aleut Community of St. Paul Island Tribal members, community, and represents the Tribe at community gatherings, local and state meetings where the Tribe has an interest. The Social Services Associate will assist Tribal members with gaining access to all necessary services both internal and external to the Tribe. This position requires excellent attendance and timeliness, good communication skills, as well as un-compromised attention to client confidentiality and detail. They will support the delivery of services to Tribal youth and families; identify, develop, and utilize community resources; assist in providing leadership and design, development, implementation, and evaluation of integrated program policies, and social work practices.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Maintain current knowledge of child welfare laws and regulations.
2. Provide supervised family contact to families involved with the Office of Children's services or the Tribal Child Welfare Program; report instances of neglect or abuse to the appropriate authorities; utilizes appropriate controls for individuals who may be aggressive, combative, or hostile by following established protocols and policies.
3. Stay informed of all tribal and community programs available for clients that will enhance the quality of life.
4. Provide support to department staff who are provide education to stakeholders and tribal staff around the issues of child welfare.
5. Keep up to date on Indian Child Welfare Act, Title IV-B and IV-E programs, Domestic Violence Prevention, Food Bank, and other social service programs.
6. Possess a comprehensive understanding of the Tribal State Compact Agreement and the scopes of work.

JOB ANNOUNCEMENT

7. Possess a working knowledge of client programs in the area of social and health service, and the ability to work cooperatively with internal and external agencies and bureaucratic procedures.
8. Continuing development in the area of child abuse and neglect by working in coordination with the Department of Community Safety and Peace, Department of Wellness, and the State of AK Office of Children's Services.
9. Provide regular reports regarding identified targeted goals to DCSP management.
10. Compile monthly program statistics and complete monthly reports.
11. Arrange travel for staff and customers.
12. Ensure that client information is maintained in a CONFIDENTIAL manner.
13. Contribute to a team effort by welcoming new and different work requirements; exploring new opportunities to add value to the organization; helping others accomplish related job results as and where needed.
14. Knowledge and experience working with victims of domestic violence, sexual assault and child abuse.
15. Perform other related duties as assigned.

QUALIFICATIONS:

- High School Diploma or GED
- Two years' experience in delivery of benefit service program
- Excellent organizational skills with paperwork, including strong documentation skills.
- Excellent written, verbal and interpersonal communication skills, including the ability to explain complicated information in layperson terms and to demonstrate tact and diplomacy. The ability to give and receive feedback in a constructive manner.
- Ability to work independently with little supervision or as part of a team, and personal initiative, makes decisions, and maintains program wide goals and priorities.
- Ability to establish and keep a high level of confidence with co-workers, clients and the community.
- Requires reliability and a history of excellent work attendance.
- Must pass UA testing prior to employment.
- Must be able to pass a Tribal and/or State of Alaska Criminal background check and Driver's Record Check.
- Must have a valid driver's license, provide own transportation and provide proof of auto insurance.
- Must be free of prior felony convictions for crimes against a person.
- Must be free from convictions involving a controlled substance as defined in AS 11.71.900, under federal law or under any other state's law; misdemeanor assault; a crime involving domestic violence; or the violation of a municipal ordinance or law from another jurisdiction having elements similar to the offenses specified in this paragraph; within three years.

JOB ANNOUNCEMENT

SALARY AND BENEFITS:

\$16.00 to \$20.00 per hour depending on experience, depending on education, experience, and skills. Benefits include: Paid Time Off (Starting at 6 hours per pay period/156 hours per year); 16 Paid Holidays; Health Benefits; 401K; Employee Education Assistance.

DEADLINE AND INSTRUCTIONS TO APPLY:

This position is open until filled. Apply at the Tribal Government of St. Paul during normal business hours by completing an Application for Employment or by requesting and completing an Application for Employment electronically. Applicants with incomplete applications will not be considered for the position. A resume is required but will not be accepted in lieu of an Application for Employment. For an Application for Employment, Job Description, or more information contact Rene Warner, at rawarner@aleut.com or Roxana Kashatok, at rvkashatok@aleut.com.

The Tribal Government encourages the applications from Alaska Natives and American Indian applicants, considering such applications favorably during the hiring process.

Posted 25 February2021



**PRIIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND**

CONSENT FORM

I, _____ (full name) am applying with _____ (agency), for the position of _____ (job title).

1. I consent to submitting my fingerprints to this agency for a national and/or state criminal history record check to assist this agency in determining my suitability for the position for which I am applying.
2. I understand this agency has the right to receive national and/or state criminal history records under Alaska statutory authority or federal law _____ for the purpose of _____.
3. I understand the criminal history information received by this agency from my fingerprint submission will only be used for the official purpose for which it was requested and will not be retained or disseminated in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
4. I understand that if I have a criminal history record, the officials deciding on my suitability for the **(employment, volunteering, or other benefit from this agency)** must give me an opportunity to complete or challenge the accuracy of the information in the record.
5. I understand I will be given ____ **(days)** to challenge the information contained in my criminal history (or decline to do so) before a determination on my suitability for this position has been made.
6. I understand in order to challenge the accuracy of the criminal history record, I must contact the agency which submitted the information, as directed under 28 CFR 16.30 through 16.34 and Alaska Regulation 13 AAC 68.300. To challenge the accuracy of Alaska criminal history information, I can contact the Department of Public Safety at: 907-269-5767 or dps.criminal.records@alaska.gov

By signing below, I acknowledge that I understand these rights, and I have received a copy of the Applicant Privacy Rights and a copy of the 1974 Privacy Statement.

Applicant Sign

Date



2050 VENIA MINOR ROAD
PO BOX 86
ST. PAUL ISLAND, ALASKA 99660

Tribal Enrollment

All fields must be completed whether you're filing for an update form or an application.

Are you filing for an:	<input type="checkbox"/> Application		OR	<input type="checkbox"/> Update Form			
First and Middle Name:			Date of Birth:				
Current Surname:			SSN Number:				
Maiden Name:			Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Birth Place:			Enrollment Number:				
Phone Number:			Degree of Blood:	/			
Height/Weight:	/		Color Eye/Hair:	/			
Email Address:							
Physical Address:							
Mailing Address:							
City:		State:		Zip:			
Do you want us to keep your e-mail and phone number confidential?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently reside on St. Paul?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, how long?				
Are you a shareholder of T.D.X.?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you Alaska Native or American Indian Descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you the head of household?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Voter?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
What is your source to confirm Degree of Blood?							
Main Culture:	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other						
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Individual						
Spouse's/Partner/Widow's Name:							
Spouse's Status:	<input type="checkbox"/> Enrolled <input type="checkbox"/> Pending <input type="checkbox"/> Relinquished <input type="checkbox"/> Adopted <input type="checkbox"/> Terminated <input type="checkbox"/> Not Enrolled <input type="checkbox"/> Inactive <input type="checkbox"/> Unknown						
Do you have a birth certificate on file?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
If the Tribal citizen has passed, is there a death certificate on file?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Sibling Information							
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Full Name:		<input type="checkbox"/> Blood Relation	<input type="checkbox"/> Step	<input type="checkbox"/> Half	<input type="checkbox"/> Adopted	<input type="checkbox"/> Unknown	<input type="checkbox"/> Enrolled
Siblings Not Enrolled							

Full Name:		Tribe:	
Full Name:		Tribe:	
Full Name:		Tribe:	
Full Name:		Tribe:	
MOTHER		FATHER	
Full Name:		Full Name:	
Maiden/Other Name:		Maiden/Other Name:	
Date of Birth:		Date of Birth:	
Place of Birth:		Place of Birth:	
Enrollment Number:		Enrollment Number:	
Blood Degree		Blood Degree	
<input type="checkbox"/> Aleut:___/___ <input type="checkbox"/> Alaskan Native:___/___ <input type="checkbox"/> American Indian:___/___		<input type="checkbox"/> Aleut:___/___ <input type="checkbox"/> Alaskan Native:___/___ <input type="checkbox"/> American Indian:___/___	
Signatures			
<p>Check the box(es) indicating the relationship to the tribal citizen. The undersigned hereby certify that this form is made and filed by:</p> <input type="checkbox"/> Tribal Citizen/Applicant <input type="checkbox"/> Parent(s) of Tribal Citizen/Applicant <input type="checkbox"/> Recognized Guardian <input type="checkbox"/> Next of Kin <input type="checkbox"/> Spouse <input type="checkbox"/> Executor or Administrator of Applicant's Estate		<p>Check the following for the reason why Tribal Citizen does not file this form for him/herself:</p> <input type="checkbox"/> Tribal Citizen/Applicant is a Minor <input type="checkbox"/> Tribal Citizen/Applicant is Mentally Incompetent <input type="checkbox"/> Tribal Citizen/Applicant is in the U.S. Armed Forces <input type="checkbox"/> Tribal Citizen/Applicant is deceased	
<p>The Person(s) Filing this Application for Enrollment:</p> <ol style="list-style-type: none"> Understands that he or she has the burden of proof in establishing that the applicant meets all of the, Alaskan Native Tribe requirements for membership in the Aleut Community of St. Paul Island, and therefore he or she should fully answer all questions in this Application and should submit to the enrollment officer all documents or other available information to support this Application. Additional information in support of this Application may be set forth on a signed separate sheet of paper and attached to this Application. Certifies that the statements and information provided in support of this Application are true in all respects. 			
Signature of Person Filing on behalf of Self			Date:
Signature of Person Filing on behalf of Tribal Citizen/Applicant			Date:
<p>NOTE: Whenever possible both the natural Mother and Father of the applicant should sign on behalf of their minor child. Copies of SSN, Birth Certificates, Birth Record, Baptismal Records, or other proof of birth and parentage must be submitted with this application. The Aleut Community of St. Paul Island-Tribal Council's decision of approval or denial is final.</p>			



2050 VENIA MINOR ROAD
PO Box 86
ST. PAUL ISLAND, ALASKA 99660

NEPOTISM REVIEW REQUEST FORM			
Submitted By:		Date/Time:	
NEW OR CURRENT EMPLOYEE			
Name (Last, First, MI):			
Date of Hire:			
Department:			
Title and Level:			
Relation to Supervising Employee:			
SUPERVISING EMPLOYEE			
Name (Last, First, MI):			
Department:			
Title and Level:			
Relation to New or Current Employee:			
ACTION TAKEN			
<input type="checkbox"/> Hiring of Employee <input type="checkbox"/> Supervising Employee <input type="checkbox"/> Wage Determination <input type="checkbox"/> Promotion <input type="checkbox"/> Merit Increase <input type="checkbox"/> Demotion		<input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> COLA <input type="checkbox"/> Award <input type="checkbox"/> Disciplinary Action	
REVIEW AND APPROVAL			
Reviewed By:		Date/Time:	
Comments:			
<input type="checkbox"/> Action Approved		<input type="checkbox"/> Action Not Approved	
Printed Name of Authority:		Date/Time:	
Signature of Authority			

BELOW ARE SOME AVAILABLE RESOURCES TO HELP ORGANIZATIONS DEVELOP APPROPRIATE AND INFORMATIVE INTERVIEW QUESTIONS

- <https://www.thebalancecareers.com/types-of-interview-questions-2061365>
- <https://hr.berkeley.edu/hr-network/central-guide-managing-hr/managing-hr/recruiting-staff/employment/interviewing/question>
- <https://positivepsychology.com/emotional-intelligence-interview-questions/>
- <https://www.bizjournals.com/bizjournals/how-to/human-resources/2016/10/10-emotional-intelligence-questions-to-ask.html>
- <https://www.linkedin.com/business/talent/blog/talent-acquisition/interview-questions-to-screen-for-emotional-intelligence>
- <https://hbr.org/2008/11/hiring-for-emotional-intelligence>

U.S. Federal, Tribal and State Employment Rights and Civil Rights Regulations

Below is a brief overview of certain U.S. federal, tribal and state policies related to the workplace. Where available external source links have been provided. All personnel should familiarize themselves with all relevant federal, tribal, and state government policies and procedures regarding employment. The TK Initiative will adhere to all legally-required notifications regarding employment and civil rights when applicable. Additionally, “some of the statutes and regulations enforced by the U.S. Department of Labor require that notices be provided to employees and/or posted in the workplace. DOL provides free electronic and printed copies of these required posters.” TK Initiative’s Human Resources Department or designated leadership should utilize the FirstStep Poster Advisor, a service provided by the U.S. Department of Labor to help them comply with poster requirements and regulations. More information can be found here:

https://webapps.dol.gov/elaws/posters.htm?_ga=2.38944871.578345198.1614802999-1108409825.1608324604

1. **U.S. Federal Employment Rights and Civil Rights Regulations:** The U.S. Equal Employment Opportunity Commission (EEOC): The EEOC is responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, transgender status, and sexual orientation), national origin, age (40 or older), disability or genetic information. Most employers with at least 15 employees are covered by EEOC laws (20 employees in age discrimination cases). Most labor unions and employment agencies are also covered. The laws apply to all types of work situations, including hiring, firing, promotions, harassment, training, wages, and benefits. More information about the EEOC can be found here: <https://www.eeoc.gov/overview>
2. **Age Discrimination in Employment Act (ADEA):** “The ADEA prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance. The Act, which applies to all ages, permits the use of certain age distinctions and factors other than age that meet the Act's requirements.” More information on ADEA can be found here: <https://www.eeoc.gov/statutes/age-discrimination-employment-act-1967>
3. **Fair Labor Standards Act (FLSA):** “The FLSA establishes minimum wage, overtime pay, recordkeeping, and youth employment standards affecting employees in the private sector and in Federal, State, and local governments. Covered nonexempt workers are entitled to a minimum wage of not less than \$7.25 per hour effective July 24, 2009. Overtime pay at a rate not less than one and one-half times the regular rate of pay is required after 40 hours of work in a workweek.” More information on FLSA can be found here: <https://www.dol.gov/agencies/whd/flsa>

4. **Family and Medical Leave Act (FMLA):** “The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.” More information on FMLA can be found here: <https://www.dol.gov/agencies/whd/fmla>
5. **Occupational Safety and Health Act (OSHA):** “The OSHA was issued to assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health; and for other purposes.” More information on OSHA can be found here: <https://www.epa.gov/laws-regulations/summary-occupational-safety-and-health-act>
6. **Patient Protection and Affordable Care Act (ACA):** “The ACA provides numerous rights and protections that make health coverage more fair and easy to understand, along with subsidies (through “premium tax credits” and “cost-sharing reductions”) to make it more affordable. This ACA is the first part of the comprehensive health care reform law enacted on March 23, 2010.” More information on the ACA can be found here: <https://www.healthcare.gov/glossary/patient-protection-and-affordable-care-act/>
7. **The Equal Pay Act of 1963 (EPA):** “The EPA makes it illegal to pay different wages to men and women if they perform equal work in the same workplace. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.” More information on the EPA can be found here: <https://www.eeoc.gov/statutes/equal-pay-act-1963>
8. **The Pregnancy Discrimination Act:** “This law amended Title VII to make it illegal to discriminate against a woman because of pregnancy, childbirth, or a medical condition related to pregnancy or childbirth. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.” More information on The Pregnancy Discrimination Act can be found here: <https://www.eeoc.gov/statutes/pregnancy-discrimination-act-1978>
9. **Title I of the Americans with Disabilities Act of 1990 (ADA):** “The ADA makes it illegal to discriminate against a qualified person with a disability in the private sector and in state and local governments. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit. The law also

requires that employers reasonably accommodate the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, unless doing so would impose an undue hardship on the operation of the employer's business." More information on Title I can be found here:

<https://www.eeoc.gov/statutes/titles-i-and-v-americans-disabilities-act-1990-ada>

10. **Title VII of the Civil Rights Act of 1964:** "Title VII prohibits employment discrimination based on race, color, religion, sex and national origin. The Civil Rights Act of 1991 (Pub. L. 102-166) (CRA) and the Lily Ledbetter Fair Pay Act of 2009 (Pub. L. 111-2) amend several sections of Title VII." More information on Title VII can be found here:

<https://www.eeoc.gov/statutes/title-vii-civil-rights-act-1964>

11. **Uniformed Services Employment and Reemployment Act (USERRA):** "The USERRA was signed into law on October 13, 1994. USERRA is intended to minimize the disadvantages to an individual that occur when that person needs to be absent from his or her civilian employment to serve in this country's uniformed services. USERRA makes major improvements in protecting service member rights and benefits by clarifying the law and improving enforcement mechanisms. It also provides employees with Department of Labor assistance in processing claims." More information on USERRA can be found here: <https://webapps.dol.gov/elaws/vets/userra/userra.asp>



ALEUT COMMUNITY OF ST. PAUL ISLAND
TRIBAL GOVERNMENT
POLICIES AND PROCEDURES

POLICY TITLE:	Background Check for Placement Resources
POLICY NUMBER:	510-080-003
VERSION:	1.0
REVISED DATE:	01 January 2018
EFFECTIVE DATE:	01 January 2018
NUMBER OF PAGES:	10

I. OVERVIEW

A. Description and Purpose - Individual's age 16 and older who work, volunteer, or reside at a foster care home or is associated with the entity to be free from serious problems that pose a risk to children, and require background checks to ensure the safety of children placed in foster homes, adoptive homes, and in the homes of unlicensed relative caregivers. Background checks are required on all prospective foster and adoptive parents.

B. Authority—

42 U.S.C. 671(a)(20) State Plan for Foster Care and Adoption Assistance (Title IV-E)

Preamble to the Final Rule (65 FR 4020) (1/25/00) (revised 12/2/14)

Social Security Act - section 471 (a)(20)

45 CFR 1356.30

AS 12.62.160 Release and Use of Criminal Justice Information

AS 45.05.310 Criminal History; Criminal History Check; Compliance

AS 47.10.093 Disclosure of Agency Records

AS 47.14.100 Powers and Duties of Department over Child

AS 47.17.040 Central Registry; Confidentiality

7 AAC 10.910 Request for Criminal History Check

7 AAC 10.930 Request for a Variance

7 AAC 10.9500 Purpose and Applicability

7 AAC 50.990(42) Definitions (relative)

7 AAC 54, Art. 1 Privacy of Client Records: Child protection Services

13 AAC 68 Central Repository of Criminal Justice Information

C. Applicability – Background checks are required for prospective adoptive parents, guardians, and foster parents. The criminal background checks must be fingerprint based. If a name-based criminal background check is done due to rejected fingerprint cards and the fingerprints were rejected solely because the fingerprint impressions were of low quality due to lack of technological capacity or use of improper techniques, the federal requirement for a criminal background check is not met. Consequently, a federal adoption/guardianship subsidy, or foster care reimbursement

costs may not be approved. In the event that fingerprints are rejected a name-based criminal background check is done through the Department of Public Safety (DPS). If the name-based check reveals no evidence of a barrier crime, the results are considered as satisfying the state requirement of a DPS criminal background check. The department may waive the fingerprint requirement if an individual is unable to provide fingerprints due to a medical or physical condition that is documented by a licensed physician.

A federal adoption/guardianship subsidy may not be approved for a child where the adoptive or guardian parent(s) have been convicted of any of the following crimes:

1. A conviction of a felony, or admission of, or substantial evidence of an act of assault, child battering, child abuse, child molesting, child neglect, spousal abuse; a crime against a vulnerable person, child or children (including child pornography), or a crime involving violence, including: rape, sexual assault, or homicide, but not including other physical assault or battery; or
2. Chemical/alcohol dependency, unless the individual(s) identified as chemically dependent has been chemically free for at least 12 months; or
3. Felony conviction within the previous five years involving physical assault, battery or a drug-related offense or at the discretion of the TLA within the previous 10 years.

Criminal background clearances and other safety standards may not be waived.

Safeguards:

Confidentiality of Criminal Justice Information: Criminal justice information is confidential and may not be released to any other individual or agency except that some information may be released to perform licensing and adoption activities. The Tribal Licensing Authority (TLA) may not provide copies of criminal justice information to the individual who is subject to the criminal justice information, but an individual may request copies of their criminal justice information from the Department of Public Safety.

Confidentiality of Child Protection Records: Child Abuse and Neglect Registry information obtained from another state for the purpose of conducting background checks in foster and adoptive placement cases may not be used for any other purpose.

II. POLICY

A. Safeguards

Confidentiality of Records Alaska Stat. §§ 47.17.040; 47.10.093

Investigation reports and reports of harm filed under this chapter are considered confidential and are not subject to public inspection.

Except as permitted in this section and § 47.10.092, all information and social records pertaining to a child who is subject to this chapter or chapter 47.17 prepared by or in the possession of a Federal, State, or municipal agency or employee in the discharge

of the agency's or employee's official duty are privileged and may not be disclosed directly or indirectly to anyone without a court order.

Persons or Entities Allowed Access to Records Alaska Stat. § 47.10.093

An agency or employee shall disclose appropriate confidential information regarding a case to:

1. A guardian ad litem
2. A person or agency requested by the department or the child's custodian to provide consultation or services for a child
3. An out-of-home care provider as necessary to enable the provider to provide appropriate care to the child
4. A school official as necessary to enable the school to provide appropriate counseling and support services to a child who is the subject of the case
5. A government agency as necessary to obtain that agency's assistance to the department in its investigation or to obtain physical custody of a child
6. A law enforcement agency of this or another State as necessary for the protection of any child
7. A member of a multidisciplinary child protection team
8. The State medical examiner
9. A person who made a report of harm to inform the person of the status of the investigation
10. The child support services agency as necessary to establish and collect child support
11. A parent, guardian, or caregiver of a child as necessary to protect the safety of a child
12. A review panel established by the department for the purpose of reviewing the actions taken by the department in a specific case
13. The University of Alaska under the Alaska higher education savings program for children but only to the extent that the information is necessary to support the program
14. A licensed child-placing agency as necessary to provide services for a child who is the subject of the case
15. A State or municipal agency of this or another State that is responsible for delinquent minors, as may be necessary for the administration of services, protection, rehabilitation, or supervision of a child

B. When Public Disclosure of Records Is Allowed Alaska Stat. § 47.10.093

The Commissioner of Health and Social Services or his or her designee may disclose to the public, upon request, confidential information when:

1. The parent or guardian of a child who is the subject of one or more reports of harm under chapter 47.17 has made a public disclosure concerning the department's involvement with the family.
2. The alleged perpetrator named in one or more reports of harm has been charged with a crime concerning the alleged abuse or neglect.
3. Abuse or neglect has resulted in the fatality or near fatality of a child who is the subject of one or more reports of harm.

The department may publicly disclose information pertaining to a child or an alleged perpetrator named in a report of harm, a household member of the child, or the alleged perpetrator if the information relates to a determination, if any, made by the department regarding the nature and validity of a report of harm or to the department's activities arising from the department's investigation of the report. The commissioner or the commissioner's designee:

4. Shall withhold disclosure of the child's name, picture, or other information that would readily lead to the identification of the child if the department determines that the disclosure would be contrary to the best interests of the child, the child's siblings, or other children in the child's household
5. After consultation with a prosecuting attorney, shall withhold disclosure of information that would reasonably be expected to interfere with a criminal investigation or proceeding or a criminal defendant's right to a fair trial in a criminal proceeding

C. Licensed Homes

A prospective foster parent and household members age 16 and older must undergo background checks, as described in the standards. Background checks consist of criminal background checks, child protective services background checks, and, if applicable, licensing history checks. This requirement does not apply to children placed in the home.

- D.** The TLA will not issue a license until all required background checks have been completed and evaluated. The only exception is that a license can be issued on an emergency basis prior to when the fingerprint based criminal checks have been completed. However, the following background checks must be completed for all members of the household, age 16 and older, before a license may be issued on an emergency basis:
1. name-based safety checks;
 2. Court View on-line check;
 3. child protective services background checks; and
 4. sex offender registry checks.
 5. Once a license has been issued, if a child in the home turns 16 or an adult moves into the home, all the background checks listed above and fingerprint based criminal record checks must be completed as soon as possible. The

home will not be considered fully licensed without completed background checks.

E. Alaska CPS and Licensing Checks:

1. The TLA will ensure that the prospective foster parents and household members age 16 and older complete and submit Authorization for Release of Information – In-State forms.
2. Upon receipt of completed forms, the TLA will submit them to the State of Alaska, Office of Children’s Services (OCS) and request that OCS staff:
 1. review OCS child protection records and, if applicable, licensing records for the individuals;
 - a. complete the OCS section of the forms; and
 - b. return the completed forms to the TLA.

F. Out-of-State CPS Checks:

1. If the prospective foster parents or any other household member age 16 or older has lived in another state or country within the past five years, the TLA will request information from the child abuse and neglect registry from each state of residence or the consulate/embassy from the country during the past five year period. A list of state contacts is available online at <http://ccld.ca.gov/Res/word/AWStateContacts.doc>. Information on Foreign Consular Offices in the United States is available online at <http://www.state.gov/s/cpr/rls/>.
2. The TLA will determine what form needs to be used for requesting CPS checks from another state or country. The TLA will ask each individual to complete either an Authorization for Release of Information from Out-of-State Child Abuse and Neglect Registry form or the form required by other state or country where they have lived in the past five years. If an Authorization for Release of Information from Out-of-State Child Abuse and Neglect Registry form is required, the TLA will complete the required section of the form prior to submitting it to the other state or country.
3. The TLA will submit the completed forms to the other state or country in accordance with their procedures.
4. If the other state or country denies the request because they do not maintain a registry, no further attempts to obtain child abuse or neglect information from the other state or country is required.

G. Juvenile Offender Management Information System (JOMIS)

The TLA will work with the Department of Health and Social Services, Division of Juvenile Justice to establish exchange of information. If possible, the TLA will obtain a release of information from the prospective foster parent and all household members age 16 and older for a juvenile delinquency check.

H. Criminal Checks

The TLA will ensure that the following criminal background checks are completed:

1. Name-Based Safety Checks: The TLA will request that the prospective foster parent and household members age 16 and older submit a Request for Criminal Justice Information to the Department of Public Safety and provide the results to the TLA. This must be completed prior to issuance of an initial license under emergency conditions and for all other licenses.
2. Fingerprint Based Checks: The TLA will inform applicants that they and all household members age 16 and older are required to submit fingerprints for the purpose of state and federal criminal record checks, and that the results must be submitted to the TLA. The TLA will provide information to the applicant about the procedures for fingerprinting. An initial license may be issued under emergency conditions if item 1 above is completed but the fingerprint check is still pending.

I. Sex Offender Registry

The TLA will check the online Sex Offender registry for applicants and all household members age 16 and older to determine whether an individual is a registered sex offender. Sex Offender information is available online at:

<http://www.dps.state.ak.us/sorweb/Search.aspx>

J. Court View

The TLA will check the online Court View for applicants and all household members age 16 and older to determine whether there are records that would preclude licensing in accordance with the standards. Court View information is available online at:

<http://www.courtrecords.alaska.gov/pa/pa.urd/pamw6500.display>

K. Evaluation of Background Checks

1. The TLA will review and evaluate the results of the background checks to determine whether the requirements in the standards are met.
2. If the applicant or any household member, age 16 and older, is found to have been the alleged perpetrator in a substantiated report of harm or there is an open case or report of harm in which the individual is involved. The TLA will not issue a license to the individual or allow the individual to reside in a licensed foster home.

L. Requests for Reconsideration

1. If the applicant's request for licensure has been denied based on evaluation of their criminal history, the applicant may submit a request in writing for reconsideration after the five years have passed since the crime was committed. The TLA will re-evaluate the application and related information in accordance with the standards and respond to the applicant within 45 days.

M. Unlicensed Relative Homes

Prior to placing a child in an unlicensed home, the following background checks will be conducted:

1. Child Protection/Juvenile Offender Management Information System (JOMIS)/Sex Offender Registry Checks

1. Child protection records (Prober and ORCA):

- a. For placements with an unlicensed relative, a check will be conducted prior to placement on each household member who is 16 years old or older.
- b. For adoption and guardianship studies, a check will be conducted on each household member who is 16 years old or older. If any of the adults in the household has lived in another state in the preceding 5 years, information from that state's child abuse and neglect registry will be requested.

2. JOMIS;

3. Sex Offender Registry; and

4. Alaska Court System/Court View.

2. Criminal background checks:

1. Placements with Unlicensed Relatives under Emergency Conditions:

- a. An APSIN computer check will be completed prior to placement (see section 6.8.4 Inquiries to Alaska Public Safety Information Network [APSIN]). The relative must agree to get fingerprinted within 30 days.
- b. In this context "placement under emergency conditions" means:
 - i. placement after emergency custody;
 - ii. situations where a preferred placement is needed for a child and a relative who wants to care for the child has been identified and assessed and it has been determined that
 - 1. it is in the child's best interest to place the child with that relative, and
 - 2. it is not in the child's best interest, to delay placement until the results of the fingerprint check have been received.

In this situation, placement may occur prior to the receipt of the fingerprint results.

N. Non-Emergency Placements with Unlicensed Relatives:

Fingerprint based checks on all individuals in the household 16 years of age or older will be conducted prior to placement.

O. Adoptive/Guardian Homes:

1. For new adoptive and guardian applicants, a fingerprint based check on all adults in the household, and any children over the age of 16 residing in the home (who are not recipients of services) is required. If the adoptive/guardian family resides out-of-state, the criminal background check must include both a statewide check for the state where the family resides and a national check (FBI check).
 2. If the adoptive or guardian applicants previously have undergone fingerprint based checks in Alaska as unlicensed relative caregivers or are licensed foster parents, and have continuously been on the OCS flag system, new fingerprint-based checks are not required if the print results:
 1. were approved less than 6 years prior; and
 2. are readily obtainable.
 3. If the Department of Public Safety (DPS) rejects an applicant's fingerprints, a name-based check from DPS may be conducted after the second rejection. A name-based check is not eligible for Title IV-E funding unless the individual is unable to provide fingerprints due to a medical or physical condition documented by a licensed physician.
- P. The Background Check Program (BCP) in the State of Alaska Division of Health Care Services will process background checks on individuals required to have a criminal background check. Foster care applicants, unlicensed relative caregivers, household members' age 16 and older, and adoptive/guardianship families will all have their background checks processed through the BCP.

III. PROCEDURE(S)

A. Licensed Homes

1. Before the applicants are licensed and/or approved for placement of a child, the TLA shall check any child abuse and neglect registry for information on any prospective foster parents and on any other household members age 16 and older.
2. The TLA shall check any child abuse and neglect registry that the Tribe or State maintains for such information.
3. The TLA shall make a request to any other State or Tribe that the applicants or other household members age 16 and older have resided in the previous five years, to check any child abuse and neglect registry maintained by such other State or Tribe.
4. The TLA will obtain a "release of information" from the applicants, all household members age 16 and older, employees or volunteers, giving the TLA permission to submit each individual's information for a CPS background check and if possible, juvenile delinquency (JOMIS) check. If any of the individuals are found to have been the alleged perpetrator in a substantiated report of harm, or there is an open case or report of harm in which the individual is/was involved, the TLA will not issue a license to that individual or allow the individual to reside in a licensed foster home.

5. The TLA will obtain reports, or where not available, a statement by the applicants citing all allegations of child abuse and neglect, with dates and locations and resolution of those allegations for the applicants, all household members age 16 and older, employees and volunteers.

B. Placements with Unlicensed Relatives

1. Placements under Emergency Conditions:

1. The assessment for placement with an unlicensed relative under emergency conditions includes ORCA, Prober, JOMIS, Alaska Sex Offender Registry, Court View, and APSIN computer check on each household member who is 16 years old or older.
 - a. The PS Specialist will ensure that ORCA, Prober, and Court View checks are completed for all household members' who are 16 years old or older, if possible prior to placement. If it is not possible to complete the checks prior to placement, the checks will be done the next business day.
 - b. The PS Specialist will also request an APSIN computer check on each household member who is 16 years old or older, following the procedures for requesting APSIN computer checks that are outlined in section 6.8.4 Inquiries to Alaska Public Safety Information Network (APSIN). In response to a request for an APSIN computer check, the APSIN Unit will check APSIN, JOMIS, and the state and national Sex Offender Registry.
2. All unlicensed relatives must complete fingerprint-based checks on each household member who is 16 years old or older within 30 days of the placement. The PS Specialist will follow the procedures in (D) below. If the individual has lived out of state within the last five years, see procedure (G).

C. Non-Emergency Placements:

1. ORCA, Prober, JOMIS, Alaska Sex Offender Registry, Court View, and fingerprint based checks must be completed prior to placement on each household member who is 16 years old or older.
 1. The PS Specialist will check ORCA and Prober.
 2. The PS Specialist will submit requests for background checks to the Background Check Program (BCP), following the procedures in (D) below. In response to a request, the BCP will check ORCA, Prober, JOMIS, Sex Offender Registry, and Court View in addition to the finger print checks,
 3. If the individual has lived out of state within the last five years, see procedure (G).

4. If placement with the unlicensed relative becomes necessary prior to when the BCP background check results are received by the PS Specialist, the procedures for emergency placement above apply.

D. Placements with Prospective Adoptive Parents and Guardians:

1. ORCA, Prober, JOMIS, Alaska Sex Offender Registry, Court View, and fingerprint based checks must be completed prior to placement on each household member who is 16 years old or older.
2. APSIN computer checks cannot be completed. The background check will be conducted through the fingerprint process once the fingerprint cards are submitted to the BCP, according to the procedures in (D) below.
 1. The PS Specialist will check ORCA and Prober.
 2. The PS Specialist will submit requests for background checks to the Background Check Program (BCP), following the procedures in (D) below. In response to a request, the BCP will check ORCA, Prober, JOMIS, Sex Offender Registry, and Court View in addition to the finger print checks, 3. If the individual has lived out of state within the last five years, see procedure (G).

IV. FORM(S)

- A. None.

V. REFERENCE(S)

- A. None.

VI. DEFINITION(S)

- A. "child abuse or neglect" has the same meaning as in AS 47.17.290;
- B. "entity" includes foster homes, and child placement agencies and an owner, officer, director, member, or partner of the entity;
- C. "indictment" includes presentment or charging by information; and
- D. "individual having regular contact with children in a foster home" means a caregiver, and any member of the licensee's household residing in any part of the foster home.

VII. POLICY HISTORY

- A. This is a new policy.

Txin Kaangux̣ (TK) Initiative Onboarding Checklist

Gather any remaining new hire documentation including:

	TASK/RESOURCE	DESCRIPTION	TIMEFRAME	BY WHOM	COMPLETED DATE
Final Recruitment Process	Notification Letter of Employment	Once the determination of the final candidate is made, a congratulatory welcome letter should be sent to the new hire via U.S. mail and their personal email. This step kicks off the onboarding process.		HR personnel or new hire's supervisor	
	New Hire Document Gathering	Gather and process all signed and completed new hire documents. Including: Notification Letter of Employment, I-9 Form & Evidence, W-4 Form, Nondisclosure Agreement, Background & Drug Testing Results.		HR personnel	
Preparation for New Hire's First Day	Workspace & Furniture	Clean and ensure a safe desk and chair is provided. Set up the workspace with some standard office supplies (stapler, tacks, pens/pencils, markers, post-it notes), and any job-specific operating manuals.		Designated staff member(s)	
	Computers	Clean and provide appropriate computer with access, and software needed for the position.		Designated staff member(s)	
	Keys	Make and provide copies of keys for office/building, desk, and any file cabinets they will need to access.		Designated staff member(s)	
	Provide Security Codes	To access secured building areas, if applicable.		Designated staff member(s)	
	Logins	Prepare and provide logins for email, software, online resources, or other password-protected resources		Designated staff member(s)	
	Email Account	Set up email account. This can be done using a generic password, which will later be changed by the new personnel.		Designated staff member(s)	
	Phone System	Set up phone system/account.		Designated staff member(s)	

	Cell Phone & Wireless Communication	Explain the Policy and Procedures regarding requesting and receiving approval for business-sponsored cell phone use as well as the Policy and Procedures regarding personal cell phone use (wireless communications) during work and while driving for business. If a business cell phone is approved review the procedures for the reimbursement of business-related cellular phone and data expenses.		New hire's supervisor and/or designated staff member(s)	
	Update Email Groups, Distribution Lists, Phone Lists, Website	Add the new personnel's name and email to any email groups, distribution lists, phone lists, and/or websites.		Designated staff member(s)	
	Update Signage	Update any physical signage that indicates position titles and names, if applicable.		Designated staff member	
	Update Mailbox	Update their physical office mailbox and label it, if applicable.		Designated staff member	
	Orientation PowerPoint	Update and prepare the Orientation PowerPoint, as needed. Set up the meeting room, or virtual platform where the orientation will take place.		HR personnel or new hire's supervisor, or designated staff member(s)	
	New Hire Welcome Packet	Prepare a New Hire Welcome Packet/Folder to be handed to out at the Orientation if it is in-person, or sent by mail, if the orientation is held virtually. Prepare, update, and print copies of important documents to be shared with the new personnel as part of the packet. Information that should be part of the packet includes a copy of the Txin Kaangux̂ (TK) Initiative Recruitment and Onboarding Policy & Procedures and Acknowledgement of Receipt Form along with information and enrollment forms for:		HR personnel or new hire's supervisor, or designated staff member	

		<ul style="list-style-type: none"> • TK Classification and Compensation Table • TK Employee Levels and Pay Scale Sheet • Aleut Tribal Enrollment • Health Benefits (including dental, vision, supplemental) • Retirement Benefits • Life Benefits 			
	Meetings	Set up any internal meetings at least 1-2 weeks ahead of the anticipated start date of the new employee. Meetings may include meeting with the New hire's supervisor, key co-workers, IT, HR.		New hire's supervisor, or designated staff member	
	Internal Email Notification & Introduction of the New Hire	<p>Once the new personnel has their new organizational email, the supervisor should construct and distribute a new hire welcome email to the new personal as well as others in the organization.</p> <p>The email should briefly introduce the name of the new personnel and their position and department. Communicate information on their start date and orientation. This is an opportunity to share a little more about their new colleague, perhaps including where they are coming from such as previous employment/activities that are relevant to their new position. This begins the process of familiarity and organizational integration. It also allows others to reply with their own greeting via email.</p> <p>Encourage everyone to meet and greet the new personnel during their tour of the workplace and during the first week.</p>		HR personnel or new hire's supervisor	

First Day of Employment	New Hire Orientation	Hold the New Hire Orientation		HR personnel or new hire's supervisor, or designated staff member	
	Walking Tour	Provide a walking tour of the organization		HR personnel or new hire's supervisor, or designated staff member	
	Workspace	After the walking tour, allow the new hire to get acclimated to their workplace.		HR personnel or new hire's supervisor, or designated staff member	
	Computer	Assist the new hire with logging in to their office computer. And provide them with any security codes and logins.		HR personnel or new hire's supervisor, or designated staff member	
	Keys	Provide them with keys to the building, department and explain the expectations for use and loss Policy & Procedures.		Designated staff member	
	Task List	Develop a list of initial tasks that the new employee can accomplish during their first day in their new role. This helps them to build up their level of confidence in their position and feel a sense of accomplishment and satisfaction. This can include providing instructions for setting up their phone messages, logging in and changing their email password,		New hire's supervisor	

		taking software self-administered tutorials.			
	Weekly Schedule	Develop and deliver a draft of the new employee's first week's schedule. This may include multiple individual meetings to provide resources, trainings, and information.		New hire's supervisor, or designated staff member	
First Week of Employment	Training	Provide technical support training on the day-to-day operations, expectations, and responsibilities of the position.		New hire's supervisor, or designated staff member(s)	
	Meetings	Ensure that the new hire is invited to any relevant staff meetings. The supervisor should also a check-in meeting at the end of the new hire's first week. This allows for a less formal opportunity to address any issues and answer any questions that the new hire may have.		New hire's supervisor	
	Check-in/Review Plan	Have a detailed plan with potential calendar dates for a 3-month Check-in, 6-month Check-in, and the 1st Annual Review.		New hire's supervisor	

AUTHORIZATION AGREEMENT FOR

DEPOSITS/CREDITS

COMPANY

NAME: TRIBAL GOVERNMENT OF ST PAUL

COMPANY

ID NO. 92-0060403

I (we) hereby authorize **TRIBAL GOVERNMENT** hereinafter called "Company", to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my (our)

Select one:

() Start Deposit () Change Deposit () Stop Deposit

Select one:

() Checking Account () Savings Account

indicated below and the depository named below, hereinafter called "Depository", to credit and/or debit the same to such account: **(A COPY OF YOUR DEPOSIT SLIP MUST BE ATTACHED)**

DEPOSITORY

NAME _____

BRANCH _____

CITY _____

STATE _____ **ZIP** _____

TRANSIT/ROUTING NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITOR\ reasonable opportunity to act on it.

Please forward a statement of earnings to the following (check one, provide address if HOME is selected):

JOB SITE: _____

HOME: _____

ADDRESS: _____

STATE/ZIP: _____

NOTE: YOU WILL RECEIVE TWO OR THREE PAYCHECKS BEFORE THIS DIRECT DEPOSIT GOES INTO EFFECT!

The following information must be provided for at least one signer on your checks. If two signatures are required, the information must be provided for both signers.

NAME: _____

(Please Print)

SSN: _____

DATE: _____

SIGNED: _____

Uses for Standard Form (SF) 2809

Use this form to:

- Switch designated eligible family member; or
- Enroll or reenroll in the FEHB Program; or
- Elect not to enroll in the FEHB Program (*employees only*); or
- Change your FEHB enrollment; or
- Cancel your FEHB enrollment; or
- Suspend your FEHB enrollment (*annuitants or former spouses only*).

Who May Use SF 2809

1. Employees eligible to enroll in or currently enrolled in the FEHB Program. **Employees automatically participate in premium conversion unless they waive it, see page 7.**
2. Annuitants in retirement systems other than the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), including individuals receiving monthly compensation from the Office of Workers' Compensation Programs (OWCP).

Note: Civil Service Retirement System (CSRS) and Federal Employees Retirement System (FERS) annuitants and former spouses and children of CSRS/FERS annuitants -- **Do not use this form.** Instead, use form OPM 2809, which is available at www.opm.gov/forms/OPM-forms, or call the Retirement Information Office toll-free at 1-888-767-6738.

3. Former spouses eligible to enroll in or currently enrolled in the FEHB Program under the Spouse Equity law or similar statutes.
4. Individuals eligible for Temporary Continuation of Coverage (TCC) under the FEHB Program, including:
 - Former employees (who separated from service);
 - Children who lose FEHB coverage; and
 - Former spouses who are not eligible for FEHB under item 3 above.

Instructions for Completing SF 2809

Type or Print. We have not provided instructions for those items that have an explanation on the form.

Part A — Enrollee and Family Member Information

You must complete this part.

- Item 2. See the Privacy Act and Public Burden Statements on page 5.
- Item 5. If you are separated but not divorced, you are still married.
- Item 7. If you have Medicare, check which Parts you have, including prescription drug coverage under Medicare Part D.
- Item 8. If you have Medicare, enter your Medicare Claim Number. This number is on your Medicare Card.

- Item 9. If you are covered by other health insurance, either in your name or under a family member's policy, check yes and complete item 10.
- Item 10. Provide the information requested on any other health insurance that covers you. An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. **If you or a family member is covered under another FEHB enrollment, check the FEHB box and STOP.** Contact your Human Resources office or retirement system immediately as this is a dual coverage situation. Some examples of how this could occur are:

- You are enrolling in an FEHB Self Only plan while your spouse has either an FEHB Self Plus One or Self and Family plan, in which you are already covered.
- You are enrolling in an FEHB Self Plus One plan while you are also covered under your spouse's FEHB Self Plus One plan or FEHB Self and Family plan.
- You are enrolling in an FEHB Self and Family plan while your spouse is already enrolled in either a FEHB Self Only plan, an FEHB Self Plus One plan that covers you, or an FEHB Self and Family plan that covers you.
- You are an employee under age 26 and have no eligible family members. You are enrolling in your own FEHB plan while you are covered under your parent's FEHB Self Plus One plan or Self and Family plan.
- You are an annuitant who is reemployed in the Federal government. You are enrolling in an FEHB plan as an employee while you are covered under your own or a family member's FEHB plan.

No person may be covered under more than one FEHB enrollment. However, in certain unusual circumstances, your agency may allow you to enroll in order to:

- Enable an employee under age 26 who is covered under a parent's Self Plus One or Self and Family FEHB enrollment to enroll in FEHB to cover his or her own spouse and/or child;
- Enable an employee under age 26 who is covered under a parent's Self Plus One or Self and Family FEHB enrollment, but lives outside his or her parent's HMO service area, to have FEHB coverage;
- Enable an employee who separates or divorces to enroll in FEHB to cover family members who move outside the HMO service area of the covering FEHB Self Plus One or Self and Family enrollment.

In these unusual situations, each enrollee must notify his or her plan as to which family members are covered under which enrollment. See Dual Enrollment information on page 5.

If your enrollment is for Self Plus One or Self and Family, complete the family member information as appropriate. (If you need extra space for additional family members, list them on a separate sheet and attach.)

Important: In order for your Self Plus One FEHB enrollment election to be processed, you must complete the family member information for your designated family member.

The instructions for completing items 13 through 24 for your initial family member also apply to the information you provide for additional family members.

Item 14. Provide the Social Security Number for this family member if he/she has one. If your family member does not have a Social Security Number, leave blank; benefits will not be withheld. (See Privacy Act Statement on page 5.)

Item 17. Provide the code which indicates the relationship of each eligible family member to you.

Code	Family Relationship
01	Spouse
19	Child under age 26
09	Adopted Child under age 26
17	Stepchild under age 26
10	Foster Child under age 26
99	Disabled child age 26 or older who is incapable of self support because of a physical or mental disability that began before his/her 26 th birthday.

Item 18. If your family member does not live with you, enter his/her home address.

Item 19. If your family member has Medicare, check which Parts (Part A [Hospital Insurance] and/or Part B [Medical Insurance]) he/she has, including prescription drug coverage under Medicare Part D.

Item 20. If your family member has Medicare, enter his/her Medicare Claim Number. This number is on his/her Medicare Card.

Item 21. If your family member is covered by other group insurance, such as private, state, or Medicaid, check the box and complete item 22.

Item 22. Provide the information requested on any other health insurance that covers this family member. **If your family member is covered under another FEHB plan, see instructions for item 10.**

Item 23. Enter email address, if applicable, for this family member.

Item 24. Enter preferred telephone number, if applicable, for this family member.

Family Members Eligible for Coverage

Unless you are a former spouse or survivor annuitant, family members eligible for coverage under your Self Plus One enrollment include one eligible family member (spouse or child under age 26) designated by you. A Self and Family enrollment includes you and all of your eligible family members.

Eligible children include your children born within marriage or adopted children; stepchildren (may include children of your same-sex domestic partner*); recognized natural children; or foster children who live with you in a regular parent-child relationship.

Other relatives (for example, your parents) are **not** eligible for coverage even if they live with you and are dependent upon you.

If you are a former spouse or survivor annuitant, family members eligible for coverage under your Self Plus One or Self and Family enrollment are the natural or adopted children under age 26 of **both you and your former or deceased spouse**.

In some cases, a disabled child age 26 or older is eligible for coverage under your Self Plus One or Self and Family enrollment if you provide adequate medical certification of a mental or physical disability that existed before his/her 26th birthday and renders the child incapable of self-support.

Note: Your employing office can give you additional details about family member eligibility including any certification or documentation that may be required for coverage. Contact your employing office for more information about covering foster child(ren), or child(ren) of your same-sex domestic partner who you would marry but for your state's marriage law. "Employing office" means the office of an agency or retirement system that is responsible for health benefits actions for an employee, annuitant, former spouse eligible for coverage under the Spouse Equity provisions, or individual eligible for TCC.

Survivor Benefits

For your surviving family members to continue your FEHB enrollment after your death, all of the following requirements must be met:

Self Plus One

- You must have been enrolled for Self Plus One at the time of your death; and
- Your designated family member must be entitled to an annuity as your survivor.

Note: The only survivor eligible to continue the health benefits enrollment is the designated family member covered under FEHB on the date of death as long as that individual is entitled to a survivor annuity. No other family members are entitled to continue the enrollment even though they may be entitled to a survivor annuity.

Self and Family

- You must have been enrolled for Self and Family at the time of your death; and
- At least one family member must be entitled to an annuity as your survivor.

Note: All of your survivors who meet the definition of "family member" can continue their health benefits coverage under your enrollment as long as any one of them is entitled to a survivor annuity. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to Self Only.

*If you would marry but you live in a state that does not allow same-sex couples to marry.

Part B — FEHB Plan You Are Currently Enrolled In

You must complete this part if you are changing, cancelling, or suspending your enrollment.

- Item 1. Enter the name of the plan you are enrolled in from the front cover of the plan brochure.
- Item 2. Enter your current enrollment code from your plan ID card.

Part C — FEHB Plan You Are Enrolling In or Changing To

Complete this part to enroll or change your enrollment in the FEHB Program.

- Item 1. Enter the name of the plan you are enrolling in or changing to. The plan name is on the front cover of the brochure of the plan you want to be enrolled in.
- Item 2. Enter the enrollment code of the plan you are enrolling in or changing to. The enrollment code is on the front cover of the brochure of the plan you want to be enrolled in, and shows the plan and option you are electing and whether you are enrolling for Self Only, Self Plus One, or Self and Family.

To enroll in a Health Maintenance Organization (HMO), you must live (or in some cases work) in a geographic area specified by the carrier.

To enroll in an employee organization plan, you must be or become a member of the plan's sponsoring organization, as specified by the carrier.

Your signature in Part H authorizes deductions from your salary, annuity, or compensation to cover your cost of the enrollment you elect in this item, unless you are required to make direct payments to the employing office.

Part D — Event That Permits You To Enroll, Change, Or Cancel

- Item 1. Enter the event code that permits you to enroll, change, or cancel based on a Qualifying Life Event (QLE) from the Table of Permissible Changes in Enrollment that applies to you.

Explanation of Table of Permissible Changes in Enrollment

The tables on pages 7 through 14 illustrate when: an employee who participates in premium conversion; annuitant; former spouse; person eligible for TCC; or employee who waived participation in premium conversion may enroll or change enrollment. The tables show those permissible events that are found in the regulations at 5 CFR Parts 890 and 892.

The tables have been organized by enrollee category. Each category is designated by a number, which identifies the enrollee group, as follows:

1. Employees who participate in premium conversion
2. Annuitants (other than CSRS/FERS annuitants), including individuals receiving monthly compensation from the Office of Workers' Compensation Programs
3. Former spouses eligible for coverage under the Spouse Equity provision of FEHB law
4. TCC enrollees
5. Employees who waived participation in premium conversion

Following each number is a letter, which identifies a specific Qualifying Life Event (QLE); for example, the event code "1A" refers to the initial opportunity to enroll for an employee who elected to participate in premium conversion.

- Item 2. Enter the date of the QLE using numbers to show month, day, and complete year; e.g., 06/30/2011. If you are electing to enroll, enter the date you became eligible to enroll (for example, the date your appointment began). If you are making an open season enrollment or change, enter the date on which the open season begins.

Part E — Election NOT to Enroll

Place an "X" in the box only if you are an employee and you do NOT wish to enroll in the FEHB Program. ***Be sure to read the information titled Employees Who Elect Not to Enroll or Who Cancel Their Enrollment.***

Part F — Cancellation of FEHB

Place an "X" in the box only if you wish to cancel your FEHB enrollment. Also enter your current plan name and enrollment code in ***Part B. Be sure to read the information titled Employees Who Elect Not to Enroll or Who Cancel Their Enrollment.***

Note For Parts E and F. If you are Electing Not to Enroll or Cancelling your enrollment because you are covered as a spouse or child under another FEHB enrollment, your agency must enter the enrollee's name, Social Security number, and FEHB enrollment code in REMARKS.

Cancellation of Enrollment

Employees participating in premium conversion may cancel their FEHB enrollment only during the open season or when they experience a Qualifying Life Event. Employees who waived participation in premium conversion, annuitants, former spouses, and individuals enrolled under TCC may cancel their enrollment at any time. However, if you cancel, neither you nor any family member covered by your enrollment are entitled to a 31-day temporary extension of coverage, or to convert to an individual, nongroup policy. Moreover, family members who lose coverage because of your cancellation are not eligible for TCC. Be sure to read the additional information below about cancelling your FEHB enrollment.

Employees Who Elect Not to Enroll (Part E) or Who Cancel Their Enrollment (Part F)

To be eligible for an FEHB enrollment after you retire, you must retire:

- Under a retirement system for Federal civilian employees, and
- On an immediate annuity.

In addition, you must be currently enrolled in a plan under the FEHB Program and must have been enrolled (or covered as a family member) in a plan under the Program for:

- The 5 years of service immediately before retirement (i.e., commencing date of annuity entitlement), or
- If fewer than 5 years, all service since your first opportunity to enroll. (Generally, your first opportunity to enroll is within 60 days after your first appointment [in your Federal career] to a position under which you are eligible to enroll under conditions that permit a Government contribution toward the enrollment.)

If you do not enroll at your first opportunity or if you cancel your enrollment, you may later enroll or reenroll only under the circumstances

explained in the table beginning on page 7. Some employees delay their enrollment or reenrollment until they are nearing 5 years before retirement in order to qualify for FEHB coverage as a retiree; however, there is always the risk that they will retire earlier than expected and not be able to meet the 5-year requirement for continuing FEHB coverage into retirement. ***When you elect not to enroll or cancel your enrollment you are voluntarily accepting this risk.*** An alternative would be to enroll in or change to a lower cost plan so that you meet the requirements for continuation of your FEHB enrollment after retirement.

Note for temporary [under 5 U.S.C. 8906a] employees eligible for FEHB without a Government contribution: Your decision not to enroll or to cancel your enrollment will **not** affect your future eligibility to continue FEHB enrollment after retirement.

Annuitants Who Cancel Their Enrollment

CSRS and FERS annuitants and their eligible family members should not use this form but use form RI 79-9, *Health Benefits Cancellation/Suspension Confirmation*, which is available at www.opm.gov/forms/Retirement-and-Insurance-Forms, or call 1-888-767-6738.

Generally, you cannot reenroll as an annuitant unless you are continuously covered as a family member under another person's enrollment in the FEHB Program during the period between your cancellation and reenrollment. Your employing office or retirement system can advise you on events that allow eligible annuitants to reenroll. If you cancel your enrollment because you are covered under another FEHB enrollment, you can reenroll from 31 days before through 60 days after you lose that coverage under the other enrollment.

If you cancel your enrollment for any other reason, you cannot later reenroll, and you and any family members covered by your enrollment are not entitled to a 31-day temporary extension of coverage or to convert to an individual policy.

Former Spouses (Spouse Equity) Who Cancel Their Enrollment

Generally, if you cancel your enrollment in the FEHB Program, you cannot reenroll as a former spouse. However, if you cancel the enrollment because you become covered under FEHB as a new spouse or employee, your eligibility for FEHB coverage under the Spouse Equity provisions continues. You may reenroll as a former spouse from 31 days before through 60 days after you lose coverage under the other FEHB enrollment.

If you cancel your enrollment for any other reason, you cannot later reenroll, and you and any family members covered by your enrollment are not entitled to a 31-day temporary extension of coverage or to convert to an individual policy.

Temporary Continuation of Coverage (TCC) Enrollees Who Cancel Their Enrollment

If you cancel your TCC enrollment, you cannot reenroll. Your family members who lose coverage because of your cancellation cannot enroll for TCC in their own right nor can they convert to a nongroup policy. Family members who are Federal employees or annuitants may enroll in the FEHB Program when you cancel your coverage if they are eligible for FEHB coverage in their own right.

Note 1: If you become covered by a regular enrollment in the FEHB Program, either in your own right or under the enrollment of someone else, your TCC enrollment is suspended. You will need to send documentation of the new enrollment to the employing office maintaining your TCC enrollment so that they can stop the TCC enrollment. If your new FEHB coverage stops before the TCC enrollment would have expired, the TCC enrollment can be reinstated for the remainder of the original eligibility period (18 months for separated employees or 36 months for eligible family members who lose coverage).

Note 2: Former spouses (Spouse Equity) and TCC enrollees who fail to pay their premiums within specified timeframes are considered to have voluntarily cancelled their enrollment.

Part G — Suspension of FEHB

CSRS and FERS annuitants and their eligible family members should not use this form but use form RI 79-9, *Health Benefits Cancellation/Suspension Confirmation*, which is available at www.opm.gov/forms/Retirement-and-Insurance-Forms, or call 1-888-767-6738.

Place an "X" in the box only if you are an annuitant or former spouse and wish to suspend your FEHB enrollment. Also enter your current plan name and enrollment code in Part B.

You may suspend your FEHB enrollment because you are enrolling in one of the following programs:

- A Medicare Advantage plan or Medicare HMO,
- Medicaid or similar State-sponsored program of medical assistance for the needy,
- TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life),
- CHAMPVA, or
- Peace Corps.

You can reenroll in the FEHB Program if your other coverage ends. If your coverage ends ***involuntarily***, you can reenroll from 31 days before your other coverage ends through 60 days after your other coverage ends. If your coverage ends ***voluntarily*** because you disenroll, you can reenroll during the next open season.

You must submit documentation of eligibility for coverage under the non-FEHB Program to the office that maintains your enrollment. That office must enter in REMARKS the reason for your suspension.

Part H — Signature

Your agency, retirement system, or office maintaining your enrollment cannot process your request unless you complete this part.

If you are registering for someone else under a written authorization from him or her to do so, sign your name in Part H and attach the written authorization.

If you are registering for a former spouse eligible for coverage under the Spouse Equity provisions or for an individual eligible for TCC as his or her court-appointed guardian, sign your name in Part H and attach evidence of your court-appointed guardianship.

Part I - Agency or Retirement System Information and Remarks

Leave this section blank as it is for agency or retirement system use only.

Electronic Enrollments

Many agencies use automated systems that allow their employees to make changes using a touch-tone telephone, or a computer instead of a form. This may be Employee Express or another automated system. If you are not sure whether the electronic enrollment option is available to you, contact your employing office.

Dual Enrollment

No person (enrollee or family member) is entitled to receive benefits under more than one enrollment in the FEHB Program. Normally, you are not eligible to enroll if you are covered as a family member under someone else's enrollment in the Program. However, such dual enrollments may be permitted under certain circumstances in order to:

- Protect the interests of children who otherwise would lose coverage as family members, or
- Enable an employee who is under age 26 and covered under a parent's enrollment and marries or becomes the parent of a child to enroll for Self Plus One or Self and Family coverage.

Each enrollee must notify his or her plan of the names of the persons to be covered under his or her enrollment who are not covered under the other enrollment. See instructions for item 10 for more information.

Temporary Continuation of Coverage (TCC)

The employing office must notify a former employee of his or her eligibility for TCC. The enrollee, child, former spouse, or their representative must notify the employing office when a child or former spouse becomes eligible.

- For the eligible child of an enrollee, the enrollee must notify the employing office within **60 days** after the qualifying event occurs; e.g., child reaches age 26.

- For the eligible former spouse of an enrollee, the enrollee or the former spouse must notify the employing office within **60 days** after the former spouse's change in status; e.g., the date of the divorce.

An individual eligible for TCC who wants to continue FEHB coverage may choose any plan, option, and type of enrollment for which he or she is eligible. The time limit for a former employee, child, or former spouse to enroll with the employing office is within **60 days** after the Qualifying Life Event, or receiving notice of eligibility, whichever is later.

Effective Dates

Except for open season, most enrollments and changes of enrollment are effective on the first day of the pay period after the employing office receives this form and that follows a pay period during any part of which the employee is in pay status. Your employing office can give you the specific date on which your enrollment or enrollment change will take effect.

***Note 1:** If you are changing your FEHB enrollment from Self Plus One or Self and Family to Self Only so that your spouse can enroll for Self Only, you should coordinate the effective date of your spouse's enrollment with the effective date of your enrollment change to avoid a gap in your spouse's coverage.*

***Note 2:** If you are cancelling your FEHB enrollment and intend to be covered under someone else's enrollment at the time you cancel, you should coordinate the effective date of your cancellation with the effective date of your new coverage to avoid a gap in your coverage.*

Agency Distribution of SF 2809

Agencies must distribute one copy of the completed SF 2809 to each of the following, as appropriate:

- Official Personnel Folder
- New Carrier
- Old Carrier
- Payroll Office
- Enrollee

Privacy Act and Public Burden Statements

The information you provide on this form is needed to document your enrollment in the Federal Employees Health Benefits Program under Chapter 89, title 5, U.S. Code. The principal use of this information will be to share it with the health insurance carrier you select so that it may (1) identify your enrollment in the plan, (2) verify your and/or your family's eligibility for payment of a claim for health benefits services or supplies, and (3) coordinate payment of claims with other carriers with whom you might also make a claim for payment of benefits. Other routine uses include disclosures to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant, or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local, or other charitable or Social Security administrative agencies to determine and issue benefits under their programs or to obtain information necessary for determination or continuation of benefits under this program. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency. While the law does not require you to supply all the information requested on this form, doing so will assist in the prompt processing of your enrollment.

We request that you provide your Social Security Number so that it may be used as your individual identifier in the FEHB Program, and for other purposes. Executive Order 13478 (November 18, 2009) allows Federal agencies to use Social Security Numbers as individual identifiers to distinguish between people of same or similar names. In addition, a mandatory insurer reporting law (Section 111 of Public Law number 110-173) requires your health insurance carrier to report your Social Security Number or your Medicare Claim Number in order to properly coordinate benefits between your health plan and Medicare. Also, Section 6055 of the Internal Revenue Code requires your health insurance plan to report, to the Internal Revenue Service (IRS), information necessary to confirm that you and your covered family members have minimum essential coverage from your health plan. The information required from your health insurance plan includes a Social Security Number for yourself and each of your covered family members. Failure to furnish your Social Security Number and/or Medicare Claim Number may result in the U.S. Office of Personnel Management's (OPM) inability to ensure the prompt payment of your and/or family's claims for health benefits services or supplies, proper coordination with Medicare and proper health insurance status reporting to the IRS.

We estimate this form takes an average of 30 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our time estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team, (3206-0160), Washington, D.C. 20415-3430. The OMB number, 3206-0160 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Federal Employees Receiving Premium Conversion Tax Benefits
Table of Permissible Changes in FEHB Enrollment and Premium Conversion Election

Premium Conversion allows employees who are eligible for FEHB the opportunity to pay for their share of FEHB premiums with pre-tax dollars. Premium conversion plans are governed by Section 125 of the Internal Revenue Code, and IRS rules govern when a participant may change his or her election outside of the annual open season. **All employees who enroll in the FEHB Program automatically receive premium conversion tax benefits**, unless they waive participation. When an employee experiences a Qualifying Life Event (QLE) as described below, certain changes to the employee's FEHB coverage **(including change to Self Only and cancellation)** and premium conversion election may be permitted, so long as they are **because of and consistent with** the QLE's. If you are covering child(ren) of your same-sex domestic partner who you would marry but for your state's marriage law, contact your employing office for more information on premium conversion availability and other tax considerations. For more information about premium conversion, please visit www.opm.gov/healthcare-insurance/healthcare.

Qualifying Life Events (QLE's) that May Permit Change in FEHB Enrollment, Designated Family Member or Premium Conversion Election		Change that May Be Permitted					Premium Conversion Change that May Be Permitted		Time Limits in which Change May Be Permitted
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Cancel or Change to Self Plus One or Self Only</i>	<i>Switch Designated Family Member</i>	<i>Participate</i>	<i>Waive</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
1	Employee electing to receive or receiving premium conversion tax benefits								
1A	Initial opportunity to enroll, for example: <ul style="list-style-type: none"> New employee Change from excluded position Temporary employee who completes 1 year of service and is eligible to enroll under 5 USC 8906a 	Yes	N/A	N/A	N/A	N/A	Automatic Unless Waived	Yes	Within 60 days after becoming eligible
1B	Open Season	Yes	Yes	Yes	Yes	Yes	Yes	Yes	As announced by OPM
1C	Change in family status that results in increase or decrease in number of eligible family members, for example: <ul style="list-style-type: none"> Marriage, divorce, annulment Birth, adoption, acquiring foster child or stepchild, issuance of court order requiring employee to provide coverage for child Last child loses coverage, for example, child reaches age 26, disabled child becomes capable of self-support, child acquires other coverage by court order Death of spouse or eligible family member 	Yes	Employees may enroll or change beginning 31 days before the event.		Yes ¹	Yes	Yes	Yes	Within 60 days after change in family status
1D	Any change in employee's employment status that could result in entitlement to coverage, for example: <ul style="list-style-type: none"> Reemployment after a break in service of more than 3 days Return to pay status from nonpay status, or return to receiving pay sufficient to cover premium withholdings, if coverage terminated (<i>If coverage did not terminate, see 1G.</i>) 	Yes	N/A	N/A	N/A	No	Automatic Unless Waived	Yes	Within 60 days after employment status change
1E	Any change in employee's employment status that could affect cost of insurance, including: <ul style="list-style-type: none"> Change from temporary appointment with eligibility for coverage under 5 USC 8906a to appointment that permits receipt of government contribution Change from full time to part-time career or the reverse 	Yes	Yes	Yes	Yes	No	Yes	Yes	Within 60 days after employment status change
1F	Employee restored to civilian position after serving in uniformed services. ²	Yes	Yes	Yes	Yes	No	Yes	Yes	Within 60 days after return to civilian position

Qualifying Life Events (QLE's) that May Permit Change in FEHB Enrollment, Designated Family Member or Premium Conversion Election		Change that May Be Permitted					Premium Conversion Change that May Be Permitted		Time Limits in which Change May Be Permitted
Event Code	Event	From Not Enrolled to Enrolled	From Self Only to Self Plus One or Self and Family	From One Plan or Option to Another	Cancel or Change to Self Plus One or Self Only	Switch Designated Family Member	Participate	Waive	When You Must File Health Benefits Election Form With Your Employing Office
1G	Employee, spouse or eligible family member: <ul style="list-style-type: none"> Begins nonpay status or insufficient pay³ or Ends nonpay status or insufficient pay if coverage continued (If employee's coverage terminated, see 1D.) (If spouse's or eligible family member's coverage terminated, see 1M.) 	No	No	No	Yes	No	Yes	Yes	Within 60 days after employment status change
1H	Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	Yes	No	Yes	Yes	Within 60 days after receiving notice from employing office
1I	Employee (or covered family member) enrolled in FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollments or, if already outside the area, moves further from this area. ⁴	N/A	Yes	Yes	N/A (see 1M)	Yes	No (see 1M)	No (see 1M)	Upon notifying employing office of move
1J	Transfer from post of duty within a State of the United States or the District of Columbia to post of duty outside a State of the United States or District of Columbia, or reverse.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after arriving at new post
		Employees may enroll or change beginning 31 days before leaving the old post of duty.							
1K	Separation from Federal employment when the employee or employee's spouse is pregnant.	Yes	Yes	Yes	N/A	No	N/A	N/A	During employee's final pay period
1L	Employee becomes entitled to Medicare and wants to change to another plan or option. ⁵	No	No	Yes (Changes may be made only once.)	N/A (see 1P)	No	N/A (see 1P)	N/A (see 1P)	Any time beginning on the 30th day before becoming eligible for Medicare
1M	Employee or eligible family member loses coverage under FEHB or another group insurance plan including the following: <ul style="list-style-type: none"> Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment Loss of coverage due to termination of membership in employee organization sponsoring the FEHB plan⁶ Loss of coverage under another federally-sponsored health benefits program, including: TRICARE, Medicare, Indian Health Service Loss of coverage under Medicaid or similar State-sponsored program of medical assistance for the needy Loss of coverage under a non-Federal health plan, including foreign, state or local government, private sector Loss of coverage due to change in worksite or residence (Employees in an FEHB HMO, also see 1L.) 	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after loss of coverage
		Employees may enroll or change beginning 31 days before the event.							

Qualifying Life Events (QLE's) that May Permit Change in FEHB Enrollment, Designated Family Member or Premium Conversion Election		Change that May Be Permitted					Premium Conversion Election Change that May Be Permitted		Time Limits in which Change May Be Permitted
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Cancel or Change to Self Plus One or Self Only</i>	<i>Switch Designated Family Member</i>	<i>Participate</i>	<i>Waive</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
1N	Loss of coverage under a non-Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non-Federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area to 180 days after arriving in the new commuting area
1O	Employee or eligible family member loses coverage due to discontinuance in whole or part of FEHB plan. ⁷	Yes	Yes	Yes	Yes	Yes	Yes	Yes	During open season, unless OPM sets a different time
1P	Enrolled employee or eligible family member gains coverage under FEHB or another group insurance plan, including the following: <ul style="list-style-type: none"> Medicare (Employees who become eligible for Medicare and want to change plans or options, see 1L.) TRICARE for Life, due to enrollment in Medicare. TRICARE due to change in employment status, including: (1) entry into active military service, (2) retirement from reserve military service under Chapter 67, title 10. Health insurance acquired due to change of worksite or residence that affects eligibility for coverage Health insurance acquired due to spouse's or eligible family member's change in employment status (includes state, local, or foreign government or private sector employment).⁸ 	No	No	No	Yes ⁹	Yes	Yes	Yes	Within 60 days after QLE
1Q	Change in spouse's or eligible family member's coverage options under a health plan, for example: <ul style="list-style-type: none"> Employer starts or stops offering a different type of coverage (<i>If no other coverage is available, also see 1M.</i>) Change in cost of coverage HMO adds a geographic service area that now makes spouse eligible to enroll in that HMO HMO removes a geographic area that makes spouse ineligible for coverage under that HMO, but other plans or options are available (<i>If no other coverage is available, see 1M</i>) 	No	No	No	Yes ⁹	Yes	Yes	Yes	Within 60 days after QLE
1R	Employee or eligible family member becomes eligible for assistance under Medicaid or a State Children's Health Insurance Program (CHIP).	Yes	Yes	Yes	Yes ⁹	Yes	Yes	Yes	Within 60 days after the date the employee or family member becomes eligible for assistance.

(If you are a United States Postal Service employee, these rules may be different. Consult your employing office or information provided by your agency.)

- Employees may change to Self Only outside of open season only if **the QLE caused** the enrollee to be the last eligible family member under the FEHB enrollment. Employees may change to Self Plus One outside of Open Season only if **the QLE causes** only one family member to be eligible under the FEHB enrollment. Employees may cancel enrollment outside of open season only if **the QLE caused** the enrollee and all eligible family members to acquire other health insurance coverage.
- Employees who enter active military service are given the opportunity to terminate coverage. Termination for this reason does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement. Additional information on the FEHB coverage of employees who return from active military service is available in the Frequently Asked Questions section of the FEHB website at www.opm.gov/healthcare-insurance/healthcare.

(Listing continued on the reverse)

3. Employees who begin nonpay status or insufficient pay ***must*** be given an opportunity to elect to continue or terminate coverage. A termination differs from a cancellation as it allows conversion to nongroup coverage and does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement.
4. This code reflects the FEHB regulation that gives employees enrolled in an FEHB HMO who ***change from Self Only or Self Plus One to Self and Family or from one plan or option to another*** a different timeframe than that allowed under 1M. For change to Self-Only or Self Plus One, cancellation, or change in premium conversion status, see 1M.
5. This code reflects the FEHB regulation that gives employees enrolled in FEHB a one-time opportunity to change plans or options under a different timeframe than that allowed by 1P. For change to Self Only or Self Plus One, cancellation, or change in premium conversion status, see 1P.
6. If employee's membership terminates (e.g., for failure to pay membership dues), the employee organization will notify the agency to ***terminate*** the enrollment.
7. Employee's failure to select another FEHB plan is deemed a cancellation for purposes of meeting the requirements for continuing coverage after retirement.
8. Under IRS rules, this includes start/stop of employment or nonpay status, strike or lockout, and change in worksite.
9. Employees may change to Self Only outside of Open Season only if the QLE caused all eligible family members to acquire other health insurance coverage. Employees may change to Self Plus One outside of Open Season only if the QLE caused all but one eligible family member to acquire other health insurance coverage. Employees may cancel enrollment outside of Open Season only if the QLE caused the enrollee and all eligible family members to acquire other health insurance coverage.

Tables of Permissible Changes in FEHB Enrollment for Individuals Who Are Not Participating in Premium Conversion

Enrollment May Be Cancelled or Changed from Self and Family to Self Plus One or Self Only or from Self Plus One to Self Only at Any Time

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
Event Code	Event	From Not Enrolled to Enrolled	From Self Only to Self Plus One or Self and Family	From One Plan or Option to Another	Switch Designated Family Member	When You Must File Health Benefits Election Form With Your Employing Office
2	Annuitant (Includes Compensationers) <i>Note for enrolled survivor annuitants: A change in family status based on additional family members can only occur if the additional eligible family members are family members of the deceased employee or annuitant.</i>					
2A	Open Season	No	Yes	Yes	Yes	As announced by OPM.
2B	Change in family status; for example: marriage, birth or death of family member, adoption, or divorce.	No	Yes	Yes	Yes	From 31 days before through 60 days after the event.
2C	Reenrollment of annuitant who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan and TRICARE for Life), Peace Corps, or CHAMPVA, and who later <i>involuntarily</i> loses this coverage under one of these programs.	May Reenroll	N/A	N/A	No	From 31 days before through 60 days after involuntary loss of coverage.
2D	Reenrollment of annuitant who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who wants to reenroll in the FEHB Program for any reason other than an involuntary loss of coverage.	May Reenroll	N/A	N/A	No	During open season.
2E	Restoration of annuity or compensation (OWCP) payments, for example: <ul style="list-style-type: none"> Disability annuitant who was enrolled in FEHB, and whose annuity terminated due to restoration of earning capacity or recovery from disability, and whose annuity is restored; Compensationner whose compensation terminated because of recovery from injury or disease and whose compensation is restored due to a recurrence of medical condition; Surviving spouse who was covered by FEHB immediately before survivor annuity terminated because of remarriage and whose annuity is restored; Surviving child who was covered by FEHB immediately before survivor annuity terminated because student status ended and whose survivor annuity is restored; Surviving child who was covered by FEHB immediately before survivor annuity terminated because of marriage and whose survivor annuity is restored. 	Yes	N/A	N/A	No	Within 60 days after the retirement system or OWCP mails a notice of insurance eligibility.
2F	Annuitant or eligible family member loses FEHB coverage due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment.	Yes	Yes	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
Event Code	Event	From Not Enrolled to Enrolled	From Self Only to Self Plus One or Self and Family	From One Plan or Option to Another	Switch Designated Family Member	When You Must File Health Benefits Election Form With Your Employing Office
2G	Annuitant or eligible family member loses coverage under another group insurance plan, for example: <ul style="list-style-type: none"> • Loss of coverage under another federally-sponsored health benefits program; • Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; • Loss of coverage under Medicaid or similar State-sponsored program (but see events 2C and 2D); • Loss of coverage under a non-Federal health plan. 	No	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
2H	Annuitant or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.
2I	Annuitant or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.
2J	Employee in an overseas post of duty retires or dies.	No	Yes	Yes	Yes	Within 60 days after retirement or death.
2K	An enrolled annuitant separates from duty after serving 31 days or more in a uniformed service.	N/A	Yes	Yes	No	Within 60 days after separation from the uniformed service.
2L	On becoming eligible for Medicare. (This change may be made only once in a lifetime.)	N/A	No	Yes	No	At any time beginning on the 30th day before becoming eligible for Medicare.
2M	Annuitant's annuity is insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	No	Employing office will advise annuitant of the options.
3	Former Spouse Under The Spouse Equity Provisions <i>Note: Former spouse may change to Self Plus One or Self and Family only if family members are also eligible family members of the employee or annuitant.</i>					
3A	Initial opportunity to enroll. Former spouse must be eligible to enroll under the authority of the Civil Service Retirement Spouse Equity Act of 1984 (P.L. 98-615), as amended, the Intelligence Authorization Act of 1986 (P.L. 99-569), or the Foreign Relations Authorization Act, Fiscal Years 1988 and 1989 (P.L. 100-204).	Yes	N/A	N/A	N/A	Generally, must apply within 60 days after dissolution of marriage. However, if a retiring employee elects to provide a former spouse annuity or insurable interest annuity for the former spouse, the former spouse must apply within 60 days after OPM's notice of eligibility for FEHB. May enroll any time after employing office establishes eligibility.
3B	Open Season.	No	Yes	Yes	Yes	As announced by OPM.
3C	Change in family status based on addition of family members who are also eligible family members of the employee or annuitant.	No	Yes	Yes	Yes	From 31 days before through 60 days after change in family status.
3D	Reenrollment of former spouse who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who later <i>involuntarily</i> loses this coverage under one of these programs.	May reenroll	N/A	N/A	No	From 31 days before through 60 days after involuntary loss of coverage.

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Switch Designated Family Member</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
3E	Reenrollment of former spouse who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who wants to reenroll in the FEHB Program for any reason other than an involuntary loss of coverage.	May reenroll	N/A	N/A	No	During open season.
3F	Former spouse or eligible child loses FEHB coverage due to termination, cancellation, or change to Self Only of the covering enrollment.	Yes	Yes	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.
3G	Enrolled former spouse or eligible child loses coverage under another group insurance plan, for example: <ul style="list-style-type: none"> Loss of coverage under another federally-sponsored health benefits program; Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; Loss of coverage under Medicaid or similar State-sponsored program (but see 3D and 3E); Loss of coverage under a non-Federal health plan. 	N/A	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
3H	Former spouse or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.
3I	Former spouse or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.
3J	On becoming eligible for Medicare (This change may be made only once in a lifetime.)	N/A	No	Yes	No	At any time beginning the 30th day before becoming eligible for Medicare.
3K	Former spouse's annuity is insufficient to make FEHB withholdings for plan in which enrolled.	No	No	Yes	No	Retirement system will advise former spouse of options.
4	Temporary Continuation of Coverage (TCC) For Eligible Former Employees, Former Spouses, and Children. <i>Note: Former spouse may change to Self Plus One or Self and Family only if family members are also eligible family members of the employee or annuitant.</i>					
4A	Opportunity to enroll for continued coverage under TCC provisions: <ul style="list-style-type: none"> Former employee Former spouse Child who ceases to qualify as a family member 	Yes Yes Yes	Yes N/A N/A	Yes N/A N/A	N/A	Within 60 days after the qualifying event, or receiving notice of eligibility, whichever is later.
4B	Open Season: <ul style="list-style-type: none"> Former employee Former spouse Child who ceases to qualify as a family member 	No No No	Yes Yes Yes	Yes Yes Yes	Yes	As announced by OPM.
4C	Change in family status (except former spouse); for example, marriage, birth or death of family member, adoption, or divorce.	No	Yes	Yes	Yes	From 31 days before through 60 days after event.

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	Switch Designated Family Member	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
4D	Change in family status of former spouse, based on addition of family members who are eligible family members of the employee or annuitant.	No	Yes	Yes	Yes	From 31 days before through 60 days after event.
4E	Reenrollment of a former employee, former spouse, or child whose TCC enrollment was terminated because of other FEHB coverage and who loses the other FEHB coverage before the TCC period of eligibility (18 or 36 months) expires.	May reenroll	N/A	N/A	No	From 31 days before through 60 days after the event. Enrollment is retroactive to the date of the loss of the other FEHB coverage.
4F	Enrollee or eligible family member loses coverage under FEHB or another group insurance plan, for example: <ul style="list-style-type: none"> • Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment (but see event 4E); • Loss of coverage under another federally-sponsored health benefits program; • Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; • Loss of coverage under Medicaid or similar State-sponsored program; • Loss of coverage under a non-Federal health plan. 	No	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
4G	Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.
4H	Enrollee or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	No	Upon notifying the employing office of the move or change of place of employment.
4I	On becoming eligible for Medicare. (This change may be made only once in a lifetime.)	N/A	No	Yes	No	At any time beginning on the 30th day before becoming eligible for Medicare.
5	Employees Who Are Not Participating In Premium Conversion					
5A	Initial opportunity to enroll.	Yes	N/A	N/A	N/A	Within 60 days after becoming eligible.
5B	Open Season.	Yes	Yes	Yes	Yes	As announced by OPM.
5C	Change in family status; for example: marriage, birth or death of family member, adoption, or divorce	Yes	Yes	Yes	Yes	From 31 days before through 60 days after event.

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Switch Designated Family Member</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
5D	Change in employment status, for example: <ul style="list-style-type: none"> • Reemployment after a break in service of more than 3 days; • Return to pay status following loss of coverage due to expiration of 365 days of LWOP status or termination of coverage during LWOP; • Return to pay sufficient to make withholdings after termination of coverage during a period of insufficient pay; • Restoration to civilian position after serving in uniformed services; • Change from temporary appointment to appointment that entitles employee receipt of Government contribution; • Change to or from part-time career employment. 	Yes	Yes	Yes	No	Within 60 days of employment status change.
5E	Separation from Federal employment when the employee is employee's spouse is pregnant.	Yes	Yes	Yes	No	Enrollment or change must occur during final pay period of employment.
5F	Transfer from a post of duty within the United States to a post of duty outside the United States, or reverse.	Yes	Yes	Yes	Yes	From 31 days before leaving old post through 60 days after arriving at new post.
5G	Employee or eligible family member loses coverage under FEHB or another group insurance plan, for example: <ul style="list-style-type: none"> • Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment; • Loss of coverage under another federally-sponsored health benefits program; • Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; • Loss of coverage under Medicaid or similar State-sponsored program; • Loss of coverage under a non-Federal health plan. 	Yes	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
5H	Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.
5I	Loss of coverage under a non-Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non-federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area through 180 days after arriving in the new commuting area.
5J	Employee or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside the area, moves or becomes employed further from this area.	N/A	Yes	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.

QLE's That Permit Enrollment or Change		Change that May Be Permitted				Time Limits
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Switch Designated Family Member</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
5K	On becoming eligible for Medicare (This change may be made only once in a lifetime.)	N/A	No	N/A	No	At any time beginning on the 30th day before becoming eligible for Medicare.
5L	Temporary employee completes one year of continuous service in accordance with 5 U.S.C. Section 8906a.	Yes	N/A	N/A	No	Within 60 days after becoming eligible.
5M	Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	No	Within 60 days after receiving notice from employing office.
5N	Employee or eligible family member becomes eligible for assistance under Medicaid or a State Children's Health Insurance Program (CHIP).	Yes	Yes	Yes	Yes	Within 60 days after the date the employee or family member becomes eligible for assistance.

Health Benefits Election Form

Part A - Enrollee and Family Member Information *(for additional family members use a separate sheet and attach)*

1. Enrollee name <i>(last, first, middle initial)</i>	2. Social Security Number	3. Date of birth <i>(mm/dd/yyyy)</i>	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Home mailing address <i>(including ZIP Code)</i>		7. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		8. Medicare Claim Number
10. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance: _____</i> <i>Policy Number: _____</i> <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>		9. Are you covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 10 below. <input type="checkbox"/> No		
11. Email address		12. Preferred telephone number		
13. Name of family member <i>(last, first, middle initial)</i>	14. Social Security Number	15. Date of birth <i>(mm/dd/yyyy)</i>	16. Sex <input type="checkbox"/> M <input type="checkbox"/> F	17. Relationship code
18. Address <i>(if different from enrollee)</i>		19. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		20. Medicare Claim Number
22. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance: _____</i> <i>Policy Number: _____</i> <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>		21. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 22 below. <input type="checkbox"/> No		
23. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>		24. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>		
25. Name of family member <i>(last, first, middle initial)</i>	26. Social Security Number	27. Date of birth <i>(mm/dd/yyyy)</i>	28. Sex <input type="checkbox"/> M <input type="checkbox"/> F	29. Relationship code
30. Address <i>(if different from enrollee)</i>		31. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		32. Medicare Claim Number
34. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance: _____</i> <i>Policy Number: _____</i> <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>		33. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 34 below. <input type="checkbox"/> No		
35. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>		36. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>		
37. Name of family member <i>(last, first, middle initial)</i>	38. Social Security Number	39. Date of birth <i>(mm/dd/yyyy)</i>	40. Sex <input type="checkbox"/> M <input type="checkbox"/> F	41. Relationship code
42. Address <i>(if different from enrollee)</i>		43. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		44. Medicare Claim Number
46. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance: _____</i> <i>Policy Number: _____</i> <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>		45. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 46 below. <input type="checkbox"/> No		
47. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>		48. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>		

(Continued on the reverse)

Enrollee name: _____ Date of birth: _____

Part B - FEHB Plan You Are Currently Enrolled In (if applicable)		Part C - FEHB Plan You Are Enrolling In or Changing To	
1. Plan name	2. Enrollment code	1. Plan name	2. Enrollment code

Part D - Event That Permits You To Enroll, Change, or Cancel (see page 2)		Part E - Election NOT to Enroll (Employees Only)	
1. Event code	2. Date of event	<input type="checkbox"/>	I do NOT want to enroll in the FEHB Program. <i>My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.</i>

Part F - Cancellation of FEHB		Part G - Suspension of FEHB (Annuitants/Former Spouses Only)	
<input type="checkbox"/> I CANCEL my enrollment. <i>My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.</i>		<input type="checkbox"/> I SUSPEND my enrollment. <i>My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.</i>	

Part H - Signature	
WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)	
1. Your signature (do not print)	2. Date (mm/dd/yyyy)

Part I - To be completed by agency or retirement system	
REMARKS	

1. Date received (mm/dd/yyyy)	2. Effective date of action (mm/dd/yyyy)	3. Personnel telephone number ()
4. Name and address of agency or retirement system -----		5. Authorizing official (please print)
		6. Signature of authorized agency official
7. Payroll office number	8. Payroll office contact (please print)	9. Payroll telephone number ()

TDX Other insurance package benefits:

Short-term Disability: See attached pages.

Long-term Disability: See attached pages.

Life: \$100,000 to beneficiary upon death.

AD&D: Additional \$100,000 for accidental death and various percentages of the \$100,000 for a bodily dismemberment: finger, hand, arm, foot, leg, etc.



Short Term Disability Income Protection

TDX CORPORATION

b.11.16.18 STD (All) (MKR- Composite)

Benefits & Cost Summary Short Term Disability Income Protection Insurance

This proposal for Short Term Disability Income Protection Insurance coverage includes all active full-time employees working 30 hours per week in the United States with the employer.

Class 1: TDX Corporation
Class 2: Bering Sea Environmental Employees
Class 3: PineCastle

Number of Eligible Employees: 227

Plan Description:

Coverage effective date: February 1, 2019

Weekly Benefit:	Classes 1 and 2:	60% of weekly earnings to a maximum benefit of \$1,200 per week
	Class 3:	60% of weekly earnings to a maximum benefit of \$1,000 per week

Definition of Disability: Residual Disability

Elimination Period:	Classes 1 and 2:	- Injury:	7 days
		- Sickness:	7 days
	Class 3:	- Injury:	0 days
		- Sickness:	7 days

Benefit Duration:	Classes 1 and 2:	25 weeks
	Class 3:	26 weeks

Standard Plan Features Included in Quote:

- Rehabilitation and Return to Work Assistance Program
- Guaranteed Insurability
- Full Maternity Benefits
- Minimum Weekly Benefit of \$50
- 12 Month Rehire Provision
- Comparative Reporting and Analysis

Superior Administrative Support Features Included in Quote:

- **Simplified** administration of group benefits through secured online tools:
 - Flexible plan administration and billing services
 - Easy access to frequently used forms
 - Claims information plan administrators need to assist employees and their families
 - Information and tools on industry leading absence management programs
 - A robust resource center filled with reference materials that enable plan administrators to be responsive to employee questions and industry information
 - Convenient online options of viewing or downloading your group insurance policy and employee certificate booklets
- **Extensive** Benefits Center Services:
 - Responsive and experienced claim professionals
 - Industry leading return-to-work approach
 - Specialized case management and managed disability services provided by Unum nurse case management services
 - W-2 preparation and FICA Reports
 - Toll-Free Fax number for claims submission



Short Term Disability Income Protection

TDX CORPORATION

b.11.16.18 STD (All) (MKR- Composite)

- Automated Voice Response System (VRS) for claimants and/or employers
- Centralized toll-free Service Center for general inquiries
- Local Field Office Implementation Support
- Electronic Distribution of employee booklets - standard delivery
- Internet list bill and self accounting options
- Compliance with ERISA reporting and disclosure requirements

Optional Plan Features Included in Quote:

- Risk Management Provisions:
 - claimants are not considered disabled if they can perform the duties of their occupation within a 40 hour work week
 - Unum disability payments are offset by disability income payments from auto liability insurance
- **Class 3:** Accelerated Survivor Benefit
- **Class 3:** C-Section Duration

Rates and Cost Information:

Volume per \$10	Rate	Monthly Cost
\$18,412.10	\$0.350 per \$10 of weekly benefit	\$6,444.23

Rates may be based on covered payroll if requested.

Rate Guarantee: 2 Years

Cost of Coverage Paid By: Employer (Rate assumes 100% participation)

General Information Regarding Benefit Taxability and Integration:

In general, the STD weekly payment will be taxable:

- If the Employer pays the premiums and employees' salaries are not grossed-up to include premiums as taxable income.
- If the Employees pay premiums with **pre-tax** dollars.
- If Employees share payments of premiums with the employer, a portion of the benefits will be taxed.

For taxable STD payments, Unum will provide periodic information to enable the Employer to deposit the Employer's FICA match, administer all FUTA/SUTA obligations, and to elect who prepares all W-2s and associated W-2Cs. If the Employer would like to streamline its IRS tax payment and reporting obligations, contact a Unum representative to learn about our FICA Match service.

In general, the STD weekly payment will not be taxable:

- If Employees pay premiums with **post-tax** dollars.
- If the Employer pays the premiums and employees' salaries are grossed-up to include premiums as taxable income.

For nontaxable STD payments, Unum will provide periodic information to enable the Employer to elect who prepares all W-2s and associated W-2Cs.

The STD weekly payment may be reduced by amounts the employee receives or is entitled to receive from deductible sources of income (offsets) and disability earnings.

Coverage Exclusions and Limitations:

Exclusions:

- Occupational Sickness or Injury
- Intentionally Self-Inflicted Injuries



Short Term Disability Income Protection

TDX CORPORATION

b.11.16.18 STD (All) (MKR- Composite)

- Active Participation in a Riot
- Loss of Professional License, Occupational License or Certification
- Commission of a Crime for which the employee has been convicted
- Incarceration
- War, declared or undeclared, or any act of war

Coverage Termination:

An employee's coverage under the plan will end on the earliest of:

- the date the policy or a plan is cancelled;
- the date the employee is no longer in an eligible group;
- the date the employee's eligible group is no longer covered;
- the last day of the period for which the employee made any required contributions; or
- the last day the employee is in active employment, unless they are absent due to a covered layoff or leave of absence.



Long Term Disability Income Protection

TDX CORPORATION
c.11.16.18 LTD (TDX Corp) MKR

Benefits & Cost Summary Long Term Disability Income Protection Insurance

Unum's Group Long Term Disability Income Protection Offering is designed to help the employer:

- Provide sound financial protection in the event of a disability
- Increase productivity and performance
- Meet diverse employee needs at every life stage
- Attract and retain skilled employees

This proposal for Long Term Disability Income Protection Insurance coverage includes all active full-time employees working 30 hours per week in the United States with the employer.

Number of Eligible Employees: 201 (TDX Corporation)

Plan Description:

Coverage effective date: February 1, 2019

Monthly Benefit: 60% of monthly earnings to a maximum benefit of \$6,000 per month.

Definition of Disability:

- 2 Year Regular Occupation
- Zero-Day Residual
- Accelerated Elimination Period
- Work Incentive Benefit during the first 12 months of disability payments

Elimination Period:

- 180 Days
- 30 Day Accumulation Feature

Benefit Duration: Social Security Retirement Age/Reducing Benefit Duration

Social Security Integration: Primary and family

Standard Plan Features Included in Quote:

- HR®/BenefitsAnswersNow™
- Rehabilitation and Return to Work Assistance Program
- Dependent Care Benefit
- Guaranteed Insurability
- Full Maternity Benefits
- 3 Month Lump-Sum Accelerated Survivor Benefit
- Indexed Pre-Disability Earnings
- "Freeze" in Cost of Living Increases from Deductible Sources of Income
- Waiver of Premium for employees receiving LTD payments
- 12 Month Rehire Provision
- Comparative Reporting and Analysis
- Minimum Monthly Benefit - greater of \$100 or 10% of the gross disability payment

Superior Administrative Support Features Included in Quote:

- ***Simplified*** administration of group benefits through secured online tools:
 - Flexible plan administration and billing services
 - Easy access to frequently used forms
 - Claims information plan administrators need to assist employees and their families
 - Information and tools on industry leading absence management programs



Long Term Disability Income Protection

TDX CORPORATION
c.11.16.18 LTD (TDX Corp) MKR

- A robust resource center filled with reference materials that enable plan administrators to be responsive to employee questions and industry information
- Convenient online options of viewing or downloading your group insurance policy and employee certificate booklets
- **Extensive Benefits Center Services:**
 - Responsive and experienced claim professionals
 - Industry leading return-to-work approach
 - Specialized case management and managed disability services provided by Unum nurse case management services
 - Worksite Modification Reimbursement up to the greater of \$1,000 or twice the monthly benefit
 - Social Security Appeals Support
 - W-2 preparation and FICA support (employer and employee)
- Centralized toll-free Service Center for general inquiries
- Local Field Office Implementation Support
- Electronic Distribution of employee booklets - standard delivery
- Internet list bill and self accounting options
- Integrated with Life Premium Waiver when sold with Unum Life plan
- Compliance with ERISA reporting and disclosure requirements

Optional Plan Features Included in Quote:

- Risk Management Provisions (Matching Current):
 - claimants are not considered disabled if they can perform the duties of their occupation within a 40 hour work week
 - Unum disability payments are offset by third party settlements and by disability income payments from auto liability insurance
 - "gainful occupation" is defined as the gross disability payment

Rates and Cost Information:

Covered Payroll	Rate	Monthly Cost
\$1,255,533.50	0.44% of Covered Payroll	\$5,524.35

Rate Guarantee: 2 Years

Cost of Coverage Paid By: Employer (Rate assumes 100% participation)

General Information Regarding Benefit Taxability and Integration:

In general, the LTD monthly payment will be taxable:

- If the Employer pays the premiums and employees' salaries are not grossed-up to include premiums as taxable income.
- If the Employees pay premiums with **pre-tax** dollars.
- If Employees share payments of premiums with the employer, a portion of the benefits will be taxed.

In general, the LTD monthly payment will not be taxable:

- If Employees pay premiums with **post-tax** dollars.
- If the Employer pays the premiums and employees' salaries are grossed-up to include premiums as taxable income.

The LTD monthly payment may be reduced by amounts the employee receives or is entitled to receive from deductible sources of income (offsets) and disability earnings.



Long Term Disability Income Protection

TDX CORPORATION
c.11.16.18 LTD (TDX Corp) MKR

Coverage Exclusions and Limitations:

Limitations:

- 24 months Mental Illness Limitation

Exclusions:

- 3/12 Pre-Existing Condition*
- Intentionally self-inflicted injuries
- Active participation in a riot
- Loss of Professional License, Occupational License or Certification
- Commission of a crime for which the employee has been convicted
- War, declared or undeclared, or any act of war
- Incarceration

*** A "Pre-Existing Condition" means the insured employee:**

- received medical treatment, consultation, care or services including diagnostic measures or took prescribed drugs or medicines in the 3 months just prior to his/her effective date of coverage; and
- the disability begins in the first 12 months after the employee's effective date of coverage.

Coverage Termination:

An employee's coverage under the plan will end on the earliest of:

- the date the policy or a plan is cancelled;
- the date the employee is no longer in an eligible group;
- the date the employee's eligible group is no longer covered;
- the last day of the period for which the employee made any required contributions; or
- the last day the employee is in active employment, unless they are absent due to a covered layoff or leave of absence.



Tanadgusix Corporation Health & Welfare Trust

GENERAL SUMMARY OF BENEFITS

TDX SUPPLEMENTAL PLAN

Dental, Vision & Hearing Benefits Only

Group Numbers

3531

3549

3557

3546

3552

3544

3555

3559

3541

Effective: January 1, 2018

GENERAL PLAN INFORMATION

PARTICIPATING EMPLOYERS

The following employers are participating in this plan:

- **Bering Sea Eccotech, Inc.**
- **Bering Sea Environmental, LLC**
- **TDX Power**
- **TDX Net, LLC**
- **TDX Corporation**
- **TDX Holding, LLC**
- **Tribal Government of St. Paul Island**
- **Aleut World Solutions**
- **BSET, LLC**
- **BSX, LLC**
- **TDX Holdings, LLC**

ELIGIBILITY REQUIREMENTS FOR COVERAGE

Employee Coverage - A person is eligible for Employee coverage from the first day that he or she meets all of the following:

1. Is a regular full-time, Active Employee of a Participating Employer.
 - a) An Employee is considered to be a regular full-time Employee if he or she normally works at least 30 hours per week and is on the regular payroll of the Employer for that work and satisfies the required waiting period which is the first day of the month following 60 days of continuous employment.

Temporary and/or Seasonal employees are not eligible for coverage under this Plan.

Dependent Coverage - An eligible Dependent is any one of the following persons:

1. A covered Employee's Spouse. The term "Spouse" shall mean the covered Employee's legal Spouse who is a resident of the same country in which the Employee resides, and is legally recognized as the covered Employee's husband or wife under the laws of the state where the covered Employee lives. The Plan Administrator may require documentation proving a legal marital relationship.
2. A covered Employee's children to the attainment of age of 26 years of age regardless of their dependent status for tax purposes financial dependency, residency, student status, employment status or marital status. If a child covered under this provision is married the children and the spouse of the covered child are not eligible for coverage.

The term "children" shall include natural, adopted children or children placed with a covered Employee in anticipation of adoption and stepchildren.

If a covered Employee is the Legal Guardian of an unmarried child or children, these children may be enrolled in this Plan as covered Dependents. The Plan Administrator may require documentation proving a legal guardian relationship.

A covered Dependent child who reaches the limiting age and is totally disabled by reason of mental or physical handicap, primarily dependent upon the covered Employee for support and maintenance and is unmarried will remain eligible for Dependent coverage.

As required by the federal Omnibus Budget Reconciliation Act of 1993, any child of a Plan Participant who is an alternate recipient under a Qualified Medical Child Support Order shall be considered as having a right to Dependent coverage under this Plan.

The term **Dependent** excludes: other individuals living in the covered Employee's home, but who are not eligible as defined above; the legally separated or divorced former Spouse of the Employee; any person who is on active duty in any military service of any country; or any person who is covered under the Plan as an Employee.

VERIFICATION OF ELIGIBILITY AND BENEFITS

To verify a Covered Persons' eligibility status, available benefits, or the status of a claim telephone the Contract/Claims Administrator, PBS toll-free at 844-433-5183. Claim status may also be viewed by a covered person on the PBS web site by logging onto https://secure.healthx.com/profben_member.

IDENTIFICATION CARDS

Each Employee who becomes covered under this Plan is issued an identification card. If dependents are covered a second identification is issued. If additional identification cards are needed, please contact the Claims Administrator, PBS, and additional cards will be issued.

Your identification card contains important information, including the telephone number you or providers may call in order to obtain eligibility and verification of the benefits provided under this Plan.

SUBMITTING VISION, DENTAL & HEARING SERVICES CLAIMS

Claim Forms are NOT required. If the provider does not direct bill the Claims Administrator, obtain an itemized billing for the services (balance forward statements are not acceptable). All claims submitted for payment must include:

1. The name of the Covered Employee;
2. Member ID Number of the Covered Employee;
3. Full name and date of birth of the patient;
4. Name, address, telephone number and Tax Identification Number of the provider who rendered the services;
5. Diagnosis Code and Procedure Code;
6. Date of Service; and
7. Charge(s) for the service.

Send the above information to the Claims Administrator at this address:

**PBS (Professional Benefit Services, Inc.)
1193 Royvonne Ave, Suite 22
Salem, OR 97302**

You may also fax this information to the Claims Administrator at this facsimile number: 503-364-6901.

WHEN CLAIMS SHOULD BE FILED

Claims should be filed with the Claims Administrator within 180 days after the occurrence or commencement of any loss covered by this Plan. Benefits are based on the Plan's provisions at the time the charges were incurred. Charges are considered incurred when a treatment or care is given or a procedure performed. Failure to give such notice and proof within 180 days will neither invalidate nor reduce any claim if it is shown that:

1. It was not reasonably possible for the claimant to give written notice and proof within 180 days; and
2. Written notice and proof are given as soon as reasonably possible, but in no case later than one year after the loss occurs or commences, unless the claimant is not legally capable of submitting the Claim.

EXPLANATIONS OF BENEFITS

Each time a claim is processed for you or your covered family members, you will receive an Explanation of Benefits (EOB). The EOB includes information on the claims that were processed including, the name of the provider that rendered the services, a description of the services that were billed, how much this Plan paid for the services, and any outstanding balance that you may owe to the provider for these services.

EOB's are mailed to the Covered Employee at his/her home address. All EOB's should be reviewed to verify that the charges were billed correctly by the provider.

An EOB is also helpful if you or your covered family members have other health care coverage and Coordination of Benefits is required in order for the other health plan to process claims.

SCHEDULE OF DENTAL BENEFITS

Plan Limits:	\$2,500 per Covered Person each Calendar Year
Annual Deductible:	None

This Plan does NOT utilize a Network of Preferred Dental Providers. You may use the services of the licensed dental provider of your choice.

COVERED SERVICES

AMOUNT PLAN PAYS

Preventive Services	100% UCR
----------------------------	-----------------

- Oral examinations. Limited to two examinations per Calendar Year.
- Prophylaxis, including cleaning, scaling and polishing. Limited to two cleanings per Calendar Year.
- Topical fluoride applications. Limited to two applications per Calendar Year for covered persons age 20 and under.
- Bitewing X-rays. Limited to one set of x-rays per Calendar Year.
- Intra oral films and panoramic films. A complete set of x-rays is limited to once every five Calendar Years.
- Sealants for covered individuals age 20 and under once every four Calendar Years.
- Space Maintainers for premature loss of primary teeth. Limited to covered persons age 20 and under.

Basic Services	100% UCR
-----------------------	-----------------

- Palliative emergency treatment.
- Fillings.
- Extractions.
- Endodontics and root canal treatment.
- General Anesthesia administered for covered dental procedures when necessary, or intravenous sedation for complex oral procedures.
- Oral Surgery, including treatment plan, local anesthesia and post surgical care.
- Periodontal Services.
- Repair of dentures, bridges or crowns.
- Stainless Steel Crowns. Limited to one crown per tooth every two years.

Major Services	100% UCR
-----------------------	-----------------

- Crowns and Onlays.
- Bridges, fixed and partial.
- Adjustment of dentures and bridges.
- Dentures, full and partial.
- Denture relines & rebasing.
- Recementing onlays or crowns.
- Build-ups for adequate retention of a crown.
- Tissue conditioning when done prior to denture insertion.
- Dental Implants.

Orthodontia	100% UCR Limited to a Maximum Benefit of \$2,000 each Calendar Year
--------------------	--

- Orthodontia Treatment includes diagnosis, active treatment, and retention treatment necessary to reduce or eliminate an existing malocclusion through the correction of malposed teeth. X-rays connected with orthodontic treatment will be provided subject to the above limitation.
- No benefit will be provided for the repair or replacement of any appliance.
- No benefits will be paid prior to rendering treatment.

TDX Supplemental Plan General Summary of Benefits

SCHEDULE OF ROUTINE VISION BENEFITS

Plan Limits:	\$1,200 per Covered Person every two (2) Calendar Years
Annual Deductible:	None

This Plan does NOT utilize a Network of Preferred Vision Providers. You may use the services of any licensed vision provider of your choice.

COVERED SERVICES

AMOUNT PLAN PAYS

<ul style="list-style-type: none">• Routine Eye Exam Limited to one (1) examination each Calendar Year.	80% After a \$20 Copayment *
--	------------------------------

<ul style="list-style-type: none">• Frames	80% *
---	-------

<ul style="list-style-type: none">• Lenses	
Single Vision	80% *
Bi-Focal	80% *
Tri-Focal or Progressive	80% *
Lenticular	80% *
Contacts (per pair)	80% *

* All Vision services combined are limited to a maximum benefit of \$1,200 every two (2) Calendar Years.

SCHEDULE OF HEARING BENEFITS

Plan Limits:	\$2,500 per Covered Person each Calendar Year
Annual Deductible:	None

This Plan does NOT utilize a Network of Preferred Hearing Providers. You may use the services of any licensed hearing provider of your choice.

COVERED SERVICES

AMOUNT PLAN PAYS

<ul style="list-style-type: none">• Routine Hearing Exam Limited to one (1) examination each Calendar Year.	100% *
<ul style="list-style-type: none">• Hearing Aids	100% *

* All Hearing services combined are limited to a Calendar Year benefit limit of \$2,500.

If you have any questions regarding the dental, vision and hearing benefits, please contact our claims administrator:

**Professional Benefit Services, Inc.
(PBS)**

**Benefit Administrator: Victoria Evans
E-mail address: TLEvans@profben.com**

**1193 Royvonne Ave., Suite 22
Salem, OR 97302**

**Telephone:
Toll-Free 844-433-5183**

Fax: 503-364-6901

Web Site: https://secure.healthx.com/profben_member

The information in this General Summary of Benefits is only a brief description of the benefits provided under this Plan. All benefits are subject to the terms, conditions, exclusions and definitions as stated in the Plan Document. Additional limitations may apply to some of the benefits listed in this General Summary.

Benefits are subject to change at any time at the discretion of the Plan Administrator.



Tana dg us ix Co r po ra ti on He al th & We lf a re Tru st
Supplemental Plan Enrollment Application
DE NT AL , V I S I O N & R O U T I N E H E A R I N G P L A N

Please indicate Employer and Billing division below:

- | | |
|--|---|
| <input type="checkbox"/> Bering Sea Eccotech, Inc. – Group# 3531 | <input type="checkbox"/> BSET, LLC– Group# 3555 |
| <input type="checkbox"/> Bering Sea Environmental – Group# 3549 | <input type="checkbox"/> BSX, LLC – Group# 3559 |
| <input type="checkbox"/> TDX Power - Group# 3557 (Division: _____) | |
| <input type="checkbox"/> TDX Corporation – Group# 3544 | |
| <input type="checkbox"/> TDX Holdings - Group# 3541 | |
| <input type="checkbox"/> Aleut Comm. Of St. Paul, Tribal Govt. | |

This application is for: ☐ New Hire Date of Hire: _____ Effective Date of Coverage or Change: _____

☐ Open Enrollment ☐ Enrollment Change _____
(Explain reason for change – Marriage, Divorce, Birth, Special Enrollment, etc.)

Employee's Last Name	First Name	Initial	Date of Birth	Sex	Social Security #
Mailing Address Street	City	State	Zip	Home Phone #	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>					

DE P E N D E N T C O V E R A G E

LIST ALL ELIGIBLE DEPENDENTS TO BE COVERED

Name	Sex M / F	Student Yes / No	DOB Mon – Day - Yr	Social Security #
Spouse				
Child				
Child				
Child				
Child				

OTHER INSURANCE INFORMATION

Is any person listed on this Enrollment Application covered by another Dental or Vision Plan, or presently covered under COBRA Continuation, Medicare or Medicare Disability? YES ☐ NO ☐ If answer is YES, please complete the following:

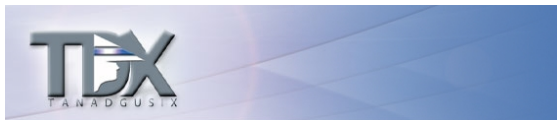
Name of Person(s)	Type of Coverage	Effective Date of Coverage
Name of Insurance Company		
Policy Number	ID Number of Insured	

AUTHORIZATION

I certify the information in this application to be correct and true to the best of my knowledge and that those listed as dependents qualify as such under the terms of the plan. Authorization is granted to deduct from my salary or wages any premiums required.

(Employee Signature)

(Date)



		Employee Cost Per Paycheck
Supplemental Standalone - Dental & Vision Rates	Employee Only	\$35.85
	Employee Spouse	\$76.31
	Family	\$103.38
	Employee Children	\$76.31

MEMBER ENROLLMENT AND CHANGE APPLICATION

1. GROUP INFORMATION (to be completed by the group)

Group ID 19895007	Group Name	<input type="checkbox"/> New <input type="checkbox"/> Change	Reason	Date of Event / /
Employee Class (If Applicable)	Employee job title	Employee date of hire / /	Date employee entered eligible class: <input type="checkbox"/> Same as hire date <input type="checkbox"/> Other date / /	Effective Date / /

2. EMPLOYEE INFORMATION

Employee Name (Last)	(First)	(MI)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	Daytime phone ()	E-mail address (Required)
Home address	City	State	ZIP	Mailing address (if different than home address)	City State ZIP

3. ENROLLMENT INFORMATION

TDX Trust Dental and Vision Plans Base or Enhanced Plan Options			NOTE: In order for dependents to qualify for a benefit selection, the employee must select the same benefit. Please indicate each member's name as you would like it to appear on the ID card. ID card names are limited to 26 characters and spaces.								
Add	Drop	Relationship To Employee	Last Name	First Name	MI	Social Security No. (Required)	Date of Birth	Gender		Dental/Vision Benefit Section	
								M	F	Base	Enhanced
<input type="checkbox"/>	<input type="checkbox"/>	Self					/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does a dependent have a different mailing address? ☐ No ☐ Yes, complete the following: Dependent's Name (Last, First, MI) _____

Dependent's mailing address: _____ City _____ State _____ ZIP _____

Is there any child over the dependent age limit applying for coverage due to disability? ☐ No ☐ Yes, complete and attach the *Request for Certification of Disabled Dependent* form.

Will any applicant have other current dental or vision coverage, including Medicare, which will remain in effect when this plan's coverage begins?

☐ No ☐ Yes, please complete and attach the *Other Coverage Questionnaire* form.

4. EMPLOYEE SIGNATURE

In applying for enrollment as indicated on this application, I declare that to the best of my knowledge, all of the information on this form is true and complete, and all of the persons for whom I am requesting enrollment are eligible for coverage. I have also read and understand the provision as stated on the reverse side. The changes on this form supersede all previous forms submitted.

Employee signature _____ Date signed ____/____/____

Please note: A person who, with intent to injure, defraud, or deceive, knowingly makes a false or fraudulent statement or representation in or with reference to an application for insurance may be prosecuted under state law.

PROFESSIONAL BENEFIT SERVICES PRIVACY POLICY

We may collect, use, or disclose personal information about you, including health information, your address, telephone number or Social Security number. We may receive this information from, or release it to, health-care providers, insurance companies, or other sources to conduct our routine business operations such as case management, or quality reviews. This information may also be collected, used or released as required or permitted by law.

To safeguard your privacy and ensure your information remains confidential, we train all employees on our written confidentiality policy and procedures. If a disclosure of your personal information is not related to a routine business function, we will remove anything that could be used to easily identify you, unless we have your prior authorization to release such information.

You have the right to request inspection and/or amendment of your records retained by us.

To request a copy of our detailed Privacy Notice and other forms please call the number below.

SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or dependents (including your spouse) because of other dental or vision care coverage, you may in the future enroll yourself or your dependents in this plan prior to the next open enrollment period. To do this, you must have involuntarily lost your other coverage (or receive a request to enroll from a state agency administering Medicaid or CHIP) and we must receive your enrollment application within 60 days after your other coverage ended. Additionally, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, may be able to enroll yourself and dependents, provided we receive your completed enrollment application within 60 days after the marriage, birth, adoption, or placement for adoption, unless a different time limit has been specified in your benefit booklet.

LATE ENROLLEES

A "Late Enrollee" is an individual or family dependent who did not enroll when first eligible for coverage under this plan and does not qualify as a Special Enrollee. If you or your dependents are Late Enrollees, you or your dependents may enroll during the next occurring Annual Group Enrollment Period.

CREDITABLE COVERAGE

"Creditable Coverage" means prior or ongoing dental or vision care coverage including any group dental or vision care coverage (including the Federal Employees Health Benefits Plan and the Peace Corps), individual dental or vision care coverage (including student dental or vision plans), Medicare, Medicaid, CHAMPUS, Indian Dental or vision Service or tribal organization coverage, state high-risk pool coverage, state Children's Health Insurance Programs (SCHIP), a public health plan established or maintained by a State, the U.S. government, a foreign country, or any political subdivision of a State, the U.S. government, or a foreign country that provides dental or vision coverage to individuals who are enrolled in the plan.

If you have any questions about the information included in this notice, please call us at 1-844-433-5183.



Tanadgusix Corporation Health and Welfare Trust Employee Health Plan

WAIVER OF HEALTH PLAN COVERAGE

By signing this form I acknowledge that I have waived my right to enroll myself and/or my eligible dependents in the Tanadgusix Corporation Health & Welfare Trust Employee Health Plan.

I acknowledge that I have reviewed the information on the page 2 of this form and other than as described therein, I understand that by declining to enroll in the Employee Health Plan at this time I may not be eligible to enroll myself and/or my eligible dependents thereafter, or may be subject to certain restrictions which are described in the plan

I REQUEST TO DECLINE COVERAGE

(Check one)

- ☐ I waive coverage for myself and all of my eligible dependents
- ☐ I waive coverage for my spouse
- ☐ I waive coverage for my children

REASONS FOR DECLINING COVERAGE

(Check one)

- ☐ Covered by spouse's coverage
- ☐ Covered by other insurance
- ☐ OTHER _____

Employee Printed Name

Employee Signature

Date



IMPORTANT: Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, you must state, in writing, that you are declining enrollment for yourself or your dependents because of other health insurance or group health plan coverage. If you fail to provide this written statement at the time you are declining enrollment, you will not be entitled to special enrollment rights in the event that you lose the other health insurance or group health plan coverage. You must also provide proof of other health plan coverage. A copy of the front and the back of the ID card from the other carrier will provide the necessary proof of other coverage and that copy must be attached to the Request to Waive Coverage Form (page 1 of this form).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or to obtain more information, contact our Claims Administrator, ARM, Ltd. by calling them toll-free at 877-544-1770.



Mailing Address
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Employee Enrollment
& Waiver-AK

PLEASE USE BLACK INK
PLEASE ENTER DATES AS MM/DD/YYYY

Company name TRIBAL GOVERNMENT OF ST. PAUL ISLAND	Division level ACTIVE MEMBERS	Account number/unit number 1108965-10001
--	----------------------------------	---

Employee Information

Name		Social security number	
Mailing address (street)		Birth date	<input type="checkbox"/> male <input type="checkbox"/> female
(city)	(state)	(ZIP code)	
Date employed full-time	Hours worked per week	Job occupation/class	Location
Email address		Phone number	

Do you have an eligible spouse or domestic partner or child(ren)?

☐ yes ☐ no

Payroll mode <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	Employer ZIP code	Employer county
---	-------------------	-----------------

Eligible Dependent Information (Complete if you are electing benefits for your spouse or domestic partner or children)

Dependent name	Birth date	Gender	Social security number	Relationship
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Spouse <input type="checkbox"/> domestic partner
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**

*If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court?

☐ yes ☐ no

**When your child, who is developmentally or physically disabled, reaches/exceeds the maximum age, an Application to Continue Disabled Child form must be completed and reviewed to determine eligibility.

Is your spouse or domestic partner employed by this company?

☐ yes ☐ no

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
NOTE: Employee coverage must be elected to elect any dependent coverage.			
Dental	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Vision	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline

*NOTE: Domestic Partners can only be added if your employer allows this coverage. If enrolling a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60439).

Declining Coverage

Important! If declining any coverage for yourself or any dependent, give reason. Covered under:

- ☐ spouse's or domestic partner's group coverage
 ☐ individual insurance
☐ other coverage offered by my employer
 ☐ other _____

Employee Agreement (Read and sign)

I understand and agree with the following statements:

- My dependents are not eligible for coverages I don't have. My dependents, including step and foster children and any over the maximum age, are eligible based on plan provisions but those over the maximum age will be verified when a claim is filed.
- If I refuse dental or vision coverage, I and my dependents may enroll later but this will affect the level of benefits.
- If I refuse coverage, I cannot enroll after retirement.
- If the group policy does not require my contribution, I cannot decline coverage unless the policy indicates otherwise.
- If the group policy requires my contribution, I authorize my employer to deduct from my pay.
- I represent all information on this form and attachments is complete and true to the best of my knowledge. They are part of this request for coverage. I agree Principal Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years coverage is in force, fraud or intentional misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- Explanation of Benefits reflecting claims payments for myself and my dependents will be sent to my home address. I also understand collection of social security numbers for myself and/or my dependents will be used by Principal Life only as allowed by law.
- I authorize Principal Life to release data as required by law. If signed in connection with an application, reinstatement or a change in benefits, this form will be valid two years from the date below. I may revoke authorization for information not yet obtained. I understand data obtained will be used by Principal Life for claims administration and determining eligibility for life, disability, and critical illness. Information will not be used for any purposes prohibited by law.
- I understand that as the employee, the insurance I and my dependents have applied for will begin on the effective date of coverage provided I am at work on that date. If I am not actively at work on such date, subject to the terms of the group policy, coverage may not go into effect until after my return to work. Furthermore, I understand that no insurance may become effective for any member of my family while he/she is in a period of limited activity.

A copy of this form will be as valid as the original.

I declare that the information I have completed on this enrollment form is complete and true. I understand an agent or broker cannot guarantee coverage, revise rates, benefits or provisions without written approval from Principal Life Insurance Company.

Your signature **X** _____ Date Signed _____

Instructions

After this form is completed and signed, make two copies and send the original to Principal Life Insurance Company:

- One for the employee
- One for the employer



Vision Benefit Summary

Effective Date: 04/01/2020

This chart provides you a brief summary of the key benefits of the vision coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your vision coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility		
Job Class	ACTIVE MEMBERS	
Your Coverage with a VSP Preferred Provider		
Doctor Network	VSP Choice Network	
Covered Charges	Benefit	Frequency
Exams	\$10 copay	One exam every 12 months
Prescription Glasses	\$25 copay	Two lenses (one pair) every 12 months
Lenses	Single vision, lined bifocal, lined trifocal and lenticular lenses; polycarbonate lenses for dependent children under age 18 Members pay for lens enhancements as an out-of-pocket expense after the copay; they are discounted 20-25% by VSP providers.***	
Frames*	\$150 allowance for a wide selection of frames; 20% off amount over allowance***	
Elective Contacts	Up to \$60 copay for your elective contact lens exam (fitting and evaluation)	Once every 12 months
	\$150 allowance for elective contacts	Contacts are instead of frames and lenses
Necessary Contacts**	\$25 copay	Once every 12 months
	Covered in full for members who have specific conditions	Contacts are instead of frames and lenses

Additional Savings ***	
Glasses and Sunglasses	Members save an average of 20-25% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last covered vision exam
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

VISION

Your Coverage with Other Providers (Non-Network)		
Covered Charges	Scheduled Benefit Amount	Frequency
Vision Exams	Up to \$45	One per 12 month period
Single Vision lenses	Up to \$30	One pair per 12 month period
Lined bifocal lenses	Up to \$50	One pair per 12 month period
Lined trifocal lenses	Up to \$65	One pair per 12 month period
Lenticular lenses	Up to \$100	One pair per 12 month period
Frames	Up to \$70	One set per 24 month period
Elective Contacts	Up to \$105	In lieu of lenses and frame benefits
Necessary Contacts**	Up to \$210	In lieu of lenses and frame benefits

*VSP has agreements established with some Participating Retail Chain Providers that may also provide benefits for this covered service. Up to a \$80 allowance is given for a wide selection of frames from Costco or Walmart/Sam's Club. Please talk to your provider or contact VSP customer care for further details.

** Necessary contact lenses are prescribed to correct extreme visual problems that cannot be corrected with regular lenses.

*** Based on applicable laws; benefits may vary by doctor location.

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

Understanding Your Vision Benefits

Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You must be enrolled for vision coverage before it can be offered to your dependents. Eligible dependents include your spouse (if not also enrolled as an employee), and children. Additional eligibility requirements may apply.

Open enrollment applies. Any employee or dependent that didn't enroll with 31 days of being eligible can only enroll during the open enrollment period.

How Do I Find a VSP Provider?

Use the Provider Directory on www.vsp.com to locate nearby VSP providers or to see if your current eye care professional participates in the VSP network. To speak to a representative by phone, please call 800-877-7195.

If treatment or service for a listed covered charge is not available through a Preferred Provider due to network or geographic access and you or one of your Dependents receive such treatment or service from a Non-Preferred Provider, that provider will be reimbursed at the same rate as would have been applied had you or one of your Dependents been treated by a Preferred Provider.

How Do I Submit A Claim?

When visiting a VSP provider for services, the provider submits the claim for payment. If visiting a non-network provider for services, you are responsible for submitting the claim to VSP. Obtain a claim form by logging on to vsp.com or by calling 800-877-7195. Include a copy of your itemized receipt with your claim form and mail it to the following address.

Vision Service Plan
P.O. Box 385018
Birmingham, AL 35238-5018

What Are The Restrictions Of My Coverage?

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Non-Medically Necessary Services	The coverage does not pay for visual analysis or vision aids that are not medically necessary.
Benefit Limitations	<p>The following items are excluded under this coverage:</p> <ul style="list-style-type: none"> • Two pairs of glasses instead of bifocals • Replacement of lenses, frames or contacts • Medical or surgical treatment • Orthoptics, vision training or supplemental testing • Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter)
Contact Lens Limitations	<p>The following items are not covered under the contact lens coverage:</p> <ul style="list-style-type: none"> • Insurance policies or service agreements • Artistically painted or non-prescription lenses • Additional office visits for contact lens pathology • Contact lens modification, polishing or cleaning • Refitting of contact lenses after the initial (90 day) fitting period
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

This is a summary of vision coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of the rights, benefits, limitations or exclusions of the coverage. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails.

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Policyholder: TRIBAL GOVERNMENT OF ST. PAUL ISLAND

Dental PPO Benefit Summary

Effective Date: 04/01/2020

Predetermination of Benefits: Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

This chart provides you a brief summary of the key benefits of the dental coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your dental coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility				
Job Class	ACTIVE MEMBERS			
Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$50	\$50	80%	80%
Unit 3 – Major	\$50	\$50	50%	50%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for basic and major procedures are combined.			
Combined Maximums	Maximums for basic and major procedures are combined. In-network Calendar year maximums are \$2,500 per person. Non-network Calendar year maximums are \$2,500 per person.			
Preventive Passport	This exempts preventive charges from applying to the Calendar year maximum benefit. Therefore, the maximum benefit will not be impacted by use of preventive services. Basic and Major charges will continue to be applied to the annual maximum.			
Participating Provider Services	If treatment or service for a listed covered charge is not available through a preferred provider due to network or geographic access and the member receives such treatment or service from a non-preferred provider, that provider will be reimbursed at the same benefit level (i.e. deductibles, coinsurance and other cost sharing requirements) as would have been applied had the member been treated by a preferred provider. Network and geographic access standards include one general dentist or one specialty dentist within 50 miles.			

How Are Dental Procedures Covered?

The list of common procedures shows what unit the procedure is included in and how often they are covered.

Unit 1 – Preventive Procedures	<ul style="list-style-type: none"> • Routine exams - one per six months • Routine cleaning (prophylaxis) - one per six months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.) • Second Opinion Consultation • Fluoride – one treatment each calendar year (covered only for dependent children under age 14) • Space maintainers - covered only for dependent children under age 14; repairs not covered • Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months • X-rays - Bitewing (one set every calendar year), occlusal, periapical • X-rays – Full mouth survey (one every 60 months), extraoral
Unit 2 – Basic Procedures	<ul style="list-style-type: none"> • Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to Routine cleaning frequency limit (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.) • Emergency exams – subject to Routine exam frequency limit • Harmful Habit Appliance - covered only for dependent children under age 14 • Fillings and stainless steel crowns • General Anesthesia (covered only for specific procedures)/IV Sedation • Simple Oral Surgery • Complex Oral Surgical Procedures • Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.) • Periodontal Surgical Procedures – one each quadrant each 36 months • Simple Endodontics (root canal therapy for anterior teeth) • Complex Endodontics (root canal therapy for molar teeth)
Unit 3 – Major Procedures	<ul style="list-style-type: none"> • Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations • Crowns – each 120 months per tooth if tooth cannot be restored by a filling. • Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth • Implants – each 120 months • Bridges - Initial placement / Replacement of bridges 120 months old. • Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

Understanding Your Dental Benefits

Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You must be enrolled for dental coverage before it can be offered to your dependents. Eligible dependents include your spouse (if not also enrolled as an employee) and children. Additional eligibility requirements may apply.

Open enrollment applies. Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.

How Do I Find A Participating Provider?

Use the Provider Directory on www.principal.com to locate nearby dentists or see if your dentist participates in your network.

1	Visit www.principal.com/dentist .
2	Begin your search by picking the state where you would like to find a provider. Next, specify a network . Depending on the network chosen, you may be transferred to a partner site.
3	Enter the name of the provider you are looking for (if known). If you are looking for a nearby dentist, enter the city and state and/or ZIP code . Be sure to indicate how far you are willing to travel .
4	Select the desired specialty or use the No Specialty Preference default. Click Continue .
5	Select a language if your preference is other than English. Click Continue .

You may nominate your dentist for inclusion in our network. Please submit the dentist's name, address, phone and specialty by calling 1-800-832-4450, or submit through www.principal.com/refer-dental-provider.

What Are The Restrictions Of My Coverage?

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Limitations & Exclusions	
Missing Tooth	Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Principal Life policy. When the policy replaces coverage under a prior plan, continuous coverage under the prior plan may be applied to the missing tooth provision requirement.
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

This is a summary of dental coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails.

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Prudential

TDX Employee Health & Welfare Trust
LIFE INSURANCE PROGRAM ENROLLMENT FORM

A. EMPLOYEE INFORMATION

☐ Enroll ☐ Cancel ☐ Address Change ☐ Name Change ☐ Other

Gender ☐ M ☐ F Date

Last Name	First Name	M.I.	Social Security Number	Date Of Birth	Date of Hire
-----------	------------	------	------------------------	---------------	--------------

Street Address	Apt No.	City	State	Zip Code
----------------	---------	------	-------	----------

Home Phone ()	Work Phone ()	Job Title	Salary	<input type="checkbox"/> Single <input type="checkbox"/> Married
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B. PRODUCT SECTION:

- ☒ Basic Life and AD&D Life Insurance (automatic – employer paid)
- ☒ Short Term Disability Insurance (automatic – employer paid)
- ☒ Long Term Disability Insurance (automatic – employer paid)

Beneficiary Designation:

Primary Beneficiary	Percentage	Relationship to Insured
Contingent Beneficiary	Percentage	Relationship to Insured

Additional Beneficiaries should be listed on the back of this form.

D. SIGNATURE (THIS FORM MUST BE SIGNED)

I understand that by signing this form that I am authorizing the necessary premium deductions , if any, from my salary or wages for the coverage(s) I have selected.

X _____

Signature **Date**

E. EMPLOYER USE ONLY

☐ Initial enrollment following Date of Hire

☐ Late Applicant

☐ Open Enrollment

Employee Effective Date
(mm/dd/yyyy)

Salary or hourly rate:

\$

Employer Name

According to Kaiser Family Foundation reports,

1 in 3

people have difficulty paying their medical bills, regardless of major medical coverage¹

80%

increase in Health insurance premiums for families since 2003²

Aflac policies focus on you, not the doctors or hospitals. And because we pay claims in as little as 4 days, you can concentrate on your health, not your finances.³



**MEDICAL
EXPENSES**

Out-of-pocket



**EVERYDAY LIVING
EXPENSES**

Mortgage | Rent | Groceries



**LOSS OF
INCOME**

Salary | Hourly Wages

To learn more or apply for coverage, contact your Aflac agent.



¹Henry J. Kaiser Family Foundation "Medical Debt among People with Health Insurance" Report published January 2014. <http://kff.org/private-insurance/report/medical-debt-among-people-with-health-insurance/>. ²Employer Health Benefits Survey 2013, Kaiser Family Foundation. ³Aflac Company Statistics, YE 2013. Individual coverage is underwritten by American Family Life Assurance Company of Columbus. Group coverage is underwritten by Continental American Insurance Company (CAIC), a wholly-owned subsidiary of Aflac Incorporated. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For individual coverage in New York or coverage for groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. **Ad not approved for use in AZ, ID, PA & VI.**

HOSPITAL ADVANTAGE

Help make your employees' hospital stays more manageable.

Whether it's a planned visit or unexpected, a trip to the hospital is never a simple matter — there are responsibilities and unexpected expenses to manage. While we can't take all the uncertainty out of hospital stays, Aflac Hospital Advantage can help make some of the unexpected costs of hospital stays more manageable for your employees.



Help your employees with costs not covered by major medical plans.

Aflac Hospital Advantage pays cash benefits directly to your employees¹ to help with out-of-pocket expenses. It helps employees focus less on bills and more on getting better by helping pay for groceries, rent or mortgage, bills and more:

- Copays and deductibles
- Transportation and ambulance costs
- Emergency room and doctor visits
- Medical diagnostics and imaging
- Rehabilitation facilities

In addition to delivering cash benefits, Aflac offers:

- **One Day Pay**,SM only from Aflac²
- **Cash benefits** paid directly to your employees to use as they see fit
- **No deductibles**, lifetime maximums or price increases due to age

FACT NO. 1

\$10,400

was the average cost for a hospital stay in 2012.³

FACT NO. 2

49%

of employees have less than \$1,000 on hand to pay out-of-pocket medical expenses.⁴

Help them have a plan ready for the unexpected costs of hospital stays.

As health care costs continue to rise, it's easy to see why the Aflac Hospital Advantage insurance policy makes sense for your employees — and your business.

This information refers to benefit ranges for Policy Series A49000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Hospital Advantage benefits⁵

BENEFIT	DESCRIPTION
Hospital Confinement	Pays \$500-\$3,000 when a covered person requires hospital confinement for 23 or more hours and a charge is incurred.
Hospital Short-Stay	Pays \$50-\$100 when a covered person receives treatment in a hospital, including an observation room or an ambulatory surgical center, for a period of less than 23 hours and a charge is incurred.
Medical Diagnostic and Imaging	If option selected, pays \$150 per calendar year when a covered person requires one of the following exams and a charge is incurred: CT scan, MRI, EEG, thallium stress test, myelogram, angiogram, or arteriogram.
Surgical	If option selected, pays \$50-\$1,000 based on the Schedule of Operations listed in the policy and a charge is incurred.
Daily Hospital Confinement	If option selected, pays \$50-\$100 per day for the period of hospital confinement when a covered person requires hospital confinement and a charge is incurred.
Invasive Diagnostic Exams	If option selected, pays \$100 when a covered person requires one of the approved exams and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy.
Hospital Emergency Room	Pays \$50-\$100 when a covered person receives treatment in a hospital emergency room, including triage, and a charge is incurred.
Physician Visit	If option selected, pays \$25 when a covered person incurs a charge for a physician visit.
Rehabilitation Facility	Pays \$50-\$100 per day when a covered person is confined in a hospital and is transferred to a bed in a rehabilitation facility and a charge is incurred.
Ambulance	If option selected, pays \$100 for ground ambulance transportation and \$1,000 for air ambulance transportation to or from a hospital and a charge is incurred.
Hospital Intensive Care Unit Confinement	If option selected, pays \$50-\$100 per day for the period of hospital intensive care unit confinement when a covered person requires hospital intensive care unit confinement and a charge is incurred.
Waiver of Premium	Monthly premiums will be waived during a continued period of hospital confinement for the named insured only.
Continuation of Coverage	Monthly premiums will be waived for up to two months if all conditions are met.

¹ Unless otherwise assigned.

² One Day PaySM available for most properly documented, individual claims submitted online through Aflac SmartClaim[®] by 3 PM ET. Aflac SmartClaim[®] not available on the following: Disability, Life, Vision, Dental, Medicare Supplement, Long-Term Care/Home Health Care, Aflac Plus Rider, Specified Disease Rider and Group policies. Aflac processes most other claims in about four days. Processing time is based on business days after all required documentation needed to render a decision is received & no further validation and/or research is required. Individual Company Statistic, 2015.

³ Health Care Cost Institute (2012). Health Care Cost and Utilization Report 2012, as reported in October 2014, (<http://www.healthcostinstitute.org/files/2012report.pdf>).

⁴ 2014 Aflac WorkForces Report, a study conducted by Research Now on behalf of Aflac, January 2014.

⁵ This is a brief product overview only. Benefit amounts shown are ranges for Levels 1-6. Benefit payout varies according to coverage level selected. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations and exclusions.

In Arkansas, Policies A49100AR-A49400AR and A4910HAR. In Idaho, Policies A49100ID-A49400ID and A4910HID. In New Jersey, Policies A49100NJ-A49200NJ and A4910HNJ. In New York, Policies NY49100-NY49400 and NY4910H. In Oklahoma, Policies A49100OK-A49400OK and A4910HOK. In Oregon, Policies A49100OR-A49400OR and A4910HOR. In Pennsylvania, Policies A49100PA-A49400PA and A4910HPA. In Texas, Policies A49100TX-A49400TX and A4910HTX. In Virginia, Policies A49100VAR-A49400VAR and A4910HVAR

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. WWHQ | 1932 Wynnnton Road | Columbus, GA 31999



DENTAL

Give your employees a reason to smile.

While millions of people believe a healthy smile is the most important physical attribute,¹ the regular dental care and exams that help achieve it also **help to prevent cavities, gum disease and other health issues**. In fact, American College of Periodontology (perio.org) studies show gum disease increases the risk of heart disease and can even worsen existing heart conditions.²



A dental plan designed with your employees' smiles in mind.

Help your employees maintain their dental health with Aflac Dental Insurance. It's another smart way to help protect your employees — at no direct cost to your business.

In addition to delivering cash benefits, Aflac offers:

- **Fast claims payment** — as fast as four days³
- **Cash benefits** paid directly to your employees⁴ to use as they see fit
- **No deductibles**, lifetime maximums or price increases due to age
- **Policyholders receive a wellness benefit** even for routine, preventative care

FACT NO. 1

In 2013, an estimated

\$111 BILLION

was spent on dental services in the United States.⁵

FACT NO. 2

In 2014 nearly

247 MILLION

American adults visited the dentist.⁶

Help take the bite out of dental costs.

Aflac Dental pays your employees cash benefits for periodic checkups and cleanings, X-rays, fillings, crowns and much more. It's an easy way to give them a reason to smile.

This information refers to benefit ranges for Policy Series A82000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Dental Insurance Benefits	
Benefit	Description
Preventive	Coverage includes: cleanings and X-rays. \$15-\$75. Waiting period: none.
Filings and Basic Services	Coverage includes: fillings, composites, diagnostic casts, viral culture. \$10-\$325. Waiting period: 3 months.
Pain Management and Adjunctive Services	Coverage includes: general anesthesia, palliative treatment of dental pain, intravenous conscious sedation/analgesia, inhalation of nitrous oxide. \$25-\$150. Waiting period: 3 months.
Other Preventive Services	Coverage includes: sealants, space maintainers, removal of fixed space maintainers. \$15-\$130. Waiting period: 6 months.
Oral Surgery, Gum Treatments, and Prosthetic Repair	Coverage includes: gingivectomy or gingivoplasty, impacted tooth removal, gingival flap procedure (incl. root planing). \$20-\$1,100. Waiting period: 6 months.
Crowns and Major Services	Coverage includes: simple inlays and onlays, crowns, sedative filling, root amputation. \$15-\$450. Waiting Period: 12 months.
Major Prosthetic Services	Coverage includes: complete or partial denture, pontics, inlays, onlays, crowns, implants. \$40-\$800. Waiting period: 24 months.
Policy Year Max.	\$1,200-\$1,800.
Available Riders	
Orthodontic Benefit (Rider A82050)	<ul style="list-style-type: none"> • After rider in force 24 months, Aflac will pay \$500 for initial treatment of one of eligible orthodontic procedures. • After benefit for initial treatment is paid and as long as coverage remains in force, Aflac will pay \$50 when covered person receives continued treatment involving one of the eligible orthodontic procedures. • Maximum payment of one treatment/month up to 18 treatments. Lifetime maximum \$1,400 per covered person. Maximum amount payable: \$2,600 per policy year.
Cosmetic Benefit (Rider A82051)	<ul style="list-style-type: none"> • After rider in force 24 months, Aflac will pay benefits when charge incurred by covered person for eligible dental treatment that occurs while coverage in force. • Lifetime max.: \$1,800 per policy. Maximum amount payable under rider: \$600 per policy year.

¹ "First impressions are everything," Kelton for Invisalign Study Results, April 2012, (<http://www.prnewswire.com/news-releases/first-impressions-are-everything-new-study-confirms-people-with-straight-teeth-are-perceived-as-more-successful-smarter-and-having-more-dates-148073735.html>)

² "Gum Disease and Heart Disease," American College of Periodontology (perio.org), 2015. (http://www.perio.org/consumer/heart_disease).

³ Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required.

⁴ Unless otherwise assigned.

⁵ National Health Expenditures 2013 Highlights, Centers for Medicare and Medicaid Services (<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/highlights.pdf>).

⁶ Dental Visit, Annual United States, 2014 (<http://www.americahealthrankings.org/ALL/dental>).

This is a brief product overview only. Benefit amounts shown are ranges. Benefit payout varies according to coverage level selected. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy summary for complete details, limitations and exclusions.

In Arkansas, Policies A82100RAR through A82400RAR. In Idaho, Policies A82100RID through A82400RID. In New York, Policies NY82100 through NY82400. In Oklahoma, Policies A82100ROR through A82400ROR. In Oregon, Policies A82100ROR through A82400ROR. In Pennsylvania, Policies A82100RPA through A82400RPA. In Texas, Policies A82100RTX through A82400RTX. In Virginia, Policies A82100RVA through A82400RVA.

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. WWHQ | 1932 Wynnton Road | Columbus, GA 31999



VISION NOW[®]

Protecting employees' most valuable asset – their vision.

The eyes aren't just the windows to your employees' souls; they're the windows to their overall health. Aside from maintaining good vision and detecting conditions such as glaucoma, eye exams can also reveal much more. They can help spot high blood pressure, diabetes, high cholesterol and even brain tumors.



Now it's easy for your employees to be more proactive about their vision.

Aflac has been dedicated to helping provide peace of mind and financial security for more than 60 years. Our **Vision Now[®]** policy helps keep your employees protected — at no direct cost to your business.

In addition to delivering cash benefits, Aflac offers:

- **Fast claims payment** — as fast as four days¹
- **Cash benefits** paid directly to your employees² to use as they see fit
- **Portable** — Employees can take the plan with them wherever they go
- **Policyholders receive a wellness benefit** for routine, preventative care

FACT NO. 1

90%

of all eye and vision injuries could be prevented with simple safety steps such as wearing properly designed and fitted protective eyewear.³

FACT NO. 2

14^{MILLION}

Americans 12 years and older have a visual impairment. More than 80% could be restored to good vision with refractive correction.⁴

Aflac Vision Now® — Going beyond traditional exams

Aflac Vision Now goes beyond traditional exams and provides benefits for serious eye conditions. In addition to an eye exam benefit and a choice of vision correction benefits, there are also benefits for specific eye diseases and disorders, eye surgeries and permanent visual impairment — all without network restrictions.

This information refers to benefit ranges for Policy Series VSN100 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies for benefits, limitations and exclusions.

Aflac Vision Insurance benefits	
Benefit	Description
Eye Examination	\$45 Limited to one examination per covered person, per policy year. No lifetime maximum.
Vision Correction	<ul style="list-style-type: none"> • Prescribed Vision Correction Materials: \$80-\$270 • Refractive Error Correction Surgery: \$130-\$480 • Waiting Period: 0-24 months Benefit payable ranges from once per covered person, per policy year (Option 1) to once during each successive 36-month period following the end of the waiting period depending on policy option selected (Option 3).
Specific Eye Diseases/Disorders	\$1,000 when first diagnosed as having a covered eye disease or disorder. Payable only once per covered disease or disorder, per covered person. Paid in addition to any other benefit in the policy. Covered diseases/disorders: <ul style="list-style-type: none"> • Glaucoma (excludes pre- and borderline glaucoma) • Proliferative diabetic retinopathy • Retinal detachment • Retinitis pigmentosa • Macular degeneration
Eye Surgery	Payable for surgical procedures performed by an ophthalmologist or physician for a diagnosed eye disease or disorder. Surgical benefits are limited to surgeries of the eye, eye socket, eyelid, and tear ducts. Aflac will pay \$50-\$1,500 for specified eye surgeries.
Permanent Visual Impairment	<ul style="list-style-type: none"> • Payable for specific level(s) of visual impairment for which there is no medical prognosis for recovery. • Benefit level (1-4) paid depends on level of severity: • Total benefit per level: \$750-\$5,000. Maximum cumulative benefit per eye per covered person: \$750-\$10,000. Lifetime maximum of \$20,000 per covered person.
Continuation of Coverage	After six months, all monthly premiums waived for up to two months.

¹Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Based on company statistics, Dec. 31, 2014.

²Unless otherwise assigned.

³"Preventing Eye Injuries," American Academy of Ophthalmology The Eye M.D. Foundation, 2015 (<http://www.geteyesmart.org/eyesmart/living/eye-injuries/preventing.cfm>) Accessed 11/11/15.

⁴Centers for Disease Control and Prevention, "Vision Health Initiative Fast Facts," (<http://www.cdc.gov/visionhealth/data/national.htm>), page updated 9/30/2015, accessed 11/11/2015.

This is a brief product overview only. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to your policy for complete details, limitations and exclusions.

In Arkansas, Policy VSN100AR. In Idaho, Policy VSN100ID. In New York, Policy NYVSN100. In Oklahoma, Policy VSN100OKR. In Oregon, Policy VSN100OR. In Pennsylvania, Policy VSN100PA. In Texas, Policy VSN100TX. In Virginia, Policy VSN100VA.

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. WWHQ | 1932 Wynnton Road | Columbus, GA 31999

CANCER CARE

In the fight against cancer, your employees have an ally.

When an employee receives a cancer diagnosis, it can be not only emotionally devastating, but financially overwhelming as well. That's why Aflac developed **Cancer Care insurance**, a simple way to help protect your employees' financial health when the unthinkable happens.



Aflac lets your employees focus on their recovery, not unforeseen expenses.

Cancer is one of the five most costly medical conditions.¹ And, major medical insurance usually doesn't cover all of the expenses that can come with it. In fact, one in eight patients with advanced cancer turned down the recommended treatment because of the cost.² But **Aflac Cancer Care** gives your employees extra cash to help deal with the unexpected expenses associated with cancer — at no direct cost to your business.

In addition to delivering cash benefits, Aflac offers:

- **One Day Pay**,SM only from Aflac³
- **Cash benefits** paid to directly to your employees⁴ to use as they see fit
- **Guaranteed renewable** as long as the premium is paid
- **Cash wellness benefit** they can use even for routine, preventative care

FACT NO. 1

In the U.S., men have slightly less than a

1 IN 2

lifetime risk of developing cancer.⁵

FACT NO. 2

In the U.S., women have slightly more than a

1 IN 3

lifetime risk of developing cancer.⁵

We're here with standout protection throughout their treatment.

Aflac Cancer Care pays your employees a cash benefit⁴ upon initial diagnosis of a covered cancer, with other benefits payable throughout cancer treatment. They can use these for any out-of-pocket medical expenses they may have, including daily life expenses, such as rent, mortgage, groceries or bills — it's their choice.

This information refers to benefit ranges for Policy Series A78000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of all benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Cancer Care benefits ⁶	
Benefit	Cancer Care: Preferred – Premier levels (Policies A78100–78400). Benefit depends on level of coverage purchased.
Cancer Wellness Benefit	\$25–\$100 per year, per covered person
Initial Diagnosis Benefit	Insured/Spouse: \$500–\$6,000; Dependent Child: \$1,000–\$12,000; payable once per covered person
Injected Chemotherapy Benefit	\$300–\$900 per week; no lifetime max
Non-hormonal Oral Chemotherapy Benefit	\$135–\$400 per prescription, per month from \$405–\$1,200 max per month for Oral/Topical Benefit Up to 3 different meds per calendar month
Radiation Therapy Benefit	\$175–\$500 per week; no lifetime max
Anti-nausea Benefit	\$50–\$150 per month; no lifetime max
Surgical/Anesthesia Benefit	\$50–\$5,000 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$2,125–\$6,250; no lifetime max on number of operations
Skin Cancer Surgery Benefit	\$20–\$600; no lifetime max on number of operations
Hospital Confinement Benefit:	
• Hospitalization for 30 days or less	• Insured/Spouse: \$100–\$300 per day; Dependent Child: \$125–\$375 per day; no lifetime max
• Hospitalization for Days 31+	• Insured/Spouse: \$200–\$600 per day; Dependent Child: \$250–\$750 per day; no lifetime max
Outpatient Hospital Surgical Room Charge Benefit	\$100–\$300; no lifetime max on number of operations

¹"Spending to Survive: Cancer Patients Confront Holes in the Health Insurance System." Report from the Kaiser Family Foundation/American Cancer Society, 2/2009. Accessed 8/5/2015.

²Kaiser Foundation study cited in "Cancer Patients: Going Broke to Stay Alive," 2015, AgingCare.com (<http://www.agingcare.com/Articles/why-cancer-patients-cannot-afford-treatment-139136.htm>)

³One Day PaySM available for most properly documented, individual claims submitted online through Aflac SmartClaim[®] by 3 PM ET. Aflac SmartClaim[®] not available on the following: Short Term Disability (excluding Accident and Sickness Riders), Life, Vision, Dental, Medicare Supplement, Long Term Care/Home Health Care, Aflac Plus Rider and Group policies. Aflac processes most other claims in about four days. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required.

⁴Unless otherwise assigned.

⁵Cancer Facts and Figures 2015, American Cancer Society.

⁶This is a brief product overview only. Benefit amounts shown are ranges for coverage levels 1–4. Benefit payout varies according to level of coverage selected. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to your policy for complete details, limitations and exclusions.

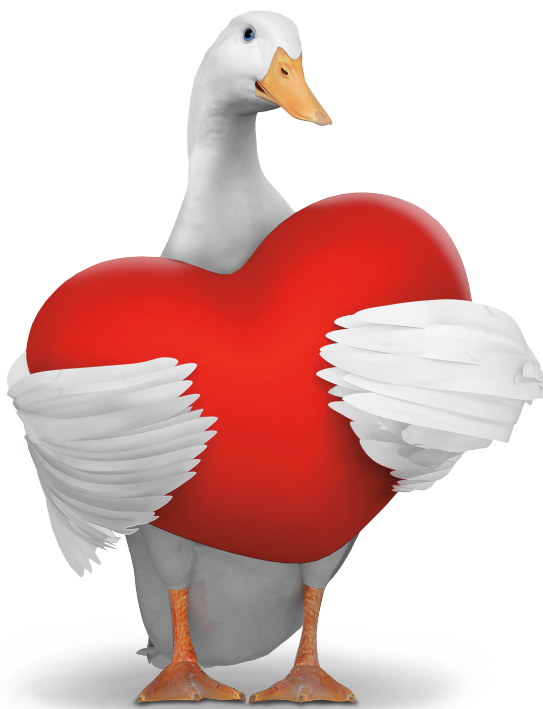
In Arkansas, Policies A78100AR through A78400AR. In Idaho, Policies A78100ID through A78400ID. In New York, Policies, NY78100 through NY 78400. In Oklahoma, Policies A78100OK through A78400OK. In Oregon, A78100OR through A78400OR. In Pennsylvania, Policies A78100PA through A78400PA. In Texas, Policies A78100TX through A78400TX.

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. WWHQ | 1932 Wynnnton Road | Columbus, GA 31999

CRITICAL CARE PROTECTION

Protecting their stability during an illness isn't just smart. It's critical.

Serious illnesses such as a heart attack or stroke can have a serious impact on your employees' financial health. But **Aflac Critical Care Protection** insurance can help provide the financial peace of mind they need in the event of a serious health event.



Give your employees extra protection to face the unexpected.

Even if your employees have medical insurance, it's usually not enough to cover every expense. But **Critical Care Protection** gives them a lump sum benefit upon diagnosis of a covered health event, with additional benefits paid for things like hospital stays and continuing care. The cash benefits help with the expenses major medical doesn't cover, helping you better protect your employees — at no cost to your business.

In addition to delivering cash benefits, Aflac offers:

- **One Day Pay**,SM only from Aflac¹
- **Cash benefits** paid directly to your employees² to use as they see fit
- **Guaranteed renewable** as long as the premium is paid

FACT NO. 1

About every

34 SECONDS

an American suffers a heart attack.³

FACT NO. 2

On average, every

40 SECONDS

someone in the United States suffers a stroke.³

Aflac delivers standout protection for all stages of these covered events:

- Heart Attack
- Coronary Artery Bypass Graft Surgery
- Third-Degree Burns
- Major Human Organ Transplant
- End-Stage Renal Failure
- Sudden Cardiac Arrest
- Stroke
- Coma
- Paralysis
- Persistent Vegetative State

This information refers to benefit ranges for Policy Series A74000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of all benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Critical Care Protection benefits ⁴	
Benefit	Description for CCP Options 1–3
First-Occurrence Benefit	Named Insured/Spouse: \$7,500; Dependent Children: \$10,000. Payable only once per covered person, per lifetime.
Subsequent Specified Health Event Benefit	\$3,500. No lifetime maximum. Subsequent occurrence limitations apply.
Coronary Angioplasty Benefit	\$1,000 available on Options 1 and 2. \$2,000 available on Option 3 (under Specified Heart Surgery Benefit). Payable only once per covered person, per lifetime.
Hospital Confinement Benefit	\$300 per day. No lifetime maximum.
Continuing Care Benefit	\$125 each day. No lifetime maximum.
Ambulance Benefit	\$250 ground or \$2,000 air. No lifetime maximum.
Transportation Benefit	\$.50 per mile; limited to \$1,500 per occurrence. No lifetime maximum.
Lodging Benefit	Up to \$75 per day; limited to 15 days per occurrence. No lifetime maximum.
Hospital Intensive Care Unit Benefit (Options 2 and 3 only)	Days 1–7: \$800 per day; Days 8-15: \$1,300 per day; limited to 15 days per period of confinement. No lifetime maximum. Available on Options 2 and 3.
Specified Heart Surgery Benefits (Option 3 only)	\$2,000–\$4,000 depending on “tier” (type of surgery). Tier 1 and 2 benefits each payable only once per covered person, per lifetime. Subsequent occurrence limitations apply. Available on Option 3.

¹One Day PaySM available for most properly documented, individual claims submitted online through Aflac SmartClaim[®] by 3 PM ET. Aflac SmartClaim[®] not available on the following: Disability, Life, Vision, Dental, Medicare Supplement, Long Term Care/Home Health Care, Aflac Plus Rider, Specified Disease Rider and Group policies. Aflac processes most other claims in about four days. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2015.

²Unless otherwise assigned.

³Heart Disease and Stroke Statistics, 2014 Update, American Heart Association.

⁴This is a brief product overview only. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to your policy for complete details, limitations and exclusions.

In Arkansas, Policies A74100AR, A74200AR, A74300AR. In Idaho, Policies A74100ID, A74200ID, A74300ID. In Oklahoma, Policies A74100OK, A74200OK, A74300OK. In Oregon Policies, A74100OR, A74200OR, A74300OR. In Texas, policies A74100TX, A74200TX, A74300TX.

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PLUS RIDER

Pack on extra financial protection for your employees.

Like most, your employees probably have medical insurance. But, as health care costs rise, **their policies may require higher deductibles, copays and out-of-pocket maximums** than ever before. And that's not including expenses related to serious health events, such as a heart attack or Type 1 diabetes. That's where the Aflac Plus Rider comes in.



Be a hero to your employees — at no direct cost to your business.

The Aflac Plus Rider adds extra cash payouts — up to \$5,000 — to existing/eligible Aflac Accident, Hospital Advantage and Short-Term Disability plans. **It's a better way to help ensure your employees have an extra level of financial protection for what major medical doesn't cover.** Best of all, the average person pays just 72 cents a week¹ for this extra boost to their benefits.

In addition to delivering cash benefits, Aflac offers:

- **Fast claims payment** — as fast as four days²
- **Cash benefits paid directly to your employees³** to use as they see fit
- **Multiple tiers of benefits** to protect your employees

FACT NO. 1

About every

34 SECONDS

an American suffers a heart attack.⁴

FACT NO. 2

On average, every

40 SECONDS

someone in the United States has a stroke.⁴

Help your employees get more from their benefits for as little as 72 cents a week.¹

The Aflac Plus Rider is affordable, and it's easy for your employees to add to their new or existing Aflac Accident Advantage, Accident Indemnity Advantage, Hospital Advantage or Short-Term Disability plans.⁵

This information refers to benefit ranges for Rider Series CIRIDER and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the rider. Please refer to the product rider brochure or benefit summary for a more detailed list of all the benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Plus Rider Benefits ⁶	
BENEFIT	BENEFIT DESCRIPTION
Tier One Critical Illness Event Benefit	<ul style="list-style-type: none">• \$5,000 upon a covered person's onset date of one of the eligible illnesses. See product brochure for list of covered illnesses.• This benefit is payable once per covered person, per lifetime.
Subsequent Tier One Critical Illness Benefit	<ul style="list-style-type: none">• \$2,500 upon a covered person's onset date of:• a recurrence of that same Tier One Critical Illness Event, or• an occurrence of a different Tier One Critical Illness Event.• Onset date of the subsequent Tier One Critical Illness Event must be 180 days or more from the onset date of any previously paid Tier One Critical Illness Event for such covered person.• Benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.
Tier Two Critical Illness Event Benefit	<ul style="list-style-type: none">• \$1,250 upon a covered person's onset date of one of the nine eligible illnesses. See product brochure for list of covered illnesses.• Benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.
Coronary Artery Bypass Graft Surgery Benefit	<ul style="list-style-type: none">• \$1,250 when a covered person undergoes coronary artery bypass graft surgery due to coronary artery disease or acute coronary syndrome.• This benefit is payable once per covered person, per lifetime.

¹ Average weekly premium for individual coverage (ages 18-29) for the rider is \$0.72. Premiums may vary by coverage type, account state of issue, and the election of additional/optional benefits.

² Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required.

³ Cash benefits are paid directly to policyholder, unless otherwise assigned.

⁴ Heart Disease and Stroke Statistics, 2014 Update, American Heart Association.

⁵ Ability to add the Aflac Plus Rider to Aflac policies varies by state. Consult with your Aflac agent to learn which Aflac policies can add the Aflac Plus Rider.

⁶ This is a brief product overview only. Products and benefits vary by state and may not be available in some states. The policy rider has limitations and exclusions that may affect benefits payable. Refer to the policy rider for complete details, limitations and exclusions.

In Arkansas, Riders CIRIDERAR, CIRIDERHAR. In Oklahoma, Riders CIRIDEROK, CIRIDERHOK. In New Jersey, Riders CIRIDERNJ and CIRIDERH NJ. In Oregon, Riders CIRIDEROR, CIRIDERHOR. In TX, Riders CIRIDERTX, CIRIDERHTX. The Aflac Plus Riders are not available for residents in Idaho, New York, Pennsylvania or Virginia.

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. WWHQ | 1932 Wynnton Road | Columbus, GA 31999



SHORT-TERM DISABILITY

Financial protection that works. Even when they can't.

An illness or injury that keeps your employees from working not only can hurt productivity, but do a job on your employees' finances as well. They may be out of commission, but their bills keep coming. That's where you can help. When you make **Aflac Short-Term Disability** insurance available to your employees, you're helping to provide them with a source of income while they pay attention to getting better.



Offer peace of mind for the worst times — at no direct cost to your business.

Now, taking time off won't take such a toll on your employees' ability to support themselves and their families. With **Aflac Short-Term Disability**, they receive a cash benefit for every day they're disabled.¹ Best of all, it's just another way that you can help protect your employees — at no direct cost to your business.

In addition to delivering cash benefits, Aflac offers:

- **Fast claims payment** — as fast as four days²
- **Cash benefits** paid directly to your employees to use as they see fit³
- **Portable** — Employees can take the plan with them wherever they go

FACT NO. 1

1 ^{IN} 3

Americans entering the workforce today will become disabled.⁴

FACT NO. 2

NEARLY 90%

of disabilities are not work related.⁴

A convenient plan to help your employees cover short-term expenses.

Aflac Short-Term Disability helps protect your employees' income in the event of injury or illness. It provides coverage options that allow employees to choose the plan that's right for them, based on their financial requirements and income.

This information refers to benefit ranges for Policy Series A57600 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Short-Term Disability benefits ⁵				
Benefit	Description			
Guaranteed-Issue Options	<ul style="list-style-type: none">• Monthly benefit amounts up to \$4,000 (subject to income requirements)• Benefit periods: 3 or 6 months			
Total Disability Benefit Periods	3, 6, 12, 18, or 24 months			
Elimination Periods	Injury/Sickness <ul style="list-style-type: none">• 0/7 days• 14/14 days• 90/90 days• 0/14 days• 0/30 days• 180/180 days• 7/7 days• 30/30 days• 7/14 days• 60/60 days			
Minimum Income and Hours Requirement	<ul style="list-style-type: none">• Minimum annual income requirement: \$9,000• Minimum weekly hours requirement: 19 hours			
Monthly Benefit Amounts	\$500-\$6,000 (subject to income requirements)			
Partial Disability Benefit Period	3 months			
Waiver of Premium Benefit	<ul style="list-style-type: none">• Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as the insured is disabled, up to the applicable benefit period shown in the policy schedule.• Not available with a three-month total disability period.			
Portable	Policyholders can take coverage with them if they change jobs or retire.			
Total and Partial Disability Benefits	Pays for either a total or partial disability. Even if the insured is able to work, partial disability benefits may be available to compensate for lost income.			
Guaranteed Renewable	Guaranteed renewable to age 75.			
Available Riders				
• On-the-Job Injury		• Additional Units of Disability Benefit		• Aflac Plus

¹Benefit subject to benefit period and elimination period.

²Aflac processes most claims in about four days. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, July 2015.

³Unless otherwise assigned.

⁴2013 Disability Insurance Awareness Month, Facts from LIMRA.

⁵This is a brief product overview only. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to your policy for complete details, limitations and exclusions.

In Arkansas, Policies A57600AR and A57600LBAR. In Idaho, Policy A57600IDR. In New York, Policy NY57600. In Oklahoma, Policies A57600OK and A57600LBOK. In Oregon, Policies A57600OR and A57600LBOR. In Pennsylvania, Policies A57600PA and A57600LBPA. In Texas, Policies A57600TX and A57600LBTX. In Virginia, Policies A57600VA and A57600LBVA.

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. WWHQ | 1932 Wynnton Road | Columbus, GA 31999

ACCIDENT ADVANTAGE

Accidents happen. Help make sure your employees are prepared.

Peace of mind doesn't happen by accident. It occurs when your **employees have a plan that helps protect them in the event of the unexpected** — such as a fall on the front steps or when a child gets hurt at soccer. But when an injury does occur, you can help them stay in control of the costs with Aflac Accident Advantage.



Now they can focus on recovery instead of bills — at no direct cost to your business.

Even if your employees have medical insurance, they may still have **out-of-pocket expenses** such as deductibles, co-pays and other costs. Aflac Accident Advantage pays cash benefits directly to them¹ that they can use for any expense, from groceries to bills. Best of all, it comes from Aflac, a name families have trusted for more than 60 years.

In addition to delivering cash benefits, Aflac offers:

- **One Day Pay**,SM only from Aflac²
- **Cash benefits** paid directly to your employees to use as they see fit
- **Portable** – Employees can take the plan with them wherever they go
- **A wellness benefit** they can use for routine, preventative care

FACT NO. 1

ABOUT **1** OUT OF **8**

people seek medical attention for an injury.³

FACT NO. 2

\$5,500

the average medical expenses for an accidental injury.³

Being prepared for whatever life brings is no accident.

The financial fallout from accidents is often surprising. Aflac Accident Advantage can help your employees pay for the unexpected costs, so they can focus on getting better.

This information refers to benefit ranges for Policy Series A36000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Accident Advantage benefits ⁴	
BENEFIT	ACCIDENT ADVANTAGE (24-HOUR) OPTIONS 1-4
Accident Treatment	<ul style="list-style-type: none">• \$130-\$200 ER w/ X-ray• \$80-\$150 Office w/ X-ray• \$100-\$170 ER no X-ray• \$50-\$120 Office no X-ray
Wellness	\$60 per calendar year, per policy
Organized Sporting Activity	Additional 25 percent of benefits payable up to \$1,000 per policy, per calendar year
Initial Accident Hospitalization	<ul style="list-style-type: none">• \$500-\$1,500 regular hospital admission• \$750-\$2,500 ICU admission
Accident Hospital Confinement	\$150-\$300 per day, up to 365 days
ICU Confinement	\$300-\$500, up to 15 days
Ambulance	\$120-\$250 ground, \$800-\$1,875 air
Appliances	\$25-\$350
Accident Follow-up Treatment	\$25-\$40, up to six
Therapy (Physical, Speech & Occupational)	\$25-\$40, up to 10
Accident Specific Sum Injuries	\$20-\$13,000
Blood/Plasma/Platelets	\$100-\$300
Major Diagnostic/Imaging Exams (MRI, CT Scan, etc.)	\$100-\$250, one per person, per calendar year
Prosthesis-New/Repair-Replacement	\$375-\$1,000/\$375-\$1,000
Rehabilitation Facility	\$75-\$200 per day
Home Modification	\$1,000-\$4,000
Accidental-Death	\$5,000-\$200,000
Accidental-Dismemberment	\$200-\$50,000
Family Support	\$20 per day, up to 30 days
Continuation of Coverage	After six months, waive up to two months
Waiver of Premium	36 months
Transportation	\$200-\$700 per trip, up to three per year (>50 miles)
Family Lodging	\$75-\$150 per night, up to 30 days (>50 miles)
Available Riders	
Additional Accidental-Death Benefit	\$7,000-\$35,000
Aflac Plus	Yes

¹ Unless otherwise assigned.

² One Day PaySM available for most properly documented, individual claims submitted online through Aflac SmartClaim[®] by 3 PM ET. Aflac SmartClaim[®] not available on the following: Disability, Life, Vision, Dental, Medicare Supplement, Long Term Care/Home Health Care, Aflac Plus Rider, Specified Disease Rider and Group policies. Aflac processes most other claims in about four days. Processing time is based on business days after all required documentation needed to render a decision is received & no further validation and/or research is required. Individual Company Statistic, 2015.

³ Injury Facts, 2014 Edition, National Safety Council.

⁴ This is a brief product overview only. Benefit amounts shown are ranges for Options 1-4. Benefit payout varies according to coverage option selected. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations and exclusions.

In Arkansas, Policies A36100AR - A36400AR & A363OFAR. In Oklahoma, Policies A36100OK - A36400OK & A363OFOK. In Texas, Policies A36100TX - A36400TX & A363OFTX.

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. WHHQ | 1932 Wynnnton Road | Columbus, GA 31999



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product brochure for each insurance policy/plan listed below.

CANCER PROTECTION ASSURANCE PLAN LEVEL 1 - Series B70100

		Premium	Total
18-75	INDIVIDUAL	\$7.66	\$7.66
18-75	INSURED/SPOUSE	\$12.16	\$12.16
18-75	ONE-PARENT FAMILY	\$7.66	\$7.66
18-75	TWO-PARENT FAMILY	\$12.16	\$12.16

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	Total
18-75	INDIVIDUAL	\$15.46	\$15.46
18-75	INSURED/SPOUSE	\$26.60	\$26.60
18-75	ONE-PARENT FAMILY	\$15.46	\$15.46
18-75	TWO-PARENT FAMILY	\$26.60	\$26.60

CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300

		Premium	Total
18-75	INDIVIDUAL	\$21.86	\$21.86
18-75	INSURED/SPOUSE	\$37.32	\$37.32
18-75	ONE-PARENT FAMILY	\$21.86	\$21.86
18-75	TWO-PARENT FAMILY	\$37.32	\$37.32



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product brochure for each insurance policy/plan listed below.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$7.74	\$5.28	\$8.34	\$21.36
50-59	\$7.98	\$6.00	\$10.68	\$24.66
60-75	\$8.22	\$6.06	\$13.92	\$28.20
18-49 INSURED/SPOUSE	\$10.14	\$11.10	\$15.24	\$36.48
50-59	\$10.74	\$12.42	\$21.18	\$44.34
60-75	\$11.04	\$12.54	\$26.58	\$50.16
18-49 ONE-PARENT FAMILY	\$10.14	\$10.50	\$11.52	\$32.16
50-59	\$10.38	\$10.74	\$13.14	\$34.26
60-75	\$10.62	\$10.98	\$17.22	\$38.82
18-49 TWO-PARENT FAMILY	\$11.58	\$13.44	\$15.54	\$40.56
50-59	\$11.82	\$13.68	\$21.42	\$46.92
60-75	\$12.06	\$14.28	\$28.38	\$54.72

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$12.24	\$5.28	\$8.34	\$25.86
50-59	\$12.48	\$6.00	\$10.68	\$29.16
60-75	\$12.84	\$6.06	\$13.92	\$32.82
18-49 INSURED/SPOUSE	\$17.34	\$11.10	\$15.24	\$43.68
50-59	\$18.36	\$12.42	\$21.18	\$51.96
60-75	\$19.62	\$12.54	\$26.58	\$58.74
18-49 ONE-PARENT FAMILY	\$15.54	\$10.50	\$11.52	\$37.56
50-59	\$15.78	\$10.74	\$13.14	\$39.66
60-75	\$16.02	\$10.98	\$17.22	\$44.22
18-49 TWO-PARENT FAMILY	\$18.42	\$13.44	\$15.54	\$47.40
50-59	\$18.60	\$13.68	\$21.42	\$53.70
60-75	\$19.86	\$14.28	\$28.38	\$62.52

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.



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product brochure for each insurance policy/plan listed below.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1500 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$17.34	\$5.28	\$8.34	\$30.96
50-59	\$17.52	\$6.00	\$10.68	\$34.20
60-75	\$18.36	\$6.06	\$13.92	\$38.34
18-49 INSURED/SPOUSE	\$25.26	\$11.10	\$15.24	\$51.60
50-59	\$26.70	\$12.42	\$21.18	\$60.30
60-75	\$29.04	\$12.54	\$26.58	\$68.16
18-49 ONE-PARENT FAMILY	\$21.54	\$10.50	\$11.52	\$43.56
50-59	\$21.78	\$10.74	\$13.14	\$45.66
60-75	\$22.02	\$10.98	\$17.22	\$50.22
18-49 TWO-PARENT FAMILY	\$25.50	\$13.44	\$15.54	\$54.48
50-59	\$26.94	\$13.68	\$21.42	\$62.04
60-75	\$29.28	\$14.28	\$28.38	\$71.94

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.



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product brochure for each insurance policy/plan listed below.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 2000 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$23.10	\$5.28	\$8.34	\$36.72
50-59	\$23.34	\$6.00	\$10.68	\$40.02
60-75	\$24.72	\$6.06	\$13.92	\$44.70
18-49 INSURED/SPOUSE	\$34.44	\$11.10	\$15.24	\$60.78
50-59	\$36.36	\$12.42	\$21.18	\$69.96
60-75	\$39.90	\$12.54	\$26.58	\$79.02
18-49 ONE-PARENT FAMILY	\$28.44	\$10.50	\$11.52	\$50.46
50-59	\$28.62	\$10.74	\$13.14	\$52.50
60-75	\$28.86	\$10.98	\$17.22	\$57.06
18-49 TWO-PARENT FAMILY	\$34.62	\$13.44	\$15.54	\$63.60
50-59	\$36.60	\$13.68	\$21.42	\$71.70
60-75	\$40.14	\$14.28	\$28.38	\$82.80

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

AFLAC PLUS RIDER

		Aflac Plus Rider
18-29	INDIVIDUAL	\$1.44
30-39		\$2.04
40-49		\$3.48
50-70		\$5.94
18-29	INSURED/SPOUSE	\$2.70
30-39		\$4.02
40-49		\$6.60
50-70		\$11.34
18-29	ONE-PARENT FAMILY	\$2.88
30-39		\$3.12
40-49		\$4.20
50-70		\$6.12
18-29	TWO-PARENT FAMILY	\$3.48
30-39		\$4.50
40-49		\$6.78
50-70		\$11.40

*Note – The Aflac Plus Rider is not available with Option H.

Accident Advantage - 24-HOUR ACCIDENT OPTION 4 - Series A36000

	Premium	Total
18-75 INDIVIDUAL	\$14.28	\$14.28
18-75 NAMED INSURED/SPOUSE	\$19.02	\$19.02
18-75 ONE-PARENT FAMILY	\$22.14	\$22.14
18-75 TWO-PARENT FAMILY	\$27.90	\$27.90



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For more information about policy/plan benefits and limitations, please refer to the accompanying
product brochure for each insurance policy/plan listed below.

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
3 MONTHS	18-49	\$6.90	\$8.28	\$9.66	\$11.04	\$12.42	\$13.80	\$15.18	\$16.56	\$17.94	\$19.32
	50-64	\$8.10	\$9.72	\$11.34	\$12.96	\$14.58	\$16.20	\$17.82	\$19.44	\$21.06	\$22.68
	65-74	\$9.60	\$11.52	\$13.44	\$15.36	\$17.28	\$19.20	\$21.12	\$23.04	\$24.96	\$26.88
6 MONTHS	18-49	\$9.00	\$10.80	\$12.60	\$14.40	\$16.20	\$18.00	\$19.80	\$21.60	\$23.40	\$25.20
	50-64	\$10.80	\$12.96	\$15.12	\$17.28	\$19.44	\$21.60	\$23.76	\$25.92	\$28.08	\$30.24
	65-74	\$13.50	\$16.20	\$18.90	\$21.60	\$24.30	\$27.00	\$29.70	\$32.40	\$35.10	\$37.80
12 MONTHS	18-49	\$11.70	\$14.04	\$16.38	\$18.72	\$21.06	\$23.40	\$25.74	\$28.08	\$30.42	\$32.76
	50-64	\$15.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00	\$33.00	\$36.00	\$39.00	\$42.00
	65-74	\$21.00	\$25.20	\$29.40	\$33.60	\$37.80	\$42.00	\$46.20	\$50.40	\$54.60	\$58.80
18 MONTHS	18-49	\$15.90	\$19.08	\$22.26	\$25.44	\$28.62	\$31.80	\$34.98	\$38.16	\$41.34	\$44.52
	50-64	\$20.40	\$24.48	\$28.56	\$32.64	\$36.72	\$40.80	\$44.88	\$48.96	\$53.04	\$57.12
	65-74	\$30.60	\$36.72	\$42.84	\$48.96	\$55.08	\$61.20	\$67.32	\$73.44	\$79.56	\$85.68
24 MONTHS	18-49	\$17.70	\$21.24	\$24.78	\$28.32	\$31.86	\$35.40	\$38.94	\$42.48	\$46.02	\$49.56
	50-64	\$22.50	\$27.00	\$31.50	\$36.00	\$40.50	\$45.00	\$49.50	\$54.00	\$58.50	\$63.00
	65-74	\$33.90	\$40.68	\$47.46	\$54.24	\$61.02	\$67.80	\$74.58	\$81.36	\$88.14	\$94.92

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/14 DAYS

Annual Income		\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
3 MONTHS	18-49	\$5.10	\$6.12	\$7.14	\$8.16	\$9.18	\$10.20	\$11.22	\$12.24	\$13.26	\$14.28
	50-64	\$6.30	\$7.56	\$8.82	\$10.08	\$11.34	\$12.60	\$13.86	\$15.12	\$16.38	\$17.64
	65-74	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00	\$16.50	\$18.00	\$19.50	\$21.00
6 MONTHS	18-49	\$6.30	\$7.56	\$8.82	\$10.08	\$11.34	\$12.60	\$13.86	\$15.12	\$16.38	\$17.64
	50-64	\$8.40	\$10.08	\$11.76	\$13.44	\$15.12	\$16.80	\$18.48	\$20.16	\$21.84	\$23.52
	65-74	\$10.50	\$12.60	\$14.70	\$16.80	\$18.90	\$21.00	\$23.10	\$25.20	\$27.30	\$29.40
12 MONTHS	18-49	\$8.70	\$10.44	\$12.18	\$13.92	\$15.66	\$17.40	\$19.14	\$20.88	\$22.62	\$24.36
	50-64	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00	\$26.40	\$28.80	\$31.20	\$33.60
	65-74	\$16.80	\$20.16	\$23.52	\$26.88	\$30.24	\$33.60	\$36.96	\$40.32	\$43.68	\$47.04
18 MONTHS	18-49	\$12.90	\$15.48	\$18.06	\$20.64	\$23.22	\$25.80	\$28.38	\$30.96	\$33.54	\$36.12
	50-64	\$18.30	\$21.96	\$25.62	\$29.28	\$32.94	\$36.60	\$40.26	\$43.92	\$47.58	\$51.24
	65-74	\$27.30	\$32.76	\$38.22	\$43.68	\$49.14	\$54.60	\$60.06	\$65.52	\$70.98	\$76.44
24 MONTHS	18-49	\$14.40	\$17.28	\$20.16	\$23.04	\$25.92	\$28.80	\$31.68	\$34.56	\$37.44	\$40.32
	50-64	\$20.40	\$24.48	\$28.56	\$32.64	\$36.72	\$40.80	\$44.88	\$48.96	\$53.04	\$57.12
	65-74	\$30.60	\$36.72	\$42.84	\$48.96	\$55.08	\$61.20	\$67.32	\$73.44	\$79.56	\$85.68



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DENTAL ESSENTIALS - Series A-82100R

		Premium	Total
18-70	INDIVIDUAL	\$11.10	\$11.10
18-70	ONE-PARENT FAMILY	\$19.44	\$19.44
18-70	INSURED/SPOUSE	\$19.56	\$19.56
18-70	TWO-PARENT FAMILY	\$28.02	\$28.02

DENTAL LEVEL 3 - Series A-82400R

		Premium	Total
18-70	INDIVIDUAL	\$25.62	\$25.62
18-70	ONE-PARENT FAMILY	\$50.46	\$50.46
18-70	INSURED/SPOUSE	\$51.00	\$51.00
18-70	TWO-PARENT FAMILY	\$75.84	\$75.84

VISION NOW - Series VSN100

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-39	\$6.42	\$10.57	\$10.11	\$13.34
40-49	\$8.72	\$12.18	\$14.72	\$17.22
50-70	\$13.11	\$15.18	\$22.57	\$23.03



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product brochure for each insurance policy/plan listed below.

CRITICAL CARE PROTECTION POLICY - Series A74100

Individual			One Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$4.32	\$4.32	18-35	\$4.80	\$4.80
36-45	\$6.72	\$6.72	36-45	\$6.96	\$6.96
46-55	\$9.36	\$9.36	46-55	\$9.66	\$9.66
56-70	\$12.60	\$12.60	56-70	\$12.90	\$12.90
Insured/Spouse			Two Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$6.18	\$6.18	18-35	\$7.14	\$7.14
36-45	\$10.32	\$10.32	36-45	\$11.40	\$11.40
46-55	\$15.48	\$15.48	46-55	\$16.80	\$16.80
56-70	\$22.68	\$22.68	56-70	\$24.24	\$24.24

CRITICAL CARE PROTECTION POLICY - Series A74200

Individual			One Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$7.80	\$7.80	18-35	\$13.26	\$13.26
36-45	\$11.10	\$11.10	36-45	\$15.72	\$15.72
46-55	\$15.12	\$15.12	46-55	\$20.22	\$20.22
56-70	\$19.50	\$19.50	56-70	\$26.58	\$26.58
Insured/Spouse			Two Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$15.00	\$15.00	18-35	\$17.04	\$17.04
36-45	\$19.50	\$19.50	36-45	\$21.66	\$21.66
46-55	\$26.28	\$26.28	46-55	\$28.92	\$28.92
56-70	\$36.60	\$36.60	56-70	\$39.72	\$39.72

CRITICAL CARE PROTECTION POLICY - Series A74300

Individual			One Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$8.22	\$8.22	18-35	\$13.98	\$13.98
36-45	\$11.64	\$11.64	36-45	\$16.50	\$16.50
46-55	\$17.16	\$17.16	46-55	\$21.24	\$21.24
56-70	\$23.76	\$23.76	56-70	\$29.94	\$29.94
Insured/Spouse			Two Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$15.78	\$15.78	18-35	\$17.88	\$17.88
36-45	\$20.88	\$20.88	36-45	\$22.74	\$22.74
46-55	\$32.16	\$32.16	46-55	\$34.08	\$34.08
56-70	\$45.84	\$45.84	56-70	\$49.08	\$49.08



EMPLOYEE BENEFITS INTEREST FORM

Angela Peter-Mayo
Benefits Advisor Professional
(907) 952-9688 cell
angela_peter@us.aflac.com

Organization Name: Saint Paul Tribal Government

Employee Information

Name: _____ Hire Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____
Work City/Location: _____ Job Title: _____

How is Aflac different from Health Insurance?

While major medical pays for doctors, hospitals and prescriptions, Aflac pays cash benefits directly to us.

How does Aflac help us when we are missing out on our paycheck?

When we have an accident or illness and we are missing out on work and a paycheck, Aflac is designed to supplement our lost income.

What can we do with our cash benefits that Aflac pays directly to us?

We can use our cash benefits to pay for our out-of-pocket medical expenses not covered by our health insurance, such as our deductibles and co-pays. And we can use them for our living expenses such as, rent or mortgage, utilities, gas, groceries, child care, and all those other costs that are still there when we have an accident or illness.

How do I enroll?

Our Aflac Agents educate us about our benefits, answer our questions and help us to select the products that we want and/or need for our family, and let us choose who we want to cover for each product. Our premium payments are set up with no hassle, simple payroll deductions! And they are here to assist us when we need to file claims!

Enroll in-person or by phone!

We have two options for enrollment, if we are in Anchorage we can schedule a face-to-face meeting OR if we are at a remote site and are not available to meet face-to-face we can have our enrollment done over the phone!

☐ **Interested in Aflac benefits (please check all that you would like more information on)**

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Short-Term Disability | <input type="checkbox"/> Cancer | <input type="checkbox"/> Critical Care and Recovery |
| <input type="checkbox"/> Accident 24/7 | <input type="checkbox"/> Dental | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Vision | |

☐ **Not Interested In Aflac Benefits**

Employee Signature: _____ Date: _____

Return this form to your Human Resources Department or forward it to your Agent whose contact information is listed above.

THIS IS NOT AN APPLICATION



Change In Status Form

(Fill out only to request a Change in Participation during the year.)

Full Name: _____

Group Account No.: _____

Employer: _____

☐ **Adding/Reinstating Benefits**

Date of First Deduction: _____

☐ **Terminating Benefits**

Date of Last Deduction: _____

Instructions

1. **Check the appropriate box** to indicate a Change In Status or a Change in Cost or Coverage that may qualify you to change your coverage or FSA election for the Plan Year. If you are unsure if an event qualifies, please refer to your plan documents for further information.
2. **Fill out a Salary Redirection Form (M-0019)** to indicate the change(s) you wish to make in your Total Annual Redirected Amounts or in your participation. Changes you make may include, but are not limited to, increasing or decreasing the deduction amounts for medical/dental and/or dependent care accounts or withdrawing from participation.

Changes in Status

- **Change in Marital Status** ☐ Marriage ☐ Divorce or Annulment ☐ Death of Spouse ☐ Legal Separation
- **Change in Number of Tax Dependents** ☐ Birth ☐ Placement for Adoption ☐ Adoption ☐ Death of Dependent
- **Change in Employment Status That Affects Eligibility**

	You	Spouse/Dependent
Termination of Employment.....	<input type="checkbox"/>	<input type="checkbox"/>
Part-time to Full-time.....	<input type="checkbox"/>	<input type="checkbox"/>
Full-time to Part-time.....	<input type="checkbox"/>	<input type="checkbox"/>
Commencement of Employment	<input type="checkbox"/>	<input type="checkbox"/>
Return from unpaid leave of absence	<input type="checkbox"/>	<input type="checkbox"/>
Strike or Lock-Out.....	<input type="checkbox"/>	<input type="checkbox"/>
Commencement of unpaid leave of absence.....	<input type="checkbox"/>	<input type="checkbox"/>
Change in Worksite	<input type="checkbox"/>	<input type="checkbox"/>
Other (Salaried to Hourly, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
- **Change in Spouse or Dependent's Eligibility Under an Employer's Plan**

Gains eligibility (age, student status, marital status)	<input type="checkbox"/>
Loses eligibility (age, student status, marital status)	<input type="checkbox"/>
- **Change in Residence Affecting Eligibility** ☐ You ☐ Spouse/Dependent

Changes in Cost or Coverage

(Note: Changes in Cost or Coverage do not allow for changes to health FSAs.)

- **Significant Cost Increase of Your/Your Dependent's Coverage** ☐
- **Significant Curtailment of Your/Your Dependent's Coverage**..... ☐
- **Addition or Elimination of Benefit Package Option Under Your/Your Dependent's Employer's Plan** ☐
- **Change in Coverage or Open Enrollment of Spouse or Dependent Under Other Employer's Plan** ☐

Please explain the event(s) marked above and describe how the requested benefit/election change is consistent with the event(s).

I understand that I may be required to provide the appropriate documentation for any of the changes that I have checked above. The status and participation changes must comply with my employer's plan and the Plan Administrator has sole discretion to make this determination. If my change in participation is denied, I will have 60 days to appeal the decision.

I hereby elect the participation change(s) noted on the redirection form attached and attest that the change is made on account of and conforms with the change in status or change in cost or coverage event.

Employee signature: _____ Date: _____

Accepted and agreed to by: _____ Date: _____
(Plan Administrator/Employer Signature)

Tribal Government of St. Paul 401(k) Plan

ENROLL NOW TO TAKE FULL ADVANTAGE
OF YOUR RETIREMENT SAVINGS PLAN BENEFITS



YOUR GUIDE TO GETTING STARTED



Save for retirement through Tribal Government of St. Paul 401(k) Plan easily, regularly, and automatically.

With all the responsibilities and financial priorities you might be juggling – mortgage payments, parenthood, saving or paying for college, caring for parents, and more – it can be easy to overlook the need to save for retirement. But it's important to set aside money for retirement as early and regularly as you can, because the quality of your retirement years could very well depend on how much you have been able to save.

As you consider enrolling in **Tribal Government of St. Paul 401(k) Plan** and selecting investment options for your account, please review this Enrollment Guide. It contains valuable information that may help you better understand the basics of investing, as well as help you make the most of your company's retirement savings plan.

LOOK INSIDE FOR:

How much you can save
Participating in your plan
Investment Spectrum
Beneficiary form
Rollover contribution form

Please review this information carefully.

Fidelity resources to help you manage your retirement savings account:



Visit www.401k.com



Call the Fidelity Retirement Benefits Line at 1-800-835-5097 to use the automated voice response system.



Contact Fidelity Representatives at 1-800-835-5097 who are available to assist you.



Para ayuda en Español, comuníquese con los representantes de Fidelity, quienes están a su disposición para ayudarlo, llamando al número 1-800-587-5282.

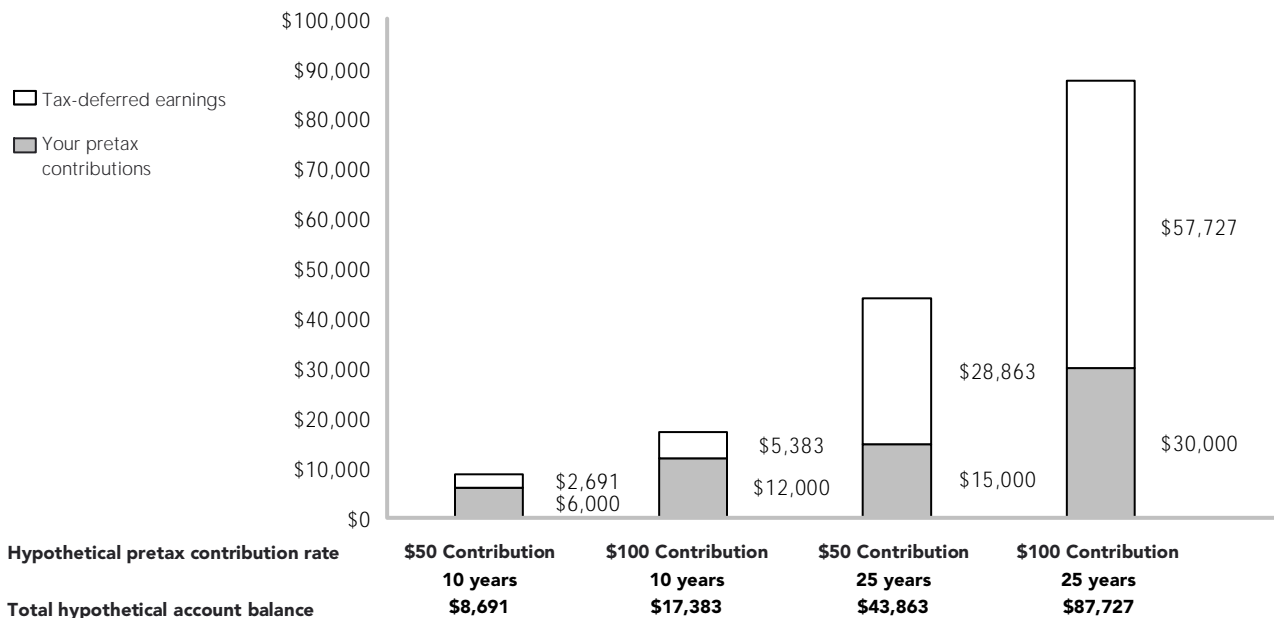
how much CAN YOU SAVE

A hypothetical illustration

Hypothetical rate of return: 7%

Time is money. These hypothetical charts illustrate the potential growth of your 401(k) savings if you start contributing to the Plan now. The columns compare monthly contributions of \$50 and \$100 and what you could potentially accumulate after 10 years and after 25 years.

Hypothetical pretax account balance illustration



The Cost of waiting. Based on this hypothetical illustration and the assumptions below, if you put off contributing to your Plan for just five years, you'll likely have much less money in your 401(k) plan for retirement than if you start saving this year. In ten years you would have \$4,290 less with a \$50 monthly contribution and \$8,580 less with a \$100 monthly contribution. Enroll today.

Sample enrollment guides omit the participant's name and contain hypothetical account information and data which is not indicative of a current participant's 401(k) retirement plan.

Your hypothetical illustration is based on the following assumptions: You will remain employed and contribute at the indicated rates throughout the periods shown. The indicated contribution rate remains constant throughout the periods shown. Your account increases at the hypothetical annual rate of return of 7% compounded annually. You make neither withdrawals nor loans. All earnings are reinvested. IRS limits on compensation and pretax contributions apply. Current limits are indexed and adjusted for cost of living increases using a hypothetical inflation rate of 3% annually. If you are designated a highly compensated employee, additional limits may apply. All calculations assume contributions, including company match, are made the last day of the year. You are assumed 100% vested in your Plan.

This hypothetical illustration is for educational purposes. Your actual benefits are provided solely according to the terms of the Plan. Your actual account balance at any point in the future will be determined by the contributions that have been made, any plan activity, and any investment increases or losses that may occur. The illustrations of future balances should in no way be construed to imply any guarantee of future employment. Values are for illustrative purposes only and do not reflect the performance of any particular investment. Your own investment returns may be greater or less than this hypothetical illustration, and income taxes, and in some cases penalties, will be due when you withdraw savings from the Plan. The actual rates of return for the periods shown will vary. Systematic investing does not ensure a profit nor guarantee against loss in declining markets.

PARTICIPATING IN **YOUR** plan

There are many benefits to participating in the Tribal Government of St. Paul 401(k) Plan. One of the primary benefits is that you will receive help reaching your financial goals for retirement. By reviewing the important information in this guide and visiting Fidelity NetBenefits® at www.401k.com, you can take advantage of what your company and Fidelity have to offer.

When am I eligible for the Plan?

You are eligible to participate in the Plan if:

- you are employed by the Employer

How do I enroll?

To enroll, log on to Fidelity NetBenefits® at www.401k.com. Please also complete the beneficiary form and return it to your company's benefits department.

When is my enrollment effective?

Once you satisfy this requirement you will become eligible to participate in the Plan on January 1, April 1, July 1, or October 1.

How much can I contribute?

Through automatic payroll deduction, you may contribute between 1% and 90% of your eligible pay on a pretax basis, up to the annual IRS dollar limit (2014 = \$17,500). You may change your deferral percentage as applicable on the next Plan entry date (January 1, April 1, July 1, or October 1).

In addition, you can *automatically* increase your retirement savings plan contributions each year through the Annual Increase Program. To sign up, log on to NetBenefits®, or call the plan's toll-free number.

If you are age 50 or over by the end of the calendar year and have reached the annual IRS limit or Plan's maximum contribution limit for the year, you may make additional salary deferral contributions to the Plan up to the IRS Catch Up Provision Limit (2014 = \$5,500).

Can I roll my prior employer's retirement plan account into this one?

You may be permitted to roll over assets into this Plan from a previous employer's retirement plan or an IRA. To complete a rollover in the Plan follow these easy steps:

- Contact your prior plan provider to request a rollover distribution
- Rollover check issued should be made payable to Fidelity Management Trust Company FBO: your name and sent to you
- Complete the rollover contribution form
- Return both the rollover contribution form and the check from your prior plan to your current plan administrator or directly to Fidelity at the address provided on the form

Does the Company contribute to my account?

Refer to the Summary Plan Description for further information regarding profit sharing contributions.

When am I vested?

The term "vesting" refers to the portion of your account balance that you are entitled to under the plan's rules. You are always 100% vested in your:

- employee pretax account
- rollover account
- and any earnings thereon.

Employer *profit sharing contributions* and earnings will be vested in accordance with the following schedule:

Years of Service for Vesting	Percentage
less than 2	0
2	20
3	40
4	60
5	80
6	100

Can I make withdrawals from my account?

Withdrawals from the Plan are generally permitted in the event of termination of employment, severe financial hardship, or death.

How do I access my account?

Through Fidelity NetBenefits® at www.401k.com you have access to your account information, retirement planning tools, and e-Learning workshops® that provide you access to self-paced training on savings and investing principles.

You may call the Retirement Benefits Line at 1-800-835-5097 between 8:30 a.m. and 8:00 p.m. in your time zone on any business day for more information on your account. Fidelity Representatives can assist you with transactions and answer many of your questions regarding retirement savings.

How do I plan?

Through Fidelity NetBenefits® at www.401k.com you have access to your account information and retirement planning tools including:

- **Live and self-paced learning workshops.** The workshops cover a variety of topics including determining your retirement savings needs, evaluating your investment options and keeping your investment strategy on track to help you achieve your retirement goals.

- The **Retirement Check Up** which provides you with a snapshot in time of your financial situation and shows how your current planning strategy can impact potential accumulated money tomorrow.*

*To find the Retirement Check Up and a suite of planning tools go to the Library section on NetBenefits®.

In addition, you can take advantage of local Investor Centers by scheduling time with a Fidelity Representative to discuss your total investment needs beyond your retirement savings plan. Or, if you prefer, call 1-800-Fidelity for a complimentary portfolio review.

How do I change my investment options?

You can make changes to your investment selections online at www.401k.com or by calling the Retirement Benefits Line at 1-800-835-5097.

Create an Asset Allocation that's right for you:

- You can create an asset allocation strategy by using Portfolio Review located in the Library section of NetBenefits®.

How do I manage my account?

Through Fidelity NetBenefits® at www.401k.com you may sign up to receive alerts via email when your retirement savings account strays from the investment allocation you established.

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INVESTMENT options

Before investing in any mutual fund, consider the investment objectives, risks, charges, and expenses. Contact Fidelity for a prospectus or, if available, a summary prospectus containing this information. Read it carefully.

What follows is an introduction to the investment options you can choose for your plan account. You can spread your investments among several options to take advantage of what each has to offer and help balance different types of risk. Reviewing this information can help you understand and compare your options. For more complete information about any of the mutual funds available through the plan, including fees and expenses, log on to Fidelity NetBenefits® at www.401k.com or by calling the Retirement Benefits Line at 1-800-835-5097 for prospectuses. Read them carefully before you invest.

More Conservative

Investment options to the left have potentially more inflation risk and less investment risk

More Aggressive

Investment options to the right have potentially less inflation risk and more investment risk

Money Market	Stable Value	Bond	Balanced / Hybrid	Domestic Equities			International / Global Equity	Specialty	Company Stock
<ul style="list-style-type: none"> Fidelity® Money Market Trust Retirement Money Market Portfolio 		<u>Diversified</u> <ul style="list-style-type: none"> Fidelity® Intermediate Bond Fund Fidelity® Investment Grade Bond Fund 	<ul style="list-style-type: none"> Fidelity® Puritan® Fund 	Large Value	Large Blend	Large Growth	<u>Diversified</u> <ul style="list-style-type: none"> Fidelity® Diversified International Fund Fidelity® Overseas Fund 		
				<ul style="list-style-type: none"> Fidelity® Equity Dividend Income Fund Fidelity® Equity-Income Fund 	<ul style="list-style-type: none"> Fidelity® Dividend Growth Fund Fidelity® Large Cap Stock Fund Spartan® Total Market Index Fund - Fidelity Advantage Class 	<ul style="list-style-type: none"> Fidelity® Blue Chip Growth Fund Fidelity® Fund Fidelity Fifty® Fidelity® Growth Company Fund Fidelity® OTC Portfolio 			
				Mid Value	Mid Blend	Mid Growth			
				<ul style="list-style-type: none"> Fidelity® Value Fund 		<ul style="list-style-type: none"> Fidelity® Growth Strategies Fund Fidelity® Mid-Cap Stock Fund 			
				Small Value	Small Blend	Small Growth			

This spectrum, with the exception of the Domestic Equity category, is based on Fidelity's analysis of the characteristics of the general investment categories and not on the actual investment options and their holdings, which may change frequently. Investment options in the Domestic Equity category are based on the options' Morningstar categories as of the most recent calendar quarter. Morningstar categories are based on a fund's style as measured by its underlying portfolio holdings over the past three years and may change at any time. These style calculations do not represent the investment options' objectives and do not predict the investment options' future styles. Investment options are listed in alphabetical order within each investment category. Risk associated with the investment options may vary significantly within each particular investment category, and the relative risk of categories may change under certain economic conditions. For a more complete discussion of risk associated with the mutual fund options, please read the prospectuses before making your investment decision. The spectrum does not represent actual or implied performance.

An investment in a money market fund is not insured or guaranteed by the FDIC or any other government agency. Although money market funds seek to preserve the value of your investment at \$1 per share, it is possible to lose money by investing in these funds.

In general the bond market is volatile, and fixed income securities carry interest rate risk. (As interest rates rise, bond prices usually fall, and vice versa. This effect is usually more pronounced for longer-term securities.) Fixed income securities also carry inflation risk and credit and default risks for both issuers and counterparties. Unlike individual bonds, most bond funds do not have a maturity date, so avoiding losses caused by price volatility by holding them until maturity is not possible.

Stock markets are volatile and can fluctuate significantly in response to company, industry, political, regulatory, market, or economic developments. Investing in stock involves risks, including the loss of principal.

Lifecycle funds offer a blend of stocks, bonds, and short-term investments within a single fund. They are designed for investors who don't want to go through the process of picking several funds from the three asset classes but who still want to diversify among stocks, bonds, and short-term investments.

Investment options to the left have potentially more inflation risk and less investment risk

Investment options to the right have potentially less inflation risk and more investment risk

Target Date Income-2014	Target Date 2015-2030	Target Date 2031+
Fidelity Freedom [®] Income Fund	Fidelity Freedom [®] 2015 Fund	Fidelity Freedom [®] 2035 Fund
Fidelity Freedom [®] 2005 Fund	Fidelity Freedom [®] 2020 Fund	Fidelity Freedom [®] 2040 Fund
Fidelity Freedom [®] 2010 Fund	Fidelity Freedom [®] 2025 Fund	Fidelity Freedom [®] 2045 Fund
	Fidelity Freedom [®] 2030 Fund	Fidelity Freedom [®] 2050 Fund
		Fidelity Freedom [®] 2055 Fund

Target date investments are generally designed for investors expecting to retire around the year indicated in each investment's name. The investments are managed to gradually become more conservative over time. The investment risks of each target date investment change over time as its asset allocation changes. They are subject to the volatility of the financial markets, including equity and fixed income investments in the U.S. and abroad and may be subject to risk associated with investing in high yield, small cap and foreign securities. Principal invested is not guaranteed at any time, including at or after their target dates.

Please Note: Not all the Lifecycle Funds shown in the investment spectrum above may be available through your plan. Refer to your list of fund descriptions to identify those offered in your plan.

NEXT **steps**

To learn more about Tribal Government of St. Paul 401(k) Plan and to enroll, visit www.401k.com or call 1-800-835-5097. Just follow the simple web navigation steps illustrated below or the Retirement Benefits Line phone prompts to enroll. If you have any questions about the enrollment process or need assistance, call 1-800-835-5097 to speak with a Fidelity Representative from 8:30 a.m. to 8:00 p.m. in your local time zone.

Step 1: Visit Fidelity NetBenefits® at www.401k.com and click on "Need Help?"



For illustrative purposes only.

Step 2: Set up a personal identification number (PIN). If you have not previously established a PIN, you must create one for security purposes. Click on "New User Registration for customers who have never logged in" and follow the directions. If you already have a PIN set up, log in and continue on to Step 3. Please note: you will be prompted to enter your email address.



For illustrative purposes only.

Step 3: Click on the "Click here to enroll" link on the NetBenefits® Home Page to continue enrolling.



For illustrative purposes only.

Step 4: Choose "Enroll Now" on the Enrollment Welcome page.



For illustrative purposes only.

Step 5: "Enter the percentage you want to contribute."

You can use the Take-Home Pay Calculator to determine what effect your contribution has on your pay.

Enter contribution amount and then click "Continue".

A screenshot of a web browser displaying the "Take-Home Pay Calculator" form. The form is titled "Enter Your Contribution Percentage" and includes a "Take-Home Pay Calculator" section with input fields for "Gross Pay" and "Contribution Percentage". Below this, there is a "Calculate" button and a section for "Your Take-Home Pay" which displays calculated values for Gross Pay, Deductions, and Net Pay.

For illustrative purposes only.

Step 6: Choose your investment options.

You can view performance information for each investment option by clicking on the investment name. Please note that before investing you'll also want to view a mutual fund prospectus online – or request a hard copy – for each mutual fund in which you want to invest through the plan.

Once you select your investment options, click "Continue".

A screenshot of a web browser displaying the "Investment Options" form. The form is titled "Choose Your Investment Options" and includes a "Select Your Investment Options" section with a list of investment options. Below this, there is a "Continue" button and a section for "Your Investment Options" which displays selected investment options and their respective percentages.

For illustrative purposes only.

Step 7: "Review and Submit" your enrollment information.

Review your enrollment information carefully. You have an opportunity to make a change from this page.

Click "Submit" at the bottom of this page and receive an online confirmation of your enrollment.

Remember to complete the beneficiary form enclosed at the end of this booklet. Sign and return the form to your employer's benefits department.

A screenshot of a web browser displaying the "Review and Submit" form. The form is titled "Review and Submit" and includes a "Review Your Enrollment" section with a summary of the enrollment information. Below this, there is a "Submit" button and a section for "Your Enrollment" which displays the final enrollment details.

For illustrative purposes only.

DESCRIPTIONS OF INVESTMENT **options**

MONEY MARKET FUNDS

**Fidelity® Money Market
Trust Retirement Money
Market Portfolio**
0630

Objective: Seeks to obtain as high a level of current income as is consistent with the preservation of capital and liquidity.

Strategy: Investing in U.S. dollar-denominated money market securities of domestic and foreign issuers and repurchase agreements. Investing more than 25% of total assets in the financial services industries. Potentially entering into reverse repurchase agreements.

Risk: Interest rate increases can cause the price of a money market security to decrease. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks. *An investment in a money market fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the fund seeks to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in the fund.*

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who has a low tolerance for investment risk and who wishes to keep the value of his or her investment relatively stable.
- Someone who is seeking to complement his or her bond and stock fund holdings in order to reach a particular asset allocation.

Footnotes:

A mutual fund registered under Fidelity Money Market Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

BOND FUNDS

**Fidelity® Intermediate
Bond Fund**
0032

Objective: Seeks a high level of current income.

Strategy: Normally investing at least 80% of assets in investment-grade debt securities (those of medium and high quality) of all types and repurchase agreements for those securities. Normally maintaining a dollar-weighted average maturity between three and 10 years. Investing in lower-quality debt securities. Engaging in transactions that have a leveraging effect on the fund.

Risk: Fixed income investments entail interest rate risk (as interest rates rise bond prices usually fall), the risk of issuer default, issuer credit risk and inflation risk. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks. Leverage can increase market exposure and magnify investment risk.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking potential returns primarily in the form of interest dividends rather than through an increase in share price.
- Someone who is seeking to diversify an equity portfolio with a more conservative investment option.

Footnotes:

A mutual fund registered under Fidelity Salem Street Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Weighted average maturity (WAM) is the weighted average of all the maturities of the securities held in a fund. WAM for money market funds can be used as a measure of sensitivity to interest rate changes. Generally, the longer the maturity, the greater the

sensitivity. WAM for money market funds is based on the dollar-weighted average length of time until principal payments must be paid, taking into account any call options exercised by the issuer and any permissible maturity shortening devices, such as demand features and interest rate resets. For bond funds, WAM can be used as a measure of sensitivity to the markets. Generally, the longer the maturity, the greater the sensitivity. The WAM calculation for bond funds excludes interest rate resets and only takes into account issuer call options if it is probable that the issuer of the instrument will take advantage of such options.

Short-term Redemption Fee Notes: None

**Fidelity® Investment
Grade Bond Fund**
0026

Objective: Seeks a high level of current income.

Strategy: Normally investing at least 80% of assets in investment-grade debt securities (those of medium and high quality) of all types and repurchase agreements for those securities. Investing in lower-quality debt securities. Engaging in transactions that have a leveraging effect on the fund.

Risk: Fixed income investments entail interest rate risk (as interest rates rise bond prices usually fall), the risk of issuer default, issuer credit risk and inflation risk. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks. Lower-quality bonds can be more volatile and have greater risk of default than higher-quality bonds. Leverage can increase market exposure and magnify investment risk.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking potential returns primarily in the form of interest dividends rather than through an increase in share price.
- Someone who is seeking to diversify an equity portfolio with a more conservative investment option.

Footnotes:

A mutual fund registered under Fidelity Salem Street Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

BALANCED/HYBRID FUNDS

Fidelity® Puritan® Fund
0004

Objective: Seeks income and capital growth consistent with reasonable risk.

Strategy: Investing approximately 60% of assets in stocks and other equity securities and the remainder in bonds and other debt securities, including lower-quality debt securities, when its outlook is neutral. Investing at least 25% of total assets in fixed-income senior securities (including debt securities and preferred stock). Engaging in transactions that have a leveraging effect on the fund.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Fixed income investments entail interest rate risk (as interest rates rise bond prices usually fall), the risk of issuer default, issuer credit risk and inflation risk. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks. Lower-quality bonds can be more volatile and have greater risk of default than higher-quality bonds. Leverage can increase market exposure and magnify investment risk.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking to invest in a fund that invests in both stocks and bonds.
- Someone who is seeking the potential both for income and for long-term share-price appreciation and who is willing to accept the volatility of the bond and stock markets.

Footnotes:

A mutual fund registered under Fidelity Puritan Trust, and managed by Fidelity

Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

DOMESTIC EQUITY FUNDS

**Fidelity® Blue Chip
Growth Fund**
0312

Objective: Seeks growth of capital over the long term.

Strategy: Normally investing at least 80% of assets in blue chip companies (companies whose stock is included in the S&P 500 or the Dow Jones Industrial Average, and companies with market capitalizations of at least \$1 billion if not included in either index). Investing in companies that FMR believes have above-average growth potential (stocks of these companies are often called "growth" stocks). Normally investing primarily in common stocks of well-known and established companies.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks.

Short-term Redemption Fee: 0

Who may want to Invest:

- Someone who is seeking the potential for long-term share-price appreciation.
- Someone who is willing to accept the generally greater price volatility associated with growth-oriented stocks.

Footnotes:

A mutual fund registered under Fidelity Securities Fund, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

The S&P 500® Index is a registered service mark of The McGraw-Hill Companies, Inc., and has been licensed for use by Fidelity Distributors Corporation and its affiliates. It is an unmanaged index of the common stock prices of 500 widely held U.S. stocks that includes the reinvestment of dividends.

The Dow Jones Industrial Average (DJIA) is an unmanaged price-weighted index and is the most widely used indicator of how the country's industrial leaders are performing. Also known as "the Dow," this is a formula based on the stock prices of 30 major companies chosen from sectors of the economy most representative of our country's economic condition.

Short-term Redemption Fee Notes: None

**Fidelity® Dividend
Growth Fund**
0330

Objective: Seeks capital appreciation.

Strategy: Normally investing at least 80% of assets in equity securities. Normally investing primarily in companies that pay dividends or that FMR believes have the potential to pay dividends in the future. Investing in either "growth" stocks or "value" stocks or both. Normally investing primarily in common stocks.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks.

Short-term Redemption Fee: 0

Who may want to Invest:

- Someone who is seeking the potential for long-term share-price appreciation and, secondarily, dividend income.
- Someone who is seeking both growth- and value-style investments and who is willing to accept the volatility associated with investing in the stock market.

Footnotes:

A mutual fund registered under Fidelity Securities Fund, and managed by Fidelity

Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

**Fidelity® Equity
Dividend Income Fund**
0319

Objective: Seeks reasonable income. The fund will also consider the potential for capital appreciation. The fund looks for a yield that exceeds the composite yield on the securities comprising the Standard & Poor's 500 Index.

Strategy: Normally investing at least 80% of assets in equity securities. Normally investing primarily in income-producing equity securities that pay current dividends and show potential for capital appreciation, which tends to lead to investments in large cap "value" stocks.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks. Fixed income investments entail interest rate risk (as interest rates rise bond prices usually fall), the risk of issuer default, issuer credit risk and inflation risk. Lower-quality bonds can be more volatile and have greater risk of default than higher-quality bonds. Value stocks can perform differently than other types of stocks and can continue to be undervalued by the market for long periods of time.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking the potential for long-term share-price appreciation and, secondarily, dividend income.
- Someone who is comfortable with the volatility of large-cap stocks and value-style investments.

Footnotes:

A mutual fund registered under Fidelity Financial Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

The S&P 500® Index is a registered service mark of The McGraw-Hill Companies, Inc., and has been licensed for use by Fidelity Distributors Corporation and its affiliates. It is an unmanaged index of the common stock prices of 500 widely held U.S. stocks that includes the reinvestment of dividends.

Short-term Redemption Fee Notes: None

**Fidelity® Equity-Income
Fund**
0023

Objective: Seeks reasonable income. The fund will also consider the potential for capital appreciation. The fund seeks a yield for its shareholders that exceeds the yield on the securities comprising the S&P 500 Index.

Strategy: Normally investing at least 80% of assets in equity securities. Normally investing primarily in income-producing equity securities, which tends to lead to investments in large cap "value" stocks. Potentially investing in other types of equity securities and debt securities, including lower-quality debt securities. Investing in domestic and foreign issuers. Using fundamental analysis of factors such as each issuer's financial condition and industry position, as well as market and economic conditions, to select investments. Potentially using covered call options as tools in managing the fund's assets.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks. Fixed income investments entail interest rate risk (as interest rates rise bond prices usually fall), the risk of issuer default, issuer credit risk and inflation risk. Lower-quality bonds can be more volatile and have greater risk of default than higher-quality bonds. Value stocks can perform differently from the market

as a whole. They can remain undervalued by the market for long periods of time.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking the potential for long-term share-price appreciation and, secondarily, dividend income.
- Someone who is comfortable with the volatility of large-cap stocks and value-style investments.

Footnotes:

A mutual fund registered under Fidelity Devonshire Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

The S&P 500® Index is a registered service mark of The McGraw-Hill Companies, Inc., and has been licensed for use by Fidelity Distributors Corporation and its affiliates. It is an unmanaged index of the common stock prices of 500 widely held U.S. stocks that includes the reinvestment of dividends.

Short-term Redemption Fee Notes: None

Fidelity® Fund
0003

Objective: Seeks long-term capital growth.

Strategy: Normally investing primarily in common stocks. Investing in either "growth" stocks or "value" stocks or both.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking the potential for long-term share-price appreciation.
- Someone who is willing to accept the generally greater price volatility associated with growth-oriented stocks.

Footnotes:

A mutual fund registered under Fidelity Hastings Street Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

Fidelity Fifty®
0500

Objective: Seeks capital appreciation.

Strategy: Normally investing in 50-60 stocks. Normally investing primarily in common stocks of companies that FMR believes have the greatest potential for growth. Investing in either "growth" stocks or "value" stocks or both.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks. The fund may have additional volatility because it can invest a significant portion of assets in securities of a small number of individual issuers.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking the potential for long-term share-price appreciation.
- Someone who is willing to accept the generally greater price volatility associated with growth-oriented stocks.

Footnotes:

A mutual fund registered under Fidelity Hastings Street Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information

about the fund.

Short-term Redemption Fee Notes: None

**Fidelity® Growth
Company Fund**
0025

Objective: Seeks capital appreciation.

Strategy: Investing in companies FMR believes have above-average growth potential (stocks of these companies are often called "growth" stocks). Normally investing primarily in common stocks.

Risk: The value of the fund's domestic and foreign investments will vary from day to day in response to many factors, such as adverse issuer, political, regulatory, market, or economic developments. Stock values fluctuate in response to the activities of individual companies, and general market and economic conditions. You may have a gain or loss when you sell your shares. Foreign investments involve greater risks than those of U.S. investments. 'Growth' stocks can perform differently from the market as a whole and other types of stocks and can be more volatile than other types of stocks.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking the potential for long-term share-price appreciation.
- Someone who is willing to accept the generally greater price volatility associated with growth-oriented stocks.

Footnotes:

A mutual fund registered under Fidelity Mt. Vernon Street Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

**Fidelity® Growth
Strategies Fund**
0324

Objective: Seeks capital appreciation.

Strategy: Normally investing in companies FMR believes offer the potential for accelerated earnings or revenue growth (stocks of these companies are often called "growth" stocks). Normally investing primarily in common stocks. Focusing investments in medium-sized companies, but may also invest substantially in larger or smaller companies.

Risk: The value of the fund's domestic and foreign investments will vary from day to day in response to many factors. Stock values fluctuate in response to the activities of individual companies, general market, and economic conditions. You may have a gain or loss when you sell your shares. The securities of smaller, less well-known companies may be more volatile than those of larger companies. Foreign investments involve greater risks than those of U.S. investments. "Growth" stocks can perform differently from the market as a whole and other types of stocks and can be more volatile than other types of stocks.

Short-term Redemption Fee: 1.5

Who may want to invest:

- Someone who is seeking the potential for long-term share-price appreciation.
- Someone who is willing to accept the generally greater price volatility associated both with growth-oriented stocks and with smaller companies.

Footnotes:

A mutual fund registered under Fidelity Mt. Vernon Street Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: This fund has a Short-term Redemption Fee of 1.50% for fee eligible shares held less than 90 days.

**Fidelity® Large Cap
Stock Fund**
0338

Objective: Seeks long-term growth of capital.

Strategy: Normally investing at least 80% of assets in common stocks of companies with large market capitalizations (companies with market capitalizations similar to companies in the Russell 1000 Index or the S&P 500). Investing in either "growth"

stocks or "value" stocks or both.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking the potential for long-term share-price appreciation and, secondarily, dividend income.
- Someone who is seeking both growth- and value-style investments and who is willing to accept the volatility associated with investing in the stock market.

Footnotes:

A mutual fund registered under Fidelity Commonwealth Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

The S&P 500® Index is a registered service mark of The McGraw-Hill Companies, Inc., and has been licensed for use by Fidelity Distributors Corporation and its affiliates. It is an unmanaged index of the common stock prices of 500 widely held U.S. stocks that includes the reinvestment of dividends.

The Russell 1000® Index is an unmanaged market capitalization-weighted index measuring the performance of the 1,000 largest companies in the Russell 3000® Index and is an appropriate index for broad-based large-cap funds.

Short-term Redemption Fee Notes: None

**Fidelity® Mid-Cap Stock
Fund**
0337

Objective: Seeks long-term growth of capital.

Strategy: Normally investing at least 80% of assets in common stocks of companies with medium market capitalizations (companies with market capitalization similar to companies in the Russell Midcap Index or the S&P MidCap 400). Investing in either "growth" stocks or "value" stocks or both. Potentially investing in companies with smaller or larger market capitalization.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. The securities of smaller, less well-known companies can be more volatile than those of larger companies. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks

Short-term Redemption Fee: 0.75

Who may want to invest:

- Someone who is seeking the potential for long-term share-price appreciation.
- Someone who is willing to accept the generally greater price volatility associated both with growth-oriented stocks and with smaller companies.

Footnotes:

A mutual fund registered under Fidelity Commonwealth Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

The Russell Midcap® Index is an unmanaged market capitalization-weighted index of 800 medium-capitalization stocks. The stocks are also members of the Russell 1000® index.

The S&P® MidCap 400 Index is an unmanaged market capitalization-weighted index of 400 medium-capitalization stocks.

Short-term Redemption Fee Notes: This fund has a Short-term Redemption Fee of 0.75% for fee eligible shares held less than 30 days.

Fidelity® OTC Portfolio
0093

Objective: Seeks capital appreciation.

Strategy: Normally investing at least 80% of assets in securities principally traded on NASDAQ or an over-the-counter market, which has more small and medium-sized companies than other markets. Investing more than 25% of total assets in the technology sector. Investing in either "growth" stocks or "value" stocks or both. Normally investing primarily in common stocks.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. The technology industries can be significantly affected by obsolescence of existing technology, short product cycles, falling prices and profits, and competition from new markets, and general economic conditions. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks. The securities of smaller, less well-known companies can be more volatile than those of larger companies. The fund may have additional volatility because it can invest a significant portion of assets in securities of a small number of individual issuers.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking the potential for long-term share-price appreciation.
- Someone who is willing to accept the generally greater price volatility associated with growth-oriented stocks.

Footnotes:

A mutual fund registered under Fidelity Securities Fund, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

Fidelity® Value Fund
0039

Objective: Seeks capital appreciation.

Strategy: Investing in securities of companies that possess valuable fixed assets or that FMR believes are undervalued in the marketplace in relation to factors such as assets, earnings, or growth potential (stocks of these companies are often called "value" stocks). Normally investing primarily in common stocks.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks. Value stocks can perform differently than other types of stocks and can continue to be undervalued by the market for long periods of time.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking the potential for long-term share-price appreciation and, secondarily, dividend income.
- Someone who is comfortable with value-style investments and the potentially greater volatility of investments in smaller companies.

Footnotes:

A mutual fund registered under Fidelity Capital Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

**Spartan® Total Market
Index Fund - Fidelity
Advantage Class**
1520

Objective: Seeks to provide investment results that correspond to the total return of a broad range of United States stocks.

Strategy: Normally investing at least 80% of assets in common stocks included in the Dow Jones U.S. Total Stock Market Index, which represents the performance of a broad range of U.S. stocks.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments

Short-term Redemption Fee: 0.5

Who may want to invest:

- Someone who is seeking the potential for long-term share-price appreciation and, secondarily, dividend income.
- Someone who is seeking both growth- and value-style investments and who is willing to accept the volatility associated with investing in the stock market.

Footnotes:

A mutual fund registered under Fidelity Concord Street Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

On October 14, 2005, an initial offering of the Fidelity Advantage Share Class took place. Returns prior to that date are those of the Investor Class and reflect the Investors Class' expense ratio. Had the Fidelity Advantage Class' expense ratio been reflected, total returns would have been higher.

Fidelity is voluntarily reimbursing a portion of the fund's expenses. If Fidelity had not, the returns would have been lower.

The Dow Jones U.S. Total Stock Market Index is an unmanaged market capitalization-weighted index of over 5,000 U.S. equity securities which contains all actively traded common stocks with readily available price data.

Short-term Redemption Fee Notes: This fund has a Short-term Redemption Fee of 0.50% for fee eligible shares held less than 90 days.

INTERNATIONAL/GLOBAL FUNDS

**Fidelity® Diversified
International Fund**
0325

Objective: Seeks capital growth.

Strategy: Normally investing primarily in non-U.S. securities. Normally investing primarily in common stocks.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Foreign securities are subject to interest rate, currency exchange rate, economic, and political risks, all of which are magnified in emerging markets.

Short-term Redemption Fee: 1

Who may want to invest:

- Someone who is seeking to complement a portfolio of domestic investments with international investments, which can behave differently.
- Someone who is willing to accept the higher degree of risk associated with investing overseas.

Footnotes:

A mutual fund registered under Fidelity Investment Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: This fund has a Short-term Redemption Fee of 1.00% for fee eligible shares held less than 30 days.

Fidelity® Overseas Fund
0094

Objective: Seeks long-term growth of capital.

Strategy: Normally investing at least 80% of assets in non-U.S. securities. Normally investing primarily in common stocks.

Risk: Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments. Foreign securities are subject to interest rate, currency exchange rate,

economic, and political risks, all of which are magnified in emerging markets.

Short-term Redemption Fee: 1

Who may want to invest:

- Someone who is seeking to complement a portfolio of domestic investments with international investments, which can behave differently.
- Someone who is willing to accept the higher degree of risk associated with investing overseas.

Footnotes:

A mutual fund registered under Fidelity Investment Trust, and managed by Fidelity Management & Research Company. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: This fund has a Short-term Redemption Fee of 1.00% for fee eligible shares held less than 30 days.

LIFECYCLE FUNDS

**Fidelity Freedom® 2005
Fund**
1312

Objective: Seeks high total return until its target retirement date. Thereafter, the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to an asset allocation strategy that becomes increasingly conservative until it reaches approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds (approximately 10 to 19 years after the target year). Ultimately, the fund will merge with Fidelity Freedom Income Fund. Strategic Advisers may continue to seek high total return for several years beyond the fund's target retirement date in an effort to achieve the fund's overall investment objective.

Risk: The investment risk of each Fidelity Freedom Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option intended for people in or very near retirement and who is willing to accept the volatility of diversified investments in the market.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

**Fidelity Freedom® 2010
Fund**
0371

Objective: Seeks high total return until its target retirement date. Thereafter, the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to an asset allocation strategy that becomes increasingly conservative until it reaches approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds (approximately 10 to 19 years after the target year). Ultimately, the fund will merge

with Fidelity Freedom Income Fund. Strategic Advisers may continue to seek high total return for several years beyond the fund's target retirement date in an effort to achieve the fund's overall investment objective.

Risk: The investment risk of each Fidelity Freedom Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option intended for people in or very near retirement and who is willing to accept the volatility of diversified investments in the market.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

**Fidelity Freedom® 2015
Fund**
1313

Objective: Seeks high total return until its target retirement date. Thereafter, the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to an asset allocation strategy that becomes increasingly conservative until it reaches approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds (approximately 10 to 19 years after the target year). Ultimately, the fund will merge with Fidelity Freedom Income Fund. Strategic Advisers may continue to seek high total return for several years beyond the fund's target retirement date in an effort to achieve the fund's overall investment objective.

Risk: The investment risk of each Fidelity Freedom Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option intended for people in or very near retirement and who is willing to accept the volatility of diversified investments in the market.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

**Fidelity Freedom® 2020
Fund**

Objective: Seeks high total return until its target retirement date. Thereafter, the fund's objective will be to seek high current income and, as a secondary objective,

capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to an asset allocation strategy that becomes increasingly conservative until it reaches approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds (approximately 10 to 19 years after the target year). Ultimately, the fund will merge with Fidelity Freedom Income Fund. Strategic Advisers may continue to seek high total return for several years beyond the fund's target retirement date in an effort to achieve the fund's overall investment objective.

Risk: The investment risk of each Fidelity Freedom Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

Fidelity Freedom® 2025 Fund 1314

Objective: Seeks high total return until its target retirement date. Thereafter, the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to an asset allocation strategy that becomes increasingly conservative until it reaches approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds (approximately 10 to 19 years after the target year). Ultimately, the fund will merge with Fidelity Freedom Income Fund. Strategic Advisers may continue to seek high total return for several years beyond the fund's target retirement date in an effort to achieve the fund's overall investment objective.

Risk: The investment risk of each Fidelity Freedom Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of

the fund. Read the fund's prospectus for more detailed information about the fund.
Short-term Redemption Fee Notes: None

**Fidelity Freedom® 2030
Fund**
0373

Objective: Seeks high total return until its target retirement date. Thereafter, the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to an asset allocation strategy that becomes increasingly conservative until it reaches approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds (approximately 10 to 19 years after the target year). Ultimately, the fund will merge with Fidelity Freedom Income Fund. Strategic Advisers may continue to seek high total return for several years beyond the fund's target retirement date in an effort to achieve the fund's overall investment objective.

Risk: The investment risk of each Fidelity Freedom Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

**Fidelity Freedom® 2035
Fund**
1315

Objective: Seeks high total return until its target retirement date. Thereafter, the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to an asset allocation strategy that becomes increasingly conservative until it reaches approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds (approximately 10 to 19 years after the target year). Ultimately, the fund will merge with Fidelity Freedom Income Fund. Strategic Advisers may continue to seek high total return for several years beyond the fund's target retirement date in an effort to achieve the fund's overall investment objective.

Risk: The investment risk of each Fidelity Freedom Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term

investments in one investment option or who does not feel comfortable making asset allocation choices over time.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

**Fidelity Freedom® 2040
Fund
0718**

Objective: Seeks high total return until its target retirement date. Thereafter, the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to an asset allocation strategy that becomes increasingly conservative until it reaches approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds (approximately 10 to 19 years after the target year). Ultimately, the fund will merge with Fidelity Freedom Income Fund. Strategic Advisers may continue to seek high total return for several years beyond the fund's target retirement date in an effort to achieve the fund's overall investment objective.

Risk: The investment risk of each Fidelity Freedom Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

**Fidelity Freedom® 2045
Fund
1617**

Objective: Seeks high total return until its target retirement date. Thereafter, the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to an asset allocation strategy that becomes increasingly conservative until it reaches approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds (approximately 10 to 19 years after the target year). Ultimately, the fund will merge with Fidelity Freedom Income Fund. Strategic Advisers may continue to seek high total return for several years beyond the fund's target retirement date in an effort to achieve the fund's overall investment objective.

Risk: The investment risk of each Fidelity Freedom Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

**Fidelity Freedom® 2050
Fund**
1618

Objective: Seeks high total return until its target retirement date. Thereafter, the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to an asset allocation strategy that becomes increasingly conservative until it reaches approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds (approximately 10 to 19 years after the target year). Ultimately, the fund will merge with Fidelity Freedom Income Fund. Strategic Advisers may continue to seek high total return for several years beyond the fund's target retirement date in an effort to achieve the fund's overall investment objective.

Risk: The investment risk of each Fidelity Freedom Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

**Fidelity Freedom® 2055
Fund**
2331

Objective: Seeks high total return until its target retirement date. Thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to an asset allocation strategy that becomes increasingly conservative until it reaches approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds (approximately 10 to 19 years after the target year). Ultimately, the fund will merge with Fidelity Freedom Income Fund. Strategic Advisers may continue to seek high total return for several years beyond the fund's target retirement date in an effort to achieve the fund's overall investment objective.

Risk: The investment risk of each Fidelity Freedom Fund changes over time as its asset

**Fidelity Freedom®
Income Fund**
0369

allocation changes. The funds are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

Objective: Seeks high total current income and, as a secondary objective, capital appreciation.

Strategy: Investing in a combination of underlying Fidelity domestic equity funds, international equity funds, bond funds, and short-term funds. Allocating assets among underlying Fidelity funds according to a stable target asset allocation of approximately 17% in domestic equity funds, 7% in international equity funds, 46% in bond funds, and 30% in short-term funds.

Risk: The fund is subject to the volatility of the financial markets, including that of equity and fixed income investments. Fixed income investments entail issuer default and credit risk, inflation risk, and interest rate risk (as interest rates rise, bond prices usually fall and vice versa). This effect is usually more pronounced for longer-term securities. Principal invested is not guaranteed at any time, including at or after retirement.

Short-term Redemption Fee: 0

Who may want to invest:

- Someone who is seeking an investment option intended for people in retirement and who is willing to accept the volatility of diversified investments in the market.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option and looking primarily for the potential for income and, secondarily, for share-price appreciation.

Footnotes:

A mutual fund registered under Fidelity Aberdeen Street Trust, and managed by Strategic Advisers, Inc. This description is only intended to provide a brief overview of the fund. Read the fund's prospectus for more detailed information about the fund.

Short-term Redemption Fee Notes: None

DESIGNATION OF BENEFICIARY FORM

Plan **Tribal Government of St. Paul 401(k) Plan**

Plan **26106**

Name:

Number:

Social Security Number _____ - _____ - _____

Participant Information

Note: Instructions to complete this form are attached at the end of this form.

Name:

Address:

Marital Status:

Single

☐

Married

☐

Primary Beneficiary

I understand that if I am married, my spouse shall automatically be my designated Beneficiary unless I elect otherwise and my spouse consents to such election. I hereby designate the following person or persons as primary Beneficiaries of my Account under the Plan payable in the event of my death.

Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____

Relationship to Participant: _____

Percentage: _____

Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____

Relationship to Participant: _____

Percentage: _____

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Contingent Beneficiary

In the event that there is no living primary Beneficiary at my death, I hereby designate the following person or persons as contingent Beneficiaries of my Account:

Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____

Relationship to Participant: _____

Percentage: _____

Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____

Relationship to Participant: _____

Percentage: _____

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Participant Signature

I reserve the right to revoke or change any Beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent Beneficiaries.

PARTICIPANT _____ **DATE** _____

Married Participants please see below:

If you are married and your spouse is not your Designated Primary Beneficiary, then this Designation of Beneficiary is invalid without the consent of your spouse unless your spouse waived the right to consent to any change in the beneficiary designation under a prior beneficiary designation. Please see the following page of this form for the Consent of Spouse section. Please note, your spouse's consent must be witnessed by a Plan Representative or a Notary Public.

Please return this form to the Plan Administrator after you have completed it.

<i>Employer Authorization</i>

Only an authorized signer of the Employer as designated in the Plan's Service Agreement may sign below as the Plan Administrator.

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR
PRINT NAME* _____

PLAN ADMINISTRATOR
SIGNATURE(must be an authorized signer)* _____ **DATE** _____

* Note: The Plan Administrator should both print and sign his/her name in the spaces given.

The Plan Administrator will maintain possession of this form.

Consent of Spouse

I acknowledge that I am the spouse of the Participant named on the reverse side of this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's Account under the Plan if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on the reverse side of this form. My consent shall be irrevocable unless my spouse subsequently changes the Designation of Beneficiary. If my spouse changes the designation, {Choose (a) or (b)}:

- ☐ (a) I understand I must sign a new consent to the new designation for it to be effective.
- ☐ (b) I waive my right to consent to any future change in designation. I understand I have the right to restrict my consent only to the Beneficiary(ies) designated on the reverse side of this form by checking box (a).

I have executed this consent this _____ day of _____, _____.

Signature of Participant's Spouse
(Must be witnessed by a Plan Representative or a Notary Public)

Plan Representation

Signature of spouse witnessed this _____ day of _____, _____, in the presence of:

Plan Representative

(Print Name)

OR

Notary Public

STATE OF _____
(ss.)
COUNTY OF _____

On this _____ day of _____, _____, before me appeared _____ who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public _____

My Commission Expires: _____

Please return this form to the Plan Administrator after you have completed it.

INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

General Instruction

These instructions will assist you in properly completing the Primary and Contingent Beneficiary Section(s) of the Designation of Beneficiary Form.

- (1) To designate one person, insert the name and relationship in the spaces provided. If your Beneficiary is not related to you, show relationship as "Friend."
- (2) If you wish to name your estate, insert "Estate" in the blank space.
- (3) If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language similar to the following example:

- To X Bank as Trustee, or its successor Trustee, of the John E. Jones Trust dated the 26th day of June, to your plan administrator, including any amendments to the Trust.

- (4) If you wish to designate more than one Beneficiary - here are the most common examples:

- Three or more beneficiaries:

James O. Jones, brother
Paul A. Jones, brother
Jane A. Smith, sister
- Unborn children:

My children living at my death

Note: Unless you provide otherwise in completing the Designation of Beneficiary Form, the Trustee will pay all sums payable to more than one Beneficiary equally to the living Beneficiaries.

- (5) Contingent Beneficiaries only receive benefits if all named primary Beneficiaries die before you.

Spousal Consent

If you are married and your spouse is not designated as your primary Beneficiary, then your Beneficiary designation is invalid without the consent of your spouse unless, under a prior Beneficiary designation, your spouse waived the right to consent to any change in the Beneficiary designation. Your spouse's consent in this situation must be witnessed by a Plan Representative or a Notary Public.

Incoming Rollover Instructions

Plan Name: Tribal Government of St. Paul 401(k) Plan

Plan Number: 26106

If you have a balance in a former employer's retirement plan and/or an IRA, you may want to consider consolidating your assets in the Tribal Government of St. Paul 401(k) Plan. Keeping your retirement savings in a single plan can help simplify performance tracking, provide greater convenience in making investment changes, and minimize paperwork.

"Rolling" money into the Tribal Government of St. Paul 401(k) Plan is a three-step process. Please follow these instructions to ensure that your rollover is completed in a timely and accurate manner. Please note: Failure to follow these instructions may result in a delay in the processing of your request and may jeopardize your ability to roll over your distribution.

REQUEST YOUR DISTRIBUTION:

Request the distribution from your prior employer's 401(a)/(k) plan, 403(b) plan, or Governmental 457(b) plan or an Individual Retirement Account (IRA).

There are two distribution check payable options:

1. The distribution check is made payable to Fidelity Management Trust Company (or FMTC) for the benefit of the participant. The check must be from the distributing trustee or custodian. **(Personal checks are not acceptable.)**
2. If the distribution check is made payable to the Participant you must send your rollover to Fidelity via a certified check or money order for the amount you are rolling over.
 - Fidelity does not accept wire transfers of funds. You must request a CHECK from your previous retirement plan or IRA.
 - Check should be mailed directly to you. Once you receive the check, please follow the directions below.

COMPLETE YOUR ROLLOVER APPLICATION:

- The employee must complete the following sections of the Rollover Form (Attached): Employee Information, Rollover Contribution Information (include specific rollover amount), Investment Elections (Must be in whole numbers and total 100%), and participant signature.
- The employee forwards the completed Rollover Form and check to the Plan Administrator.
- The Plan Administrator must review the form for completeness and accuracy, sign, and date the form on the Plan Administrator line in the Signatures section. The Rollover Form along with the rollover check is then sent to Fidelity Investments using the address information below.
- **If you are not sure of the Rollover Type, please contact your prior Plan Administrator for verification. An incorrect Rollover Type could invalidate your rollover.**

MAIL THE INFORMATION:

- The plan Sponsor should mail check and completed Rollover Form to one of the following addresses:

Regular Address:

**Fidelity Investments Retirement Services Company
Client Services Operations
P.O. Box 770001
Cincinnati, OH 45277-0024**

Overnight Address:

**Fidelity Investments
Client Services Operations
100 Crosby Parkway (KC1F-E)
Covington, KY 41015**

- Please include all of the information requested. Incomplete forms and the accompanying check will be returned to you and may jeopardize your ability to rollover your distribution.

Once your rollover contribution is accepted into the Tribal Government of St. Paul 401(k) Plan, you can log onto Fidelity NetBenefits® at www.401k.com to view your rollover contribution and investment election(s).

ROLLOVER FORM

Social Security Number

--

Plan Number:

26106

Plan Name: Tribal Government of St. Paul 401(k) Plan

Participant Information

Participant Name:

Last First Middle Initial

Participant Address:

Street

City State Zip

Division: Hire Date: Birth Date:

Rollover Contribution Information

I request that the amounts below be rolled into my current Employer's Plan. (Rollover Contributions may only be made in the form of cash, allowable mutual fund shares, or, if allowed by your current Employer's Plan, promissory notes from your prior employer's qualified plan.) I have attached a **certified check, money order, or check** from the prior trustee, **made payable to "Fidelity Management Trust Company as Trustee,"** and it represents one of the following:

	Rollover Type	Description	Fidelity Code	Dollar Amount
Pre-Tax	401(a)/(k)	A distribution from a prior employer's qualified 401(a)/(k) plan either as a direct rollover or as paid directly to me less applicable taxes	1K	\$
	403(b)	A distribution from a prior employer's 403(b) plan (Note: Existing monies within the current Employer's Plan will lose favorable tax treatment)	3B	\$
	R/O IRA	A distribution from a Rollover Individual Retirement Account and earnings thereon ("conduit IRA")	IC	\$
	Traditional IRA	A distribution from a traditional Individual Retirement Account ("Non-Conduit IRA")	IN	\$
	Gov't 457(b)	A distribution from a prior employer's Governmental 457(b) retirement plan (Note: Rollover monies will be subject to 401(k) rules for early distribution)	7G	\$
	After-Tax Earnings	Earnings from an after-tax source is considered a pre-tax rollover	1K	\$
After-Tax	401(a)/(k)	A distribution of employee after-tax contributions to a 401(a)/(k) plan (Note: earnings on After-Tax are considered a Pre-Tax Rollover and are included above)	1K	\$
Total Amount of Rollover (Verify this sum equals the amount of the checks)				\$

Note: A Rollover Contribution paid directly to the participant or from an IRA must be received by Fidelity within 60 days of your receipt of such distribution. The Plan Administrator reserves the right to require sufficient evidence that your distribution is from a

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401(a)/(k), 403(b) plan, Governmental 457(b) plan or an IRA.

Investment Elections

I choose to invest my Rollover Contribution as follows:

(Indicate a whole percentage for each fund. **Percentages containing fractions or decimal points will not be accepted.** The **TOTAL** of the percentages invested in all funds must equal 100%.)

Permissible Investment Option	Name	Investment Option Number	Whole Percentage
1	Fidelity® Money Market Trust Retirement Money Market Portfolio	0630	
2	Fidelity® Intermediate Bond Fund	0032	
3	Fidelity® Investment Grade Bond Fund	0026	
4	Fidelity® Puritan® Fund	0004	
5	Fidelity® Equity Dividend Income Fund	0319	
6	Fidelity® Equity-Income Fund	0023	
7	Fidelity® Value Fund	0039	
8	Fidelity® Dividend Growth Fund	0330	
9	Fidelity® Large Cap Stock Fund	0338	
10	Spartan® Total Market Index Fund - Fidelity Advantage Class	1520	
11	Fidelity Fifty®	0500	
12	Fidelity® Blue Chip Growth Fund	0312	
13	Fidelity® Fund	0003	
14	Fidelity® Growth Company Fund	0025	
15	Fidelity® OTC Portfolio	0093	
16	Fidelity® Growth Strategies Fund	0324	
17	Fidelity® Mid-Cap Stock Fund	0337	
18	Fidelity® Diversified International Fund	0325	
19	Fidelity® Overseas Fund	0094	
20	Fidelity Freedom® Income Fund	0369	
21	Fidelity Freedom® 2010 Fund	0371	
22	Fidelity Freedom® 2020 Fund	0372	
23	Fidelity Freedom® 2030 Fund	0373	
24	Fidelity Freedom® 2040 Fund	0718	
25	Fidelity Freedom® 2005 Fund	1312	
26	Fidelity Freedom® 2015 Fund	1313	
27	Fidelity Freedom® 2025 Fund	1314	
28	Fidelity Freedom® 2035 Fund	1315	
29	Fidelity Freedom® 2045 Fund	1617	
30	Fidelity Freedom® 2050 Fund	1618	
31	Fidelity Freedom® 2055 Fund	2331	

Total	100%
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Note: Your investment elections above will only apply to your Rollover Contribution and not your current Plan assets in your Account.

Participant Signature

I understand that I must satisfy the Plan's eligibility and entry date requirements to become an Active Participant in the Plan. I hereby certify that the information on this form is true, accurate and complete.

PARTICIPANT _____ **DATE** _____

Employer Authorization

Only an authorized signer designated in the Plan's Service Agreement may sign below as the Plan Administrator.

As Plan Administrator, I authorize the Participant's Rollover Contribution.

PLAN ADMINISTRATOR

PRINT NAME* _____

PLAN ADMINISTRATOR

SIGNATURE (must be an authorized signer)* _____

DATE _____

* Note: The Plan Administrator should both print and sign his/her name in the spaces given.

<i>Form Completion Checklist</i>

Before Submitting this form please verify that you have included the following information:

- | | |
|---|---|
| <input type="checkbox"/> Participant's social security number | <input type="checkbox"/> Participant signature |
| <input type="checkbox"/> Investment Elections (Whole percentages totaling 100%) | <input type="checkbox"/> Plan Administrator signature |

Portfolio Review is an educational tool.

This document provides only a summary of the main features of the Tribal Government of St. Paul 401(k) Plan, and the Plan document will govern in the event of any discrepancy.

The Plan is intended to be a participant-directed plan as described in Section 404(c) of ERISA, which means that fiduciaries of the Plan are ordinarily relieved of liability for any losses that are the direct and necessary result of investment instructions given by a participant or beneficiary.

Investor Center products & services are offered beyond your employer sponsored retirement plan.

Fidelity Brokerage Services LLC, Member NYSE, SIPC, 900 Salem Street, Smithfield, Rhode Island, 02917

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PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND
POLICIES AND PROCEDURES

POLICY TITLE:	Bereavement Leave		
POLICY NUMBER:	100-0600-061		
VERSION:	1.0		
REVISED DATE:	11 May 2016		
EFFECTIVE DATE:	02 June 2016		
NUMBER OF PAGES:	3		
APPROVAL			
RESOLUTION #:	2021-23	DATE:	April 7, 2021

I. OVERVIEW

- A. Description and Purpose** – The Bereavement Leave Policy establishes uniform guidelines for providing paid time off to employees for absences related to the death of immediate family members and fellow employees of the Tribal Government of St. Paul (herein referred to as TGSPI).
- B. Applicability** – This Policy applies to all active Tribal Government employees.
- C. Failure to Comply** - Failure to comply with this Policy may result in disciplinary action in accordance with any and all disciplinary policies of the Tribal Government.

II. POLICY AND PROCEDURE

A. Overview

1. TGSPI recognizes that a death in the family is a difficult life event, requiring time to grieve and fulfill family obligations. TGSPI further recognizes that failure to take this time may negatively impact work and the employee's transition back to a normal routine. TGSPI will provide eligible employees with paid bereavement leave following the death of an immediate family member. An employee is allowed five (5) working days per occurrence (for employees working a flexible work schedule, or part time the allotment is prorated based on their regular weekly schedule).
2. This Policy is intended to be administered in a respectful and flexible manner. The employee and their immediate supervisor should agree on how much time is needed. The basis for the decision might include the employee's relationship to the deceased, travel distance, and his or her involvement in funeral arrangements. Supervisors have discretion in compelling circumstances to grant additional paid bereavement leave beyond the five days. Paid time off and leave without pay are also options that may be used to extend bereavement leave beyond five (5) days.
3. If an employee leaves work early on the day he or she is notified of the death, the time is not counted as bereavement leave.
4. Generally, bereavement leave is taken immediately following the death. However, there may be circumstances when a manager will recognize the need for flexibility, for example, if a memorial service is scheduled at a time in the future.
5. An employee should notify his or her manager of the need to take bereavement leave as soon as possible.

6. An employee who wishes to take time off due to the death of an immediate family member should notify his or her supervisor immediately.
7. Bereavement leave will normally be granted unless there are unusual business needs or staffing requirements. An employee may, with his or her immediate supervisor's approval, use any available vacation for additional time off as necessary.
8. Bereavement pay is calculated based on the base pay rate at the time of absence, and it will not include any special forms of compensation, such as incentives, commissions, bonuses, overtime or shift differentials.

B. Immediate Family Members

1. Immediate family members are defined as: an employee's domestic partner, spouse, parents, stepparents, siblings, children, stepchildren, grandparent, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, or grandchild.
 - a. Parents
 - b. Siblings
 - c. Spouse
 - d. Children
 - e. Domestic partner
 - f. Mother/father-in-law
 - g. Sister/brother-in-law
 - h. Daughter/son-in-law
 - i. Grandparent
 - j. Grandchild
 - k. Domestic partner's mother, father, sister, brother, son or daughter
 - l. Spouse's or domestic partner's grandparent or grandchild
 - m. Step-children
 - n. Step-parents
 - o. Aunt
 - p. Uncle

C. Paid Bereavement Schedule

1. Employees are allowed up to five (5) consecutive days off from regularly scheduled duty with regular pay in the event of the death of the employee's spouse, child, father, father-in-law, mother, mother-in-law, son-in-law, daughter-in-law, brother, sister, stepfather, stepmother, stepbrother, stepsister, stepson or stepdaughter. To be eligible for paid bereavement leave, the employee generally must attend the funeral of the deceased relative.

BEREAVEMENT LEAVE

100-0600-061

2. Employees are allowed one (1) day off from regular scheduled duty with regular pay in the event of death of the employee's brother-in-law, sister-in-law, aunt, uncle, grandparent, grandchild or spouse's grandparent. To be eligible for paid bereavement leave, the employee generally must attend the funeral of the deceased relative.
3. Employees are allowed up to four hours of bereavement leave to attend the funeral of a fellow employee or retiree of TGSPI, provided such absence from duty will not interfere with normal operations of TGSPI.

D. Exception

1. This policy does not apply to employees who are working on a temporary appointment with TGSPI.

III. FORM(S)

- A. None

IV. REFERENCE(S)

- A. None

V. DEFINITION(S)

- A. Domestic Partner - means an adult of the same or opposite sex engaged in a spouse-like relationship characterized by mutual caring and dependency.
- B. Prorate – to calculate (something) according to the specific amount that someone has done, used, etc.

VI. POLICY HISTORY

- A. This is a new policy.



360 Employee Performance Evaluation Manual



Pribilof Island Aleut Community of Saint Paul Island
Tribal Government of St. Paul Island

Table of Contents

- Purpose and Benefits of Performance Evaluations
- What a Performance Evaluation is NOT
- Who Does the Evaluations?
- Guide to Evaluation Elements
- Guide to Evaluation Ratings
- Evaluation Process and Flow Chart

Purpose of Performance Evaluations

Formal performance evaluations of employee work behavior helps the employer and employee build on the strengths of the employee and identify those areas the employee needs improvement to be more effective and efficient in his/her job.

Performance evaluations enable the creation of reasonable performance standards so that both supervisor and employee are aware of work that is considered "acceptable performance."

Because of the active involvement of the supervisor, the employee, peer and/or subordinate employees in performance evaluations, an important channel of 360 degree communication is opened.

Communication can result in increased cooperation and understanding between supervisors, the employee, peer and/or subordinate employees, which in turn can enhance work performance and work environment thus providing better customer service to our community and each other.

Used Properly, Performance Evaluation Will:

Inform - It allows the supervisor and employee to communicate openly about performance. This should happen throughout the year and not only at this time. Issues discussed now should not be unexpected to the employee. It also provides supervisors the opportunity to hear employees' views of the work situation.

Set Goals - The supervisor and employee mutually establish goals for progress. Goals should be realistic, measurable, and obtainable within six months to one year.

Develop - The supervisor and employee identify actions that can be taken to enhance development and performance of the employee.

Evaluate - The supervisor and employee evaluate results based on previously established goals and performance standards, which provides a basis and documentation for transfer, promotion, reassignment, or disciplinary action.

Provide - Standards for decisions on merit increases or demotions.

Benefits

There are a number of positive benefits to a performance evaluations and there are number of disadvantages to *not* conducting routine evaluations.

Advantages of Evaluations:

- They give the employee the opportunity to better understand expectations, standards, and rules.
- They give the supervisor an opportunity to 'get to know' the employee better.
- They give the employee the opportunity to learn what behaviors and attitudes they need to improve or modify.
- They send a message to the employee that you care about their performance as well as them as a person.
- They can help you chart a better course for the future of the employee.
- They can help the supervisor identify weaknesses and strengths that may not have surfaced on a day by day basis.

Disadvantages of irregular or no evaluations:

- They send a message that you are satisfied with performance, attitudes and behavior.
- They say to the employee they are not important enough for you to take the time for an evaluation.

Benefits Continued

Ultimately, use of performance evaluations and the process benefits individual Departments and Divisions, as well as the Tribal Government as a whole with:

- Translation of the Department's/Division's/Tribal Government's mission into specific goals.
- Reduction in overlap of job duties and inefficient, ineffective use of employee skills.
- Decreased costs of litigation related to unfounded charges of discrimination.
- Increased employee moral, with fair, equitable, and consistent application of the evaluation processes.
- A mechanism for identifying needed development and training opportunities.

What a Performance Evaluation Is NOT!

The purpose of performance evaluations is not to “fix” behavior once a year.

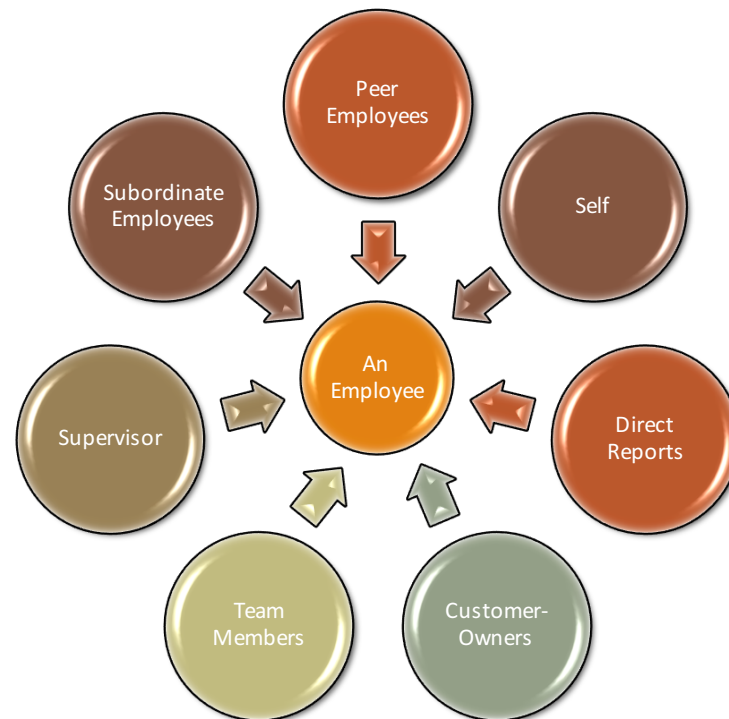
- If an employee has poor behavior, less than adequate performance or attitude problems, don't wait a year to fix them; follow established Disciplinary Action policies and procedures.
- Regular on-going coaching can not be replaced with an annual employee evaluation.

Performance evaluations, when used effectively, can be tools for identifying and alleviating potential obstacles for and inspiring employees to aim for new heights in performance.

360 Performance Evaluation Concept

The multiple-input approach to a performance evaluation is called a 360-degree assessment.

The sphere of feedback sources consists of one's self, supervisors, peer employees, subordinate employees, customer-owners, team members (*see graphic below*).



Value of the Supervisor Evaluation

Supervisors are often in the best position to effectively carry out the full cycle of performance management: Planning, Monitoring, Developing, Appraising, and Rewarding.

The supervisor may also have the broadest perspective on the work requirements and be able to take into account shifts in those requirements.

The supervisors have the authority to redesign and reassign an employee's work based on their assessment of individual and team performance.

Supervisors should be able to observe and measure all facets of the work to make a fair evaluation. In some work situations, the supervisor or rating official is not in the same location or is supervising very large numbers of employees and does not have detailed knowledge of each employee's performance.

Supervisors need training on how to conduct performance appraisals. They should be capable of coaching and developing employees as well as planning and evaluating their performance.

Value of the Self Evaluation

The most significant contribution of self-ratings is the improved communication between supervisors and subordinates that results.

Self-ratings are particularly useful if the entire cycle of performance management involves the employee in a self-assessment. For example, the employee should keep notes of task accomplishments and failures throughout the performance monitoring period.

Self-appraisals should not simply be viewed as a comparative or validation process, but as a critical source of performance information. Self-appraisals are particularly valuable in situations where the supervisor cannot readily observe the work behaviors and task outcomes.

Research shows low correlations between self-ratings and all other sources of ratings, particularly supervisor ratings. The self-ratings tend to be consistently higher. This discrepancy can lead to defensiveness and alienation if supervisors do not use good feedback

Value of Peer Employee Evaluation

Peer influence through peer approval and peer pressure is often more effective than the traditional emphasis to please the boss. Employees report resentment when they believe that their extra efforts are required to “make the boss look good” as opposed to meeting the unit’s goals.

Peer ratings have proven to be excellent predictors of future performance. Therefore, they are particularly useful as input for employee development.

Peer ratings are remarkably valid and reliable in rating behaviors and “manner of performance,” but may be limited in rating outcomes that often require the perspective of the supervisor.

The addition of peer feedback can help move the supervisor into a coaching role rather than a purely judging role.

Peer evaluations are almost always appropriate for developmental purposes, but attempting to emphasize them for pay, promotion, or job retention purposes (i.e., the rating of record) may not be prudent. The possible exception is in an award program as opposed to performance appraisal. Peer input can be effectively used for recognition and awards.

It is advised that the identities of the raters be kept confidential to assure honest feedback. However, in close-knit teams that have matured to a point where open communication is part of the culture, the developmental potential of the feedback is enhanced when the evaluator is identified and can perform a coaching or continuing feedback role.

It is essential that the peer evaluators be very familiar with the team member’s tasks and responsibilities.

Value of Subordinate Employee Evaluation

Subordinate employee evaluation gives supervisors a more comprehensive picture of employee issues and needs. Supervisors who assume they will sufficiently stay in touch with their employees' needs by relying solely on an "open door" policy get very inconsistent feedback at best.

Employees feel they have a greater voice in organizational decision making and, in fact, they do. Through managerial action plans and changes in work processes, the employees can see the direct results of the feedback they have provided.

The feedback from subordinates is particularly effective in evaluating the supervisor's interpersonal skills. However, it may not be as appropriate or valid for evaluating task-oriented skills.

Combining subordinate ratings, like peer ratings, can provide the advantage of creating a composite appraisal from the averaged ratings of several subordinates. This averaging adds validity and reliability to the feedback because the aberrant ratings get averaged out and/or the high and low ratings are dropped from the summary calculations.

The need for anonymity is essential when using subordinate ratings as a source of performance feedback data. Subordinates simply will not participate, or they will give gratuitous, dishonest feedback, if they fear reprisal from their supervisors.

Your Guide to Evaluation Elements

The Elements

Evaluators should rate performance of the employee in each Evaluation Element based listed below using a standard rating scale as it relates to their Essential Job Functions in their Job Description.

- Basic Skills
- Thinking Skills
- Personal Qualities
- Five Competencies

Basic Skills

Reading – The employee locates, understands and interprets written information in prose and documents such as manuals, graphs, and schedules.

Writing – The employee effectively communicates thoughts, ideas, information, and messages in writing; creates documents such as letter, directions, manuals, reports, graphs, and flow charts.

Listening – The employee receives, attends to, interprets, and responds to verbal messages and other cues.

Speaking – The employee organizes ideas and communicates orally.

Arithmetic/Mathematics – The employee performs basic computations and approaches practical problems by choosing appropriately from a variety of mathematical techniques.

- **Examples:**

- A Technician is regularly expected to be able to use and read a measuring tape and add fractions. A Technician would receive a rating of Exceeds Expectations (4) on this Evaluation Element if the employee can read a measuring tape and perform calculations using fractions consistently, quickly, and applies this knowledge to the task at hand. A Technician would receive a rating of Below Expectations (2) on this Evaluation Element if the employee struggles to read a measuring tape and perform calculations using fractions consistently.
- A Coordinator is regularly expected to calculate timesheets and prepare cost estimates for various projects. A Coordinator would receive a rating of Exceptional (5) on this Evaluation Element if the employee can exceed the expectation of creating formulas by using MS Excel to perform calculations automatically and their work is of top quality. A Coordinator would receive a rating of Needs Improvement (1) on this Evaluation Element if the employee consistently falls short in performing basic mathematical calculations and their work needs to be checked often.
- A Program or Division Manager is regularly expected to review timesheets for accuracy and calculation errors and prepare program or division budgets. A Program or Division Manager would receive a rating of Meets Expectations (3) on this Evaluation Element if the employee can perform these functions without shortfalls and achieve the desired results or objectives.
- A Department Director is regularly expected to prepare grant or department budgets and conduct simple mathematical analysis of program specific information. A Department Director would receive a rating of Needs Improvement (1) on this Evaluation Element if the employee consistently falls short at accurately preparing budgets and performing simple analysis.

Thinking Skills

Creative Thinking – Generates new ideas.

Decision Making – Specifies goals and constraints, generates alternatives, considers risks, and evaluates and chooses the best alternative.

Visualizing – Organizes and processes symbols, pictures, graphs, objects, and other information. Recognizes problems and devises and implements plans of action.

Reasoning – Discovers a rule or principle underlying the relationship between two or more objects and applies it when solving a problem.

Knowing How to Learn – Uses efficient learning techniques to acquire and apply knowledge and skills. There are 4 basics types of learners:

- auditive learning (by listening and speaking)
 - visual learning (through the eyes, by watching)
 - haptic learning (by touching and feeling)
 - learning through the intellect
-
- Example: An employee is regularly expected to know what type of learner they are and apply the most efficient learning technique to acquire and apply knowledge and skills to the task at hand. An employee would receive a rating of Exceeds Expectations (4) on this Evaluation Element if the employee consistently applies the most efficient learning technique to their work leading to performance that often exceeds expectations. An employee would receive a rating of Below Expectations (2) on this Evaluation Element if the employee often falls short at applying the most efficient learning technique to their work leading to decline in performance that seldom meets expectations.

Personal Qualities

Responsibility – The employee exerts a high level of effort and perseveres toward goal attainment.

Self-Esteem – The employee believes in own self-worth and maintains a positive view of self.

- Example: An employee is regularly expected to believe in their self and maintain a positive view that projects onto the customer. An employee would receive a rating of Exceeds Expectations (4) on this Evaluation Element if the employee creates own personal and professional goals and consistently works towards the achievement of these goals. An employee would receive a rating of Needs Improvement (1) on this Evaluation Element if the employee consistently seek assurance of their skills, abilities and performance.

Sociability – The employee demonstrates understanding, friendliness, and adaptability, empathy, and politeness in group settings.

Self-Management – The employee evaluates him/herself accurately, sets personal goals, monitors progress, and exhibits self-control.

Integrity/Honesty – The employee chooses ethical courses of action.

Resources

Time – The employee selects goal-relevant activities, ranks them, allocates times, and prepares and follows schedules.

Money – The employee uses or prepares budgets, makes forecasts, keeps records, and makes adjustments to meet objectives.

- Examples:

- An Assistant or Clerk is regularly expected to handle and count petty cash. A Assistant or Clerk would receive a rating of Meets Expectations (3) on this Evaluation Element if the employee can receive and return petty cash and receipts accurately and consistently. An Assistant or Clerk would receive a rating of Below Expectations (2) on this Evaluation Element if the employee struggles handling and counting petty cash consistently and in a timely manner.
- A Program Coordinator is regularly expected to prepare a budget for the funds allocated to their program. A Program Coordinator would receive a rating of Exceptional (5) on this Evaluation Element if the employee can consistently be innovative and responsive to meeting budgeted allocations. A Program Coordinator would receive a rating of Below Expectations (2) on this Evaluation Element if the employee often falls short in staying within budgeted allocations.
- A Program or Division Manager is regularly expected to prepare a budget for the program and make adjustments to meet program or division objectives. A Program or Division Manager would receive a rating of Exceeds Expectations (4) on this Evaluation Element if the employee can consistently meet and often exceed program budget and performance objectives. A Program or Division Manager would receive a rating of Meets Expectations (3) on this Evaluation Element if the employee meets but seldom exceeds or falls short of program budget and performance objectives.
- A Director is regularly expected to prepare a budget for the program, make financial forecasts, and make adjustments to meet program or division objectives. A Director would receive a rating of Exceeds Expectations (4) on this Evaluation Element if the employee can consistently meet and often exceed program budget and performance objectives. A Director would receive a rating of Meets Expectations (3) on this Evaluation Element if the employee meets but seldom exceeds or falls short of program budget and performance objectives.

Material and Facilities – The employee acquires, stores, allocates, and uses materials or space efficiently.

Human Resources – The employee assesses skills and distributes work accordingly, evaluates performance, and provides feedback.

- Examples:

- An employee is regularly expected to assess their skills, plan their work schedule, and evaluate their performance. An employee would receive a rating of Exceeds Expectations (4) on this Evaluation Element if the employee consistently applies their skills to the task at hand, plans out their tasks and completes tasks in a timely manner, and adjusts performance to meet or exceed expectations. An employee would receive a rating of Below Expectations (2) on this Evaluation Element if the employee falls short in using skills to complete tasks, does not plan and prioritize tasks, and does not adjust performance to meet performance standards.
- A supervisor is regularly expected to assess skills, distribute work, evaluate performance, and provide feedback to their employees. An employee would receive a rating of Meets Expectations (4) on this Evaluation Element if the employee is consistently and regularly assessing skills, distributing work, evaluating performance, and providing feedback to their employees. An employee would receive a rating of Needs Improvement (1) on this Evaluation Element if the employee is consistently falls short in assessing skills, distributing work, evaluating performance, and providing feedback to their employees.

Interpersonal

Participates As Member of a Team – The employee contributes to group effort.

Teaches Others New Skills

Services Customer Owners – The employee works to satisfy customers expectations.

Exercises Leadership – The employee communicates ideas to justify position, persuades and convinces others, responsibly challenges existing procedures and policies.

Negotiates – The employee works towards agreements involving exchange of resources, resolved divergent interests.

Works with Diversity – The employee works well with men and women from diverse backgrounds.

- Example:
 - An employee is regularly expected to work with men and women from diverse backgrounds and provide a workplace free from harassment, prejudice, violence, and/or inequality. An employee would receive a rating of Exceeds Expectations (4) on this Evaluation Element if the employee consistently treats people with respect, courtesy, and fairness and creates and promotes a positive work environment. An employee would receive a rating of Needs Improvement (1) on this Evaluation Element if the employee consistently treats people with disrespect, unequitable, with prejudice and creates a negative work environment.

Information

Acquires and Evaluates Information Well - Recognize when information is needed and have the ability to locate, evaluate, and use information effectively.

Effectively Organizes and Maintains Information - Incorporate selected information into one's knowledge base, use information effectively to accomplish a specific purpose, and understand the economic, legal, and social issues surrounding the use of information, and access and use information ethically and legally

Interprets and Communicates Information Well

- Example:
 - An employee is regularly expected to possess adequate verbal and written communication skills in the workplace to convey information to people clearly and simply, in a way that means things are understood and get done. An employee would receive a rating of Meets Expectations (3) on this Evaluation Element if the employee seldom falls short or exceeds at interpreting and communicating information well. An employee would receive a rating of Below Expectations (2) on this Evaluation Element if the employee falls short at conveying verbal and written information to people clearly and simply.

Uses Computers to Process Information

Systems

Understanding Systems – The employee knows how social, organizational, and technological systems work and operates effectively with them.

Monitors and Corrects Performance – The employee distinguishes trends, predicts impacts on systems operations, diagnoses deviations in systems performance, and corrects malfunctions.

Improves or Designs Systems – The employee suggests modifications to existing systems and develops new or alternative ways to improve performance.

- Example:

- An employee is regularly expected to offer suggestions and solutions to design or improve social, organization or technological systems within the workplace, division, or department (e.g. policies, procedures, protocols, employee moral, information technology, performance expectations). An employee would receive a rating of Exceptional (5) on this Evaluation Element if the employee consistently seeks to improve or design systems that are responsive to exceeding the needs of the workplace. An employee would receive a rating of Needs Improvement (1) on this Evaluation Element if the employee consistently does not offer suggestion or solutions to improving or designing systems that lead to workplace performance issues.

Technology

Selects Technology – The employee chooses appropriate procedures, tools or equipment including computers and related technologies.

Applies Technology to Task – The employee understands overall intent and proper procedures for setup and operation of equipment.

- Example:

- An employee is regularly expected to use and operate job specific technology (e.g. computer, hand tools, office equipment, telephone, heavy equipment, power tools, vehicle, etc.) and apply that technology appropriately and adequately to accomplish the task at hand. An employee would receive a rating of Exceptional (5) on this Evaluation Element if the employee consistently exceeds at applying the correct technology to accomplish a given task. An employee would receive a rating of Needs Improvement (1) on this Evaluation Element if the employee consistently falls short at applying the correct technology to accomplish a given task and lacks the training, skill or experience to utilize the technology

Maintains and Troubleshoots Equipment – The employee prevents, identifies or solves problems with equipment, including computers and other technologies.

Your Guide to Evaluation Ratings

Ratings

Evaluators should rate performance of the employee in each Evaluation Element based on the the following rating scale as it relates to their Essential Job Functions in their Job Description.

EXCEPTIONAL (5): Consistently exceeds all relevant performance standards. Provides leadership, fosters teamwork, is highly productive, innovative, responsive and generates top quality work. Active in industry-related professional and/or community groups.

EXCEEDS EXPECTATIONS (4): Consistently meets and often exceeds all relevant performance standards. Shows initiative and versatility, works collaboratively, has strong technical & interpersonal skills or has achieved significant improvement in these areas.

MEETS EXPECTATIONS (3): Meets all relevant performance standards. Seldom exceeds or falls short of desired results or objectives.

BELOW EXPECTATIONS (2): Sometimes meets the performance standards. Seldom exceeds and often falls short of desired results. Performance has declined significantly, or employee has not sustained adequate improvement, as required since the last performance review or performance improvement plan.

NEEDS IMPROVEMENT (1): Consistently falls short of performance standards. Lacks appropriate level of skills or is inexperienced/still learning the scope of the job.

Evaluation Process and Flow

Step 1- Notification and Scheduling

The Human Resource (HR) Manager will notify all employees when evaluations will begin.

The HR Manager will contact Department and Division supervisors to set up a date and time for each of their employees evaluation.

Step 2 – Complete Evaluation Forms

HR manager will create an evaluation form for all employees.

Evaluation Form, Job Description, Individual Improvement Plan (IDP) (if applicable), Performance Improvement Plan (PIP) (if applicable) and previous Employee Evaluation will be emailed to the supervisor.

Evaluation Form will also be emailed to the employee being evaluated, subordinate employee(s) and peer(s) conducting the evaluation.

Once forms are completed they must be turned in to HR.

Step 3 – Assemble Forms and Create Chart

HR will assemble all evaluation forms and review for any discrepancies.

- *Example: Errors, Fairness, do they correspond with the essential job functions listed in the job description, etc....*

A chart will be created showing the employees self evaluation and the average of all other evaluators.

Step 4 – Distribute Chart and Hold Evaluation

Supervisor and Employee will be given the chart for review at the beginning of the evaluation.

During this review they will look for any major differences in scoring and address.

Step 5 – IDP, PIP or Revised Job Description

If employee does not have a current IDP, both the Supervisor and Employee will fill out a Goal Setting Worksheet and submit to HR for creation of IDP.

If Employee already has an IDP both the Supervisor and Employee will discuss and address any necessary changes to be made. The Human Resource Manager will schedule follow-ups based on what is noted in the plan.

If employee has an overall score of “Below Expectations or Needs Improvement” on their Performance Evaluation, a PIP will be created. The Human Resource Manager will schedule follow-ups based on what is noted in the plan.

The Supervisor and Employee will complete an Essential Job Function Assessment Form (EJFAF). This form will help the Supervisor to update or revise the employees current Job Description if necessary.

Step 6 – Finalize Paperwork

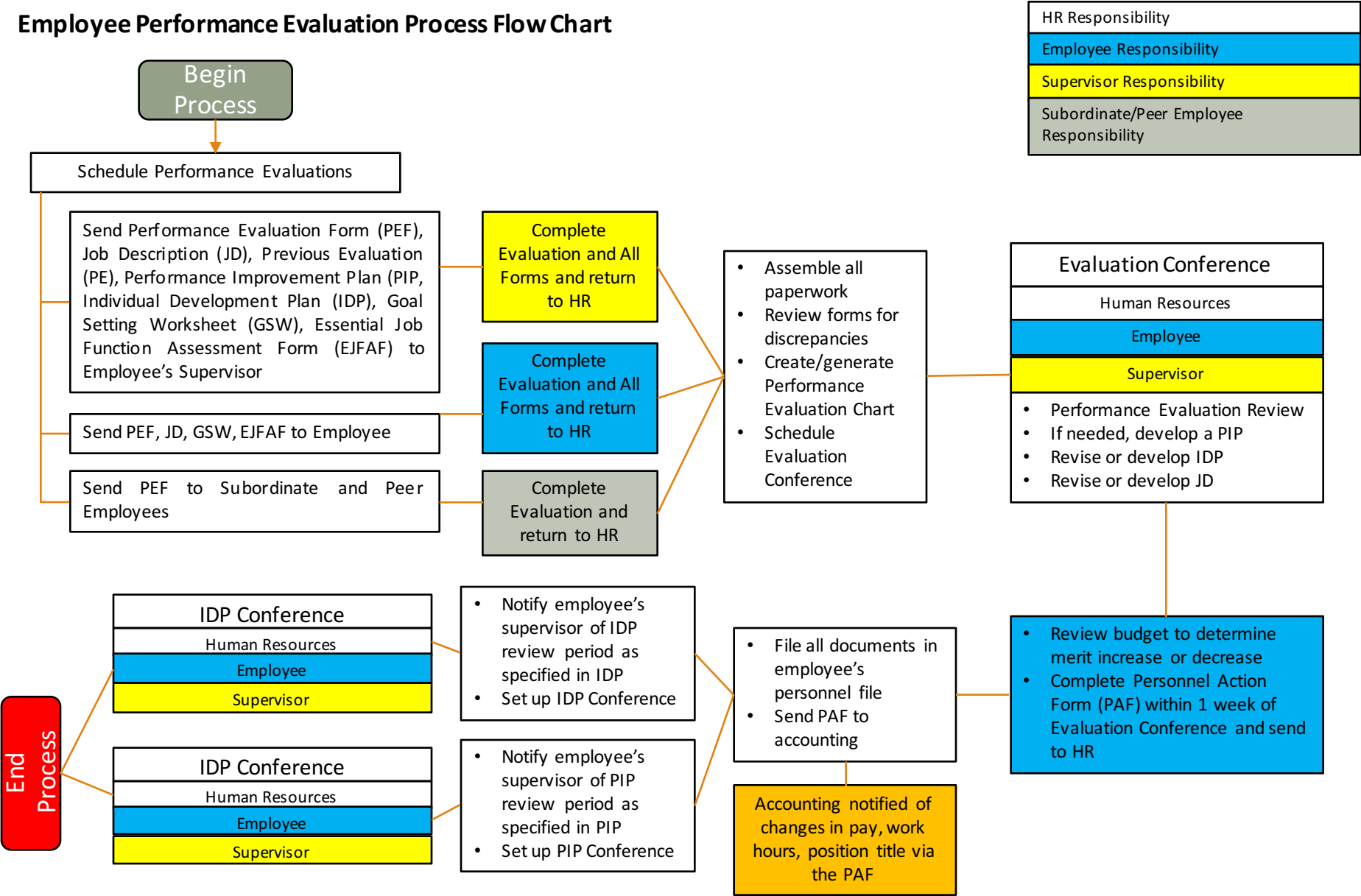
When evaluation is complete a Personnel Action Form (PAF) must be signed by the employee and approved by the supervisor.

The PAF and all supporting documentation must be turned into HR and filed into the personnel folder.

Supporting documentation consists of:

- Evaluation Forms
- Chart
- Individual Improvement Plan (IDP)
- Performance Improvement Plan (PIP)
- Updated or revised signed Job Description

Employee Performance Evaluation Process Flow Chart



Forms

Performance Evaluation Form

Individual Development Plan

Performance Improvement Plan

Job Description

Essential Job Function Assessment Form

Goal Setting Worksheet



Pribilof Islands Aleut Community of Saint Paul Island
Tribal Government of St. Paul Island

PERFORMANCE EVALUATION

Employee Name:	
Title:	
Department:	
Employee Number:	

Instructions

Describe the employee's contributions in each of the performance categories below. It is **IMPERATIVE** that you illustrate specific, detailed examples since the last performance evaluation. Ratings **MUST** support and be substantiated by narrative comments.

Definition of Ratings

EXCEPTIONAL (5): Consistently exceeds all relevant performance standards. Provides leadership, fosters teamwork, is highly productive, innovative, responsive and generates top quality work. Active in industry-related professional and/or community groups.

EXCEEDS EXPECTATIONS (4): Consistently meets and often exceeds all relevant performance standards. Shows initiative and versatility, works collaboratively, has strong technical & interpersonal skills or has achieved significant improvement in these areas.

MEETS EXPECTATIONS (3): Meets all relevant performance standards. Seldom exceeds or falls short of desired results or objectives.

BELOW EXPECTATIONS (2): Sometimes meets the performance standards. Seldom exceeds and often falls short of de-sired results. Performance has declined significantly, or employee has not sustained adequate improvement, as required since the last performance review or performance improvement plan.

NEEDS IMPROVEMENT (1): Consistently falls short of performance standards. Lacks appropriate level of skills or is inexperienced/still learning the scope of the job.

Evaluation Elements	Rating	Value	Narative Comments
Basic Skills: Reads, writes, performs arithmetic and mathematical operations, listens and speaks.			
Reading - locates, understands and interprets written information in prose and documents such as manuals, graphs, and schedules.		#N/A	
Writing - Effectivley communicates thoughts, ideas, information, and messages in writing; creates documents such as letter, directiions, manuals, reports, graphs, and flow charts.		#N/A	
Arithetic/Mathematics - Performs basic computations and approaches practical problems by choosing appropriately from a variety of mathematical techniques.		#N/A	
Listening - receives, attends to, interprets, and responds to verbal messages and other cues.		#N/A	
Speaking - Organizes ideas and communicates orally.		#N/A	
Thinking Skills: Thinks,creatively, makes decisions, solves problems, visualizes, knows how to learn, and reasons.			
Creative Thinking - Generates new ideas.		#N/A	
Decision Making - Specifies goals and constraints, generates alternatives, considers risks, and evaluates and chooses the best alternative.		#N/A	
Visualizing - Organizes and processes symbols, pictures, graphs, objects, and other information. Recognizes problems and devises and implements plans of action.		#N/A	
Knowing How to Learn - Uses efficient learning techniques to acquire and apply new knowledge and skills.		#N/A	
Reasoning - Discovers a rule or principle underlying the relationship between two or more objects and applies it when solving a problem.		#N/A	
Personal Qualities: Responisbility, self-esteem, sociability, self-manageemtn, integrity, and honesty.			

Responsibility - Exerts a high level of effort and perseveres toward goal attainment.		#N/A	
Self-Esteem - Believes in own self-worth and maintains a positive view of self.		#N/A	
Sociability - Demonstrates understanding, friendliness, and adaptability, empathy, and politeness in group settings.		#N/A	
Self-Management - Evaluates him- or herself accurately, sets personal goals, monitors progress, and exhibits self-control.		#N/A	
Integrity/Honesty - Chooses ethical courses of action.		#N/A	

Five Competencies: Resources, Interpersonal, Information, Systems, and Technology.

Resources: Identifies, organizes, plans, and allocates resources.			
Time - Selects goal-relevant activities, ranks them, allocates times, and prepares and follows schedules.		#N/A	
Money - Uses or prepares budgets, makes forecasts, keeps records, and makes adjustments to meet objectives.		#N/A	
Material and Facilities - acquires, stores, allocates, and uses materials or space efficiently.		#N/A	
Human Resources - assesses skills and distributes work accordingly, evaluates performance, and provides feedback.		#N/A	

Interpersonal: Works with others.			
Participates As Member of a Team - Contributes to group effort.		#N/A	
Teaches Others New Skills		#N/A	
Serves Customers - Works to satisfy customers expectations.		#N/A	
Exercises Leadership - Communicates ideas to justify position, persuades and convinces others, responsibly challenges existing procedures and policies.		#N/A	
Negotiates - Works toward agreements involving exchange of resources, resolved divergent interests.		#N/A	
Works with Diversity - Works well with men and women from diverse backgrounds.		#N/A	

Information: Acquires and evaluates information.			
Acquires and Evaluates Information Well		#N/A	
Effectively Organizes and Maintains Information		#N/A	

Interprets and Communicates Information Well		#N/A	
Uses Computers to Process Information		#N/A	
Systems: Understands complex interrelationships.			
Understands Systems - knows how social, prganizational, and technological systems work and operates effectively with them.		#N/A	
Monitors and Corrects Performance - Distinguishes trends, predicts impacts on system operations, diahnoses deviations in systems perfomance, and corrects malfunctions.		#N/A	
Improves or Designs Systems - suggests modifications to existing systems and develops new or alternative ways to improve performance.		#N/A	
Technology: Works with a variety of technologies.			
Selects Technology - Chooses appropriate procedures, tools or equipment including computers and related technologies.		#N/A	
Applies Technology to Task - Understands overall intent and proper procedures for setup and operation of equipment.		#N/A	
Maintains and Troubleshoots Equipment - Prevents, identifies or solves problems with equipment, including computers and other technologies.		#N/A	
Rate employee's overall performance in comparison to position duties and responsibilities:			
Total Points = #N/A ÷		Number of Factors Rated = 35	Overall Rating #N/A
5	Exceptional	A Performance Improvement Plan (PIP) must be completed when an employee receives a rating of Below Expectations or Needs Improvement on their annual performance evaluation.	
4	Exceeds Expectations		
3	Meets Expectations		
2	Below Expectations		
1	Needs Improvement		
Evaluator Name:			
Evaluator Signature		Date	

P.O. Box 86 • 2050 Venia Minor Road • St. Paul Island, Alaska 99660
907-546-3200 (Main) • 907-546-3254 (Fax)



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND
ESSENTIAL JOB FUNCTION ASSESSMENT FORM

Date:

Name:

Position:

What job functions did you actually perform this last year?

What functions do you see yourself performing this next year?

Are your current functions listed in your current Job Description?



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND
GOAL SETTING WORKSHEET

Date:

Name:

Position:

Do you have any personal interests you would like to share with us?

Do you have any personal goals you would like to share with us?

What are your professional interests?

What are your professional goals?

What training or certification would you like to obtain to reach your goals?

What can your employer do to help you reach your goals?



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND

INDIVIDUAL DEVELOPMENT PLAN																	
SECTION 1	EID:					Last Plan Date:					IDP Establishment Date:						
	Employee Name:									Supervisor Name:							
	Employee Position/Title:									Supervisor Position/Title:							
	Employee Department/Division:									Supervisor Department/Division:							
	Preferred Learning Style:	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Watching (<i>demo</i>)	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Practicum (<i>doing</i>)	<input type="checkbox"/>	Leader-Led	<input type="checkbox"/>	Virtual	<input type="checkbox"/>	Independent	<input type="checkbox"/>	One-on-One
	Development is to Support:			Demonstration of Proficiency:													
				Achievement of a Goal:													
		Career Goal:															

Instructions															
SECTION 2	<ul style="list-style-type: none">Make sure all your development plans are SMART (Specific, Measurable, Achievable, Relevant and Time Bound).Consider things you need to stop doing start doing and keep doing.Choose wisely and focus on two to three development needs/goals that are critically important to performance, career progression, orWhen identifying and selecting learning activities, consider your preferred learning style, and choose a variety of formal and on-the-job development activities that will help you acquire and practice the knowledge, skills and experience you need to develop.Include both formal (courses, reading assignments, trainings, etc.) and informal learning (job shadowing, coaching/mentoring, web conferences, .Get regular feedback from your supervisor, mentor, peers, direct reports, etc. on your progress and performance in the areas targeted for development.Celebrate incremental progress.Employee is charged with updating their own progress towards meeting their developmental goals. To update your progress in Section 3 Developmental Goals select from one of the following Progress status (Not Complete, In Progress, Complete).														



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND

Developmental Goals					
SECTION 3	Goal 1:				
	Developmental Activities	Competencies and Skills Addressed	Expected Completion Date	Progress	Expected Outcomes/Measures
	Goal 2:				
	Developmental Activities	Competencies and Skills Addressed	Expected Completion Date	Progress	Expected Outcomes/Measures
	Goal 3:				
	Developmental Activities	Competencies and Skills Addressed	Expected Completion Date	Progress	Expected Outcomes/Measures
	Goal 4:				
	Developmental Activities	Competencies and Skills Addressed	Expected Completion Date	Progress	Expected Outcomes/Measures



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND

S E C T I O N 4	Notes

S E C T I O N 5	Signatures
IDP Establishment: The Individual Development Plan has been reviewed and discussed. A signature indicates the employee reviewed and understood the requirements of this Plan.	
<div style="display: flex; justify-content: space-between;"><div>Employee Signature: _____</div><div>Date: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Supervisor Signature: _____</div><div>Date: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>HR Manager Signature: _____</div><div>Date: _____</div></div>	
Follow-Up Review: The completed Individual Development Plan has been reviewed and discussed. A signature indicates review occurred; not necessarily agreement with the results and recommendations.	
<div style="display: flex; justify-content: space-between;"><div>Employee Signature: _____</div><div>Date: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Supervisor Signature: _____</div><div>Date: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>HR Manager Signature: _____</div><div>Date: _____</div></div>	



**PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND**

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S E C T I O N 5	Signatures
IDP Establishment: The Individual Development Plan has been reviewed and discussed. A signature indicates the employee reviewed and understood the requirements of this Plan.	
<div style="display: flex; justify-content: space-between;"><div>Employee Signature: _____</div><div>Date: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Supervisor Signature: _____</div><div>Date: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>HR Manager Signature: _____</div><div>Date: _____</div></div>	
Follow-Up Review: The completed Individual Development Plan has been reviewed and discussed. A signature indicates review occurred; not necessarily agreement with the results and recommendations.	
<div style="display: flex; justify-content: space-between;"><div>Employee Signature: _____</div><div>Date: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Supervisor Signature: _____</div><div>Date: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>HR Manager Signature: _____</div><div>Date: _____</div></div>	



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND

S E C T I O N 1	EMPLOYEE PERFORMANCE IMPROVEMENT PLAN					
	EID:		Last Plan Date:		PIP Establishment Date:	
	Employee Name:				Supervisor Name:	
	Employee Position/Title:				Supervisor Position/Title:	
	Employee Department/Division:				Supervisor Department/Division:	

Instructions: The Performance Improvement Plan (PIP) should be used when an employee receives a rating of Good, Needs Improvement or Unsatisfactory on their annual performance evaluation. It may also be used any time an employee's performance or conduct fails to meet the supervisor's expectations.

S E C T I O N 2	Performance Improvement Plan	
	a. Summary of performance or behavior(s) to be changed:	
	b. Describe expected changes to be made by employee to improve performance or behaviors: <i>(including situations and/or conditions)</i>	
	c. List development/learning activities and/or resources, to include supervisor's actions, to assist employee with improving performance:	
d. Describe the consequences if the employee doesn't meet the required outcomes		
e. Additional notes of interim discussions while PIP is in effect: <i>(include dates of discussions)</i>		



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND

Results of Performance Plan

Follow-Up Review: To be completed by the supervisor within a reasonable amount of time after the initiation of the Performance Improvement Plan (e.g. 60 – 90 days). Please place an 'X' in the appropriate response box and provide comments to support your selection.

☐ Employee has satisfactorily improved behavior or performance as described in Section 1.

☐ Employee has not satisfactorily improved behavior or performance as described in Section 1.

Supervisor Comments:

Employee Comments:

Signatures

PIP Establishment: The Performance Improvement Plan has been reviewed and discussed.
A signature indicates the employee reviewed and understood the requirements to improve performance.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Manager Signature: _____ Date: _____

Follow-Up Review: The completed Performance Improvement Plan has been reviewed and discussed.
A signature indicates review occurred; not necessarily agreement with the results and recommendations.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Manager Signature: _____ Date: _____

Individual Developm Plan (IDP) Manual



Pribilof Island Aleut Community of Saint Paul Island
Tribal Government of St. Paul Island

Individual Development Plan (IDP)

Purpose and Benefit of an IDP

An individual development plan (IDP) is a tool to assist employees in career and personal development. Its primary purpose is to help employees reach short and long-term career goals, as well as improve current job performance. An IDP is not a performance evaluation but instead used in conjunction with the Performance Evaluation . It should be looked at like a partnership between the employee and the supervisor. A successful IDP involves preparation and continuous feedback.

Individual development planning benefits the organization by aligning employee training and development efforts with its mission, goals, and objectives. When using an IDP, supervisors develop a better understanding of their employees' professional goals, strengths, and development needs resulting in more realistic staff development. Employees take personal responsibility and accountability for their career development, acquiring or enhancing the skills they need to stay current in their field of work.

Some of the benefits of an IDP are:

- Provide an administrative mechanism for identifying and tracking development needs and plans
- Assist in planning for the organization's training and development requirements
- Align employee training and development efforts with organization's mission, goals, and objectives

An effective plan should include at minimum the following key elements:

- **Employee profile** - name, position title, department
- **Career goals** - short-term and long-term goals with estimated and actual completion dates
- **Development objectives** - linked to work unit mission/goals/objectives and employee's development needs and objectives
- **Training and development opportunities** - activities in which the employee will pursue with estimated and actual completion dates. These activities may include formal classroom training, web-based training, rotational assignments, shadowing assignments, on-the-job training, self-study programs, and professional conferences/seminars
- **Signatures** – supervisor, employee, and human resource signature and date

IDP Process

The IDP process requires communication and interaction between the supervisor and employee. It involves five phases:

- **Pre-Planning** - supervisor and employee prepare independently for the meeting, by completing a Goal Setting Worksheet
- **Employee/Supervisor Meeting** - discuss employee strengths, areas for improvement, interests, goals, and organizational requirements
- **Prepare IDP** – human resources completes the plan for individual development and consults with employee and supervisor to review and obtain signatures.
- **Implement Plan** - employee pursues training and development identified in plan
- **Evaluate/Update Outcomes** - supervisor/employee evaluate usefulness of training and development experiences, Human Resource Manager will schedule follow-ups on specified frequency

Performance Improvement Plan (PIP) Manual



Pribilof Island Aleut Community of Saint Paul Island
Tribal Government of St. Paul Island

Performance Improvement Plan (PIP)

Purpose and Benefits

From time to time, supervisors are faced with an employee whose performance is below expectation or needs improvement. The purpose of the "Performance Improvement Plan" (PIP) is to help supervisors and employees address and resolve performance issues. A PIP is not a performance evaluation but instead used in conjunction with the Performance Evaluation and Progressive Disciplinary Process. All supervisors should consult with the Human Resource Manager prior to issuing a PIP.

An underlying assumption in the successful resolution of performance issues is that taking action early rather than waiting. This statement is definitely true when considering ways to prevent performance problems. Early communication and early feedback (both positive and corrective) are good ways to prevent future performance problems. Investing time early is time well spent.

The "Performance Improvement Plan" aims to fulfill the following goals:

- To improve and sustain the desired behavior and performance results of each staff member.
- To address performance discrepancies identified through the performance evaluation process.
- To provide identification of compliance, expected behaviors and/or expected job results that do not meet performance expectations.
- To provide adequate descriptions of required performance improvements.
- To initiate action steps that an employee might take to correct performance—including identification of training and other resources available.
- To provide a timetable outlining the dates by which improvement will be accomplished.
- To provide a statement of consequences that will occur if required improvement is not achieved.
- To require regular meetings for the supervisor and employee.
- To require cooperation and ongoing communication between supervisor and employee.

When to Implement a PIP?

Performance Improvement Plans should be implemented when an employee's overall performance rating is "Below Expectations or Needs Improvement", or as part of the Progressive Disciplinary Process, if the supervisor determines the employee's current performance requires improvement after the supervisor has held prior discussions with the employee and has communicated expectations. All supervisors should follow the progressive disciplinary process beginning with a verbal warning. If performance discrepancies continue the supervisor should aim to correct the performance discrepancies by issuing a written warning. If performance continues to be unsatisfactory, the next corrective measure should be implementation of a PIP.

PIP Process

Creation of PIP – Supervisor in consultation with the Human Resource Manager will meet to create the PIP and ensure Progressive Discipline was followed.

Employee/Supervisor Meeting – The supervisor will discuss the following:

- Identify the specific performance issue(s)
- The impact of the issue(s) on the department and the Tribal Government of St. Paul
- Obtain the employee's feedback
- Expected performance results
- Developmental objectives (include internal/external resources necessary to influence improved performance)
- Action steps that will be taken by the employee
- Action steps that will be taken by the supervisor
- A resolution and decision on the course of action
- Describe the consequences if the employee doesn't meet the required outcomes

Implement Plan - employee follows action plan identified in PIP

Evaluate/Update Outcomes - supervisor/employee evaluate performance observed throughout PIP and make necessary changes, or address concerns as needed, Human Resource Manager will schedule follow-ups based on what is noted in the plan.

Creating the PIP

Section 1. – Employee Profile

Establishment date, last plan date, EID #, name, position title, department, and supervisor name.

Section 2. – Performance Improvement Plan

This section of the PIP communicates the aspects of the unsatisfactory performance that require immediate improvement. These are statements which clearly define the performance problems that exist with the particular employee. Each discrepancy should be clearly communicated, citing specific examples whenever possible.

The supervisor establishes an action plan aimed at correcting the employee's performance. If additional training is required, the training should be specified, as should the timetable in which it will be accomplished.

Performance Standards should be SMART:

- **Specific** - Performance standards should let employees know exactly which actions and results they are expected to accomplish.
- **Measurable** - Whenever possible, objectives and standards should be based on quantitative measures such as direct counts, percentages, and ratios.
- **Attainable** - The objective or standard should be achievable and set based on reasonable productivity standards.
- **Relevant** – The performance standards should be relevant to the job responsibilities.
- **Timely** - Results should be delivered within a time period that meets the department and organization's needs.

Other items that should be considered in the action plan section of the PIP are identification of any special support which will be given by the manager and special efforts/activities or assistance suggested by the employee as necessary to reach the goal(s).

Describe consequences if the employee does not meet the required outcomes.

Section 3. – Follow Up Review

In this section of the PIP, the supervisor communicates the performance observed throughout the PIP review period. Supervisors should maintain written documentation concerning performance discussions, summarizing dates and details of each discussion or meeting, throughout the PIP review period. Supervisors should consult with their Human Resources Manager for guidance.

Section 4. – Signatures

Employee signature, Supervisor signature, and Human Resource Manager Signature must be obtained for the PIP to be valid.



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND
POLICIES AND PROCEDURES

POLICY TITLE:	Workplace Bullying		
POLICY NUMBER:			
VERSION:	1.0		
REVISED DATE:			
EFFECTIVE DATE:			
NUMBER OF PAGES:			
APPROVAL			
RESOLUTION #:	2021-23	DATE:	April 7, 2021

I. OVERVIEW

- A. Description and Purpose** – The purpose of this policy is to communicate to all employees, including supervisors, managers, and executives, that the Tribal Government of St. Paul, herein referred to as (TGSPI), will not in any instance tolerate bullying behavior.
- B. Applicability** – This Policy applies to all active Tribal Government employees.
- C. Failure to Comply** - Failure to comply with this Policy may result in disciplinary action in accordance with any and all disciplinary policies of the Tribal Government.

II. POLICY AND PROCEDURE

A. Policy Statement

1. TGSPI is committed to providing a workplace that is free from bullying.
2. All staff have a right to work in an environment free from bullying, and to be treated with dignity and respect.
3. All managers and supervisors are responsible for actively intervening to prevent and stop any bullying behavior that is occurring in their workplaces, whether or not a complaint is received.
4. TGSPI provides these procedures by which all staff can have any complaint of workplace bullying addressed.
5. All staff have a right to use the procedures in this Policy if they believe they have experienced bullying that can be dealt with under these procedures.

B. Definition

1. TGSPI defines bullying as repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, that creates a risk to health, safety and well-being. Bullying behavior can include social media posts or comments that meet this definition.

C. Examples

1. Bullying may be intentional or unintentional. However, it must be noted that when an allegation of bullying is made, the intention of the alleged bully is irrelevant, and will not be given consideration when meting out discipline. As in sexual

harassment, it is the effect of the behavior on the individual that is important. TGSPI considers the following types of behavior examples of bullying.

- a. **Verbal Bullying:** Slandering, ridiculing or maligning a person or his or her family; persistent name calling that is hurtful, insulting or humiliating; using a person as butt of jokes, abusive and offensive remarks.
 - b. **Physical Bullying:** Pushing, shoving, kicking, poking, tripping, assault or threat of physical assault, damage to a person's work area or property.
 - c. **Gesture Bullying:** Nonverbal threatening gestures; glances that can convey threatening messages.
 - d. **Isolation/Exclusion:** Socially or physically excluding or disregarding a person from decisions, conversations, and work-related events.
 - e. **Posting on inappropriate comments or jokes on social media that meet the definition of bullying and would be considered a type of bullying under this Policy.**
2. In addition, the following examples may constitute or contribute to evidence of bullying in the workplace:
- a. **Deceit.** Repeatedly lying, not telling the truth, concealing the truth, deceiving others to get one's way, and creating false hopes with no plans to fulfill them
 - b. **Intimidation.** Overt or veiled threats; fear-inducing communication and behavior
 - c. **Ignoring.** Purposefully ignoring, avoiding, or not paying attention to someone; "forgetting" to invite someone to a meeting; selectively greeting or interacting with others besides a victim
 - d. **Rationalization.** Constantly justifying or defending behavior or making excuses for acting in a particular manner
 - e. **Minimization.** Minimizing, discounting, or failing to address someone's legitimate concerns or feelings
 - f. **Diversion.** Dodging issues, acting oblivious, changing the subject to distract away from the issue, canceling meetings, and avoiding people
 - g. **Shame and guilt.** Making an employee constantly feel that they are the problem, shaming them for no real wrongdoing, or making them feel inadequate and unworthy
 - h. **Undermining work.** Deliberately delaying and blocking an employee's work, progress on a project or assignment, or success; repeated betrayal; promising them projects and then giving them to others; alternating supportive and undermining behavior
 - i. **Pitting employees against each other.** Unnecessarily and deliberately pitting employees against one another to drive competition, create conflict, or establish winners and losers; encouraging employees to turn against one another

- j. Removal of responsibility.** Removing someone's responsibilities, changing their role, or replacing aspects of their job without cause
- k. Impossible or changing expectations.** Setting nearly impossible expectations and work guidelines; changing those expectations to set up employees to fail
- l. Constant change and inconsistency.** Constantly changing expectations, guidelines, and scope of assignments; constant inconsistency of word and action (e.g. not following through on things said)
- m. Mood swings.** Frequently changing moods and emotions; sharp and sudden shifts in emotions
- n. Criticism.** Constantly criticizing someone's work or behavior, usually for unwarranted reasons
- o. Withholding information.** Intentionally withholding information from someone or giving them the wrong information
- p. Projection of blame.** Shifting blame to others and using them as a scapegoat; not taking responsibility for problems or issues
- q. Taking credit.** Taking or stealing credit for other people's ideas and contributions without acknowledging them
- r. Seduction.** Using excessive flattery and compliments to get people to trust them, lower their defenses, and be more responsive to manipulative behavior
- s. Creating a feeling of uselessness.** Making an employee feel underused; intentionally rarely delegating or communicating with the employee about their work or progress; persistently giving employees unfavorable duties and responsibilities
- t. Aggression.** Yelling or shouting at an employee; exhibiting anger or aggression verbally or non-verbally (e.g. pounding a desk)
- u. Intrusion.** Tampering with someone's personal belongings; intruding on someone by unnecessarily lurking around their desk; stalking, spying, or pestering someone
- v. Coercion.** Aggressively forcing or persuading someone to say or do things against their will or better judgment
- w. Punishment.** Undeservedly punishing an employee with physical discipline, psychologically through passive aggression, or emotionally through isolation
- x. Belittling.** Persistently disparaging someone or their opinions, ideas, work, or personal circumstances in an undeserving manner
- y. CC or Reply all.** The use of CC and Reply all in email as a means to critique, highlight mistakes or publicly shame.

III. FORM(S)

A. None

IV. REFERENCE(S)

A. None

V. DEFINITION(S)

A. None

VI. POLICY HISTORY

A. This is a new policy.

POLICY TITLE:	Cell Phone Allowance Policy		
POLICY NUMBER:			
VERSION:	1.0		
REVISED DATE:	April 7, 2021		
EFFECTIVE DATE:	April 7, 2021		
NUMBER OF PAGES:	5		
APPROVAL			
RESOLUTION #:	2021-23	DATE:	April 7, 2021

I. OVERVIEW

- A. Description and Purpose** - The purpose of this policy is to provide a streamlined method and efficient process for providing reimbursement of business-related cellular phone and data expenses to eligible TGSPI employees, while remaining compliant with IRS rules and regulations. The allowance policy is a practical method that will eliminate TGSPI ownership and management of phone devices including the need for individual reimbursement of TGSPI business- related cellular phone calls made on a personal cell phone.
- B. Applicability** – This policy applies to all employees, Tribal Council Members, and Tribal Court Judges.
- C. Failure to Comply** - Failure to comply with this policy may result in disciplinary action in accordance with any and all disciplinary policies of the Tribal Government.

POLICY

- A. Effective** 1/1/2019, the Tribal Government of St. Paul Island (TGSPI) will offer a taxable allowance for business-related cellular phone expenses on a monthly basis to its employees that meet **one or more** of the following criteria¹:
- Employee is the President, Executive Officer, Administrator, Director, or Manager and must be responsible for making critical decisions directly related to ACSPI (financial, administrative, operations, or corrective-action).
 - Employee must be able to be reached beyond normal business hours or on weekends on a regular basis (i.e., on-call).
 - Employee must have job responsibilities that require the employee to be out of the office more than 50% of their normal working day and duties require a cellular phone to be contacted. (Simple convenience is not a criterion for granting a monthly cellular phone allowance.)
 - Employee Travels Extensively (traveling more than 8 weeks per year).

Group 4	Meets 4 Criteria	\$125 monthly data/isp allowance	equipment allowance (\$25 monthly)	25% Payroll Tax Adj. (\$37.5 monthly)	Total monthly \$187.5*
Group 3	Meets 3 Criteria	\$83 monthly data /isp allowance	equipment allowance (\$17 monthly)	25% Payroll Tax Adj. (\$25 monthly)	Total monthly \$125*
Group 2	Meets 2 Criteria	\$55 monthly data/isp allowance	equipment allowance (\$12 monthly)	25% Payroll Tax Adj. (\$16.75 monthly)	Total monthly \$83.75*
Group 1	Meets 1 Criteria	\$37 monthly data/isp allowance	equipment allowance (\$8 monthly)	25% Payroll Tax Adj. (\$11.25 monthly)	Total monthly \$56.25*

¹ iPad allowance included in monthly allowance amount if applicable

Process:

The employee will receive a cellular phone allowance to be paid bi-weekly via payroll. This allowance does not constitute an increase to base pay and will not be included in the calculation of percentage increases to base pay due to annual raises, promotions, etc. This allowance will be evaluated at time of hire and will be reviewed with every subsequent Personnel Action Form (PAF).

The employee is prohibited from collecting a monthly cellular phone allowance or equipment allowance when one's cellular phone device is no longer active or needed for the performance of the employee's job responsibilities. If there are any changes in employee status that necessitate a change in the allowance amount or cancellation of the allowance, the Human Resource Office is required to be notified, by email or in writing, and a new allowance and PAF may be required based on these changes.

The cellular phone equipment allowance includes all related accessories such as batteries, cases, covers, chargers, etc. For all groups, text messaging and calling capabilities are required and covered by the monthly allowance. For group 3 and 4, data plans, email, text messaging and "smart" phone capabilities are required of the employee and thus, covered by the monthly allowance.



Frequently Asked Questions (FAQs)

1. Why is TGSPI treating my cellular phone allowance as a taxable benefit?

Employer-provided cell phones are working condition benefits with IRS regulations.

When these benefits are provided using an allowance arrangement, the whole amount is reported as taxable income because the amount given to the employee is not limited to

how much the employee actually spent. Employees who receive these benefits can reduce their taxable income by reporting the actual cost of their work-related cell phone expenses when they file their taxes. The allowance has already compensated for

additional taxes by including a 25% increase.

Under the previous arrangement, reimbursements were nontaxable because they were exactly what had been paid rather than a standard amount.

2. Why can't we use an expense report for reimbursement of cellular phone expenses, as we have done in the past?

While we have allowed for reimbursement of cellular phone expenses through expense reports in the past, our allowance method will eliminate the need for expense reports, significantly reduce the paperwork necessary for reimbursement, and provide the employee

with a more efficient means of receiving "reimbursement" for business use of his/her personal cellular phone.

3. How do I know if I am eligible for a cellular-phone allowance?

Your manager and the HR Office will be responsible for determining whether an employee should receive a cellular phone allowance using the table above.

4. Can I use my cell phone for personal calls?

Yes.

5. What if my cell phone is lost, stolen, or damaged?

We recommend using a portion of your monthly allowance to purchase insurance for your cell phone. You are 100% responsible for the replacement costs of your phone.

6. Will the cash allowance and equipment allowance be included in my income for calculating my retirement or other benefits?

No. The cash allowance and equipment allowance are fringe benefits and not included in compensation calculations for retirement contributions.

II. FORM(S)

A. None

III. REFERENCE(S)

A. None

IV. DEFINITION(S)

A. None

V. POLICY HISTORY

A. This is a new policy.



ALEUT COMMUNITY OF ST. PAUL ISLAND
TRIBAL GOVERNMENT
POLICES AND PROCEDURES

POLICY TITLE:	Wireless Communication Devices		
POLICY NUMBER:	100-070-025		
VERSION:	1.0		
REVISED DATE:	21 June 2018		
EFFECTIVE DATE:			
NUMBER OF PAGES:	8		
APPROVAL			
RESOLUTION #:	2021-23	DATE:	April 7, 2021

I. OVERVIEW

- A. Description and Purpose** - This policy outlines the use of wireless communication devices (personal cellular telephones) at work, the personal use of business/government cellular (cell) telephones (phones), and the safe use of cell phones by employees while driving. The purpose of this policy is to provide guidelines regarding wireless communication devices. This policy enables the Tribal Government of St. Paul to meet its fiduciary responsibilities.
- B. Applicability** – This policy applies to all employees, Tribal Council Members, Tribal Court Judges and visitors.
- C. Failure to Comply** - Failure to comply with this policy may result in disciplinary action in accordance with any and all disciplinary policies of the Tribal Government.

II. POLICY

- A.** It is the policy of the Tribal Government that use of personal cell phones (including text messaging) shall be limited during the workday and Tribal Government issued cell phones shall be utilized for business/government purposes only and in a safe manner.
- B.** The Tribal Government recognizes that cell phones may be an important and necessary tool in the performance of certain employee's job duties. For those employees who have an approved and valid business/government purpose, the Tribal Government will, subject to specified terms and restrictions, provide a Tribal Government owned cell phone for that employee's business/government use. For those employees who regularly use a personal cell phone for Tribal Government business/government purposes, a cell phone allowance may be provided.
- C.** It is the intention of the Tribal Government to strictly curtail and limit the number of Tribal Government owned cell phones with Internet and/or data capability. When Internet or data capability is warranted, it is the intention of the Tribal Government to make such provision by means of a cell phone allowance as specified herein.

D. Use of Cell Phones

1. Personal Cell Phones

- a.** During paid work time, employees are expected to exercise the same discretion in using personal cell phones as is expected for the use of any Tribal Government owned cell phones.

- b. Excessive personal calls (including text messaging) during the workday is not allowed, regardless of phone used, can interfere with employee productivity and be distracting to others.
- c. Aleut Community Store employees; for the safety of our Customers and Staff cell phone use is prohibited while actively working out on the floor.

2. Personal Use of Tribal Government Provided Cell Phones

- a. Tribal Government owned cell phones should not be treated as if they were the employee's personal property.
- b. Except for incidental personal use, Tribal Government owned cell phones are to be used for business/government purposes only.

3. Safety Issues for Cell Phone Use

- a. Employees whose job responsibilities include regular or occasional driving must refrain from using a cell phone while driving. Safety must come before all other concerns.
 - i. Regardless of the circumstances, including slow or stopped traffic, employees are must pull off to a reasonably safe location and safely stop the vehicle before placing or accepting a call.
 - ii. If acceptance of a call is unavoidable and pulling over is not an option, employees are required to use hands-free options and are expected to keep the call short, refrain from discussion of complicated or emotional issues, and keep their eyes on the road.
 - iii. Special care should be taken in situations where there is traffic; inclement weather or the employee is driving in an unfamiliar area.
- .
- b. With the exception of extraordinary circumstances, operators of authorized emergency vehicles are to comply with the hands-free requirement while driving.
- c. Employees whose job responsibilities do not specifically include driving as an essential function, but who are issued a cell phone for business/governmental use, are also expected to abide by the provisions above.
- d. Under no circumstances are employees allowed to place themselves at risk to fulfill business/government needs.
- e. Text messaging, reading emails, and writing emails while driving is not allowable under any circumstance.
- f. Employees who are charged with traffic violations resulting from the use of a cellular phone while driving on duty may be subject to disciplinary action and personal liability resulting from such traffic violations.
- g. Violations of this policy will be subject to discipline, up to and including dismissal.

E. Use of Cell Phones in Meetings and Tribal Court

1. Use of cell phones in meetings (i.e. staff, planning, classes, tribal council, etc.) and Tribal Court hearings should be limited.
 - a. Employees time and attention should always be directed at the people in front of them.
2. Cell phones must be either turned off or place in silent mode.
 - a. Emergency personnel should leave the room if possible, to answer calls for emergency services.

F. Determination of Cell Phone and Plan

1. The decision of which phone and plan is appropriate for each employee will be documented and approved by Personnel Action From (PAF).
2. This determination will be made by taking into account the employee's individual job duties and related wireless communication needs. These needs will be determined by consulting with the department director and when necessary, the employee. Based on these individual needs, it will be the responsibility of the Director of Operations or his/her designee to procure the most cost-effective alternative of cell phone and plan.
 - a. Contract, polling of minutes, and free phone offers are examples of methods that will be used to establish the most cost-effective alternative for cell phones and plans.

G. Determination Cell Phone Allowance

1. To meet the Tribal Government's goal to strictly curtail and limit the number of Tribal Government owned cell phones, especially those with internet and/or data capacity, an employee may be eligible to receive a cell phone allowance.
2. Refer to Cell Phone Allowance Policy

H. Inventory and Assignment of Responsibility Required

1. The Accounting Division is responsible to ensure that all Tribal Government owned the respective departments inventory cell phones and a current, accurate inventory is maintained.
2. Responsibility for every Tribal Government owned wireless device is assigned to an employee. The employee assigned the wireless device shall be responsible for use that occurs on the device and payment for personal use.

I. Government Records

1. The use of cell phones, whether owned by the employee or the Tribal Government creates a record of the number dialed, or the number of the caller.
2. When the cell phone is used for Tribal Government business, that record is, in nearly every case, a government record, subject to possible disclosure to the Tribal Government.

Similarly, any message or email relating to Tribal Government business that is left on a cell phone, whether owned by the employee or the Tribal Government, is, in nearly every case, a government record, subject to possible disclosure to the Tribal Government.

J. Special Responsibilities for Supervisory Staff

1. As with any policy, supervisory staff are expected to serve as role models for proper compliance with the provisions above and are encouraged to regularly remind employees of their responsibilities in complying with this policy.

III. FORM(S)

- A. None

IV. REFERENCE(S)

- A. None

V. DEFINITION(S)

- A. “Wireless communication device” – means any device that is used, by any measure, to send or receive wireless voice or data transmissions, commonly referred to as cell phones. This does not include Tribal Government VHF, UHF, or two-way radios.
- B. “Hands-free equipment” – means a speakerphone, headset, or earpiece.
- C. “Incidental personal use” – means infrequent and insubstantial.

VI. POLICY HISTORY

- A. This is a new policy.



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND
POLICIES AND PROCEDURES

POLICY TITLE:	Social Media Policy		
POLICY NUMBER:	100-0600-061		
VERSION:	1.0		
REVISED DATE:	27 March 2020		
EFFECTIVE DATE:			
NUMBER OF PAGES:	2		
APPROVAL			
RESOLUTION #:	2021-23	DATE:	April 7, 2021

I. OVERVIEW

- A. Description and Purpose** – This policy provides guidance for employee use of social media, which should be broadly understood for purposes of this policy to include blogs, wikis, micro blogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, and other sites and services that permit users to share information with others in a contemporaneous manner.
- B. Applicability** – This Policy applies to all Tribal Government employees, volunteers, Judges, and Council Members hereinafter referred to as Personnel.
- C. Failure to Comply** - Failure to comply with this Policy may result in disciplinary action in accordance with any and all disciplinary policies of the Tribal Government.

II. POLICY AND PROCEDURE

- A.** The following principles apply to professional use of social media on behalf of the Aleut Community of St. Paul Island Tribal Government (TGSPi), as well as personal use of social media when referencing TGSPi.
1. Employees need to know and adhere to the TGSPi's Policies and Procedures Handbook when using social media in reference to the TGSPi.
 2. Employees should be aware of the effect their actions may have on their images, as well as TGSPi's image. The information that employees post or publish may be public information for a long time.
 3. Employees should be aware that TGSPi may observe content and information made available by employees through social media. Employees should use their best judgment in posting material that is neither inappropriate nor harmful to TGSPi, its employees, or customers.
 4. Although not an exclusive list, some specific examples of prohibited social media conduct include: posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment.
 5. Employees may not disclose the company's confidential, proprietary, or trade secret information. If there are questions about what is considered confidential, employees should check with their supervisor and refer to the TGSPi Policies and Procedures Handbook.

6. Social media networks, blogs and other types of online content sometimes generate press and media attention or legal questions. Employees should refer these inquiries to the Executive Director.
7. If employees find/encounter a situation while using social media that threatens to become antagonistic, employees should disengage from the dialogue in a polite manner and seek the advice of a supervisor.
8. Employees should get appropriate permission before you refer to or post images of current or former employees, members, vendors or suppliers. Additionally, employees should get appropriate permission to use a third party's copyrights, copyrighted material, trademarks, service marks or other intellectual property.
9. Social media use shouldn't interfere with employee's responsibilities at TGSPI. Computer systems are to be used for business purposes only. When using TGSPI's computer systems, use of social media for business purposes is allowed (ex: Facebook, Twitter, the Aleut Community of St. Paul blogs and LinkedIn), but personal use of social media networks or personal blogging of online content is discouraged and could result in disciplinary action.
10. If employees publish content after-hours that involves work or subjects associated with TGSPI, a disclaimer should be used, such as this: "The postings on this site are my own and may not represent TGSPI's positions, strategies or opinions."
11. It is highly recommended that employees keep the TGSPI- related social media accounts separate from personal accounts, if practical.

III. FORM(S)

- A. None

IV. REFERENCE(S)

- A. TGSPI Policies and Procedures Employment - Work Rules Section 600

V. DEFINITION(S)

- A. None

VI. POLICY HISTORY

- A. This is a new policy



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND
POLICIES AND PROCEDURES

POLICY TITLE:	Travel Policy		
POLICY NUMBER:	100-0600-		
VERSION:	2.0		
REVISED DATE:	11 February 2016		
EFFECTIVE DATE:			
NUMBER OF PAGES:	7		
APPROVAL			
RESOLUTION #:	2021-23	DATE:	April 7, 2021

I. OVERVIEW

- A. Description and Purpose** – This document defines the Tribal Government policy to be followed when traveling on Tribal Government of St. Paul Island (herein after referred to as TGSPI) business as well as employee accountability for Tribal Government funds.
- B. Applicability** – This Policy applies to all Tribal Government employees, volunteers, Judges, and Council Members hereinafter referred to as Personnel.
- C. Failure to Comply** - Failure to comply with this Policy may result in disciplinary action in accordance with any and all disciplinary policies of the Tribal Government.

II. POLICY

- A.** TGSPI recognizes that personnel may be required to travel or incur other expenses from time to time to conduct government business and to further the mission of TGSPI. The purpose of this Policy is to ensure that adequate cost controls are in place, travel and other expenditures are appropriate, allowable and reasonable, and to provide a uniform and consistent approach for the timely reimbursement of authorized expenses incurred.
- B.** TGSPI requires personnel to exercise discretion and good business judgment with respect to travel expenses, report expenses, supported by required documentation, and as expenses were actually incurred. Expenses incurred in excess of expenses paid in advance may be reimbursed upon approval by the immediate supervisor.
- C. General Travel Requirements:**

1. Approval

- a.** Personnel are required to submit a completed Travel Request Form along with all documentation to their immediate supervisor no less than one (1) week in advance.

2. Necessity of Travel

- a.** In determining the reasonableness and necessity of travel expenses, the personnel traveling and the personnel authorizing the travel shall consider ways in which TGSPI will benefit from the travel and weigh those benefits against the anticipated costs of the travel. The same consideration shall be taken into account in deciding whether a particular individual's presence on a trip is necessary.

- b. Necessity will also be determined by considering whether or not there are less expensive alternatives such as participation by telephone or video conferencing, or the availability of local programs or training opportunities.

3. Personal and Spousal Travel Expenses

- a. Personnel traveling on behalf of TGSPI may incorporate personal travel with their government related trips only if it does not involve greater expenses to TGSPI.
- b. Any additional expenses incurred as a result of personal travel, including but not limited to extra hotel nights, additional stop overs, meals or transportation, are the sole responsibility of the individual and will not be reimbursed.

4. Air Travel

- a. It is the policy of TGSPI to use the lowest fare wherever possible.
- b. Employees are encouraged to use their frequent flier miles and upgrade certificates to access first-class seating.
- c. Business/First class upgrades are an allowable expense if the following conditions are met:
 - i. Any flight segment has a schedule in-air flying time in excess of five hours; or
 - ii. The total schedules in-air flight time, including connecting legs, is in excess of seven hours within 24-hr period; or,
 - iii. A medical justification has been documented by a primary care provider.
- d. The Travel Coordinator will purchase tickets in advance.
- e. Frequent flyer benefits can be retained by personnel, but should not be the basis for switching air schedules, hotel accommodations or car rentals unless such choice is reasonably equal in cost to the lowest acceptable alternative.
- f. TGSPI will not reimburse any associate/membership fees for frequent flyer clubs.
- g. Personnel may elect to upgrade travel class at any time if they personally pay the cost difference between the class fare on their ticket and the class fare desired if it does not meet Section II.C.4.c above.
- h. Unused Tickets/Cancellations**
 - i. All unused airline tickets must be reported to the Travel Coordinator immediately.
 - ii. Unused refundable tickets reported to the Travel Coordinator will be submitted to the cardholder who made the payment to obtain the credit.

5. Lodging

- a. Lodging reservations for personnel without a TGSPI issued credit card will be made by the Travel Coordinator and booked with a TGSPI credit card.
- b. Lodging reservations for personnel with a TGSPI issued credit card will be made by that personnel using their TGSPI issued credit card.
- c. Personnel's travel arrangements that are canceled, delayed, and/or rescheduled for any reason are responsible to notify lodging company of the change or cancellation. TGSPI may cover the cost associated with any cancellation or rebooking fees as long as the Personnel provided proper notice to the lodging company. Failure by the Personnel to provide proper notice to the lodging company will result in the Personnel being responsible for any cancellation or rebooking fees, including reimbursement to TGSPI.

6. Meals and Incidental Expenses

- a. Personnel will receive a check to cover the cost of meals and incidental expenses.
 - i. Per Diem rates for meals and incidental expenses can be found at <http://www.gsa.gov/portal/category/100120> for the particular country, city or town that the personnel is traveling to.
 - ii. A check request for meals and incidentals must be completed, approved, and submitted to the accounting division at least one (1) week before travel. The Personnel traveling will be issued the check for per diem the day of expected travel. If the day of travel is on a weekend the check will be issued the normal scheduled workday prior to the day of travel.
- b. Personnel's travel arrangements that are canceled, delayed, and/or rescheduled for any reason are responsible to return to or reimburse TGSPI for any portion of the meals or incidental or return of the issued check in full.

7. Car Rental

- a. Personnel that are traveling outside the Anchorage area who require a rental car to travel to the site which TGSPI business (conference, meeting, training, etc.) is taking place, may request a rental car.
- b. Request for a rental car will be made on the Travel Request Form.
- c. TGSPI has an account with a common rental car company; once the Travel Request Form is approved the Travel Coordinator will reserve a rental car for the personnel in question.
- d. Personnel must meet the requirements of the rental car company to rent a vehicle.
- e. Personnel are responsible for any and all damage to the vehicle they rented.
- f. Personnel are responsible for any and all tickets they receive while using the rental car.

8. Travel Pay for Non-exempt Employees

- a. Regular non-exempt employees may be compensated for time spent traveling based on the following guidelines:
 - i. Normal commute/travel time to work is not compensated.
 - ii. Single-day out-of-town travel is considered compensable time, excluding commute home-to-work travel time (this includes alternate work site).
 - iii. Overnight out-of-town travel time is compensated when it is within the employee's regular workday. This is true for hours worked on regular working days during normal working hours and during the corresponding hours on nonworking days.
 - iv. Regular meal period time is not considered compensable time while traveling.
 - v. If an employee must commute/travel to a location outside of their normal place of work to fulfill work requirements, that actual travel time may or may not be compensated as outlined below:
 - If the travel is within normal work hours it is compensated
 - If the travel is outside of normal work hours and is on a common carrier or the employee is a passenger in a vehicle other than a common carrier AND work is performed, the travel time is compensated
 - If the travel time is outside of normal work hours and is on a common carrier or the employee is a passenger in a vehicle other than a common carrier and NO work is performed, the travel time is not compensated.
 - If travel time is outside of normal working hours and the employee is required to drive, the time is compensated.
 - vi. **Examples**
 - *An employee regularly works from 8 a.m. to 5 p.m. from Monday through Friday. The employee travels on business to a location that requires two hours of travel time. The employee leaves Friday at 8 a.m., works the remainder of Friday and Saturday morning, and returns on Saturday at 2 p.m. The two hours of travel time on Friday and the two hours of travel time on Saturday are compensable time. The hours worked on Friday and Saturday are also compensable time.*
 - *An employee regularly works from 8 a.m. to 5 p.m. from Monday through Friday. The employee travels on business to a location that requires two hours of driving to the airport and a 5 hour flight. The employee leaves Saturday at 8 a.m. and arrives at their destination at 4 p.m. but doesn't begin work until Monday at 8 a.m. The employee then works until 5 p.m. on Monday and from 8 a.m. to 5 p.m. on Tuesday. After the meeting ends at 5 p.m., the employee catches a cab to the airport, flies and upon arrival at the airport drives two hours*

home. The employee arrives Wednesday morning at 1 a.m. and returns to work at the regularly scheduled time that day to work the remainder of the week. The two hours driving time on Saturday and 2 hours of driving time on Tuesday night/Wednesday morning is compensable time. The work hours on Monday and Tuesday are also compensable time. Meal times and other time outside the employee's normal work hours are not compensated, the flight time is not compensated since it is on a common carrier and no work was performed.

9. Travel Report and Reimbursement Form

- a. All authorized travel must be itemized on the Travel Report Form. Travel Report Form must be approved by the personnel's immediate supervisor and submitted within seven (7) days of trip completion to the Travel Coordinator for review.
- b. Personnel are responsible for any delinquent charges incurred due to lateness of submitting the Travel Report Form.
- c. Personnel should always make and retain copies of submitted reports.
- d. Receipts are required for all expenses. Reimbursement for items or activities requiring receipts will not be made unless receipts are included with the Travel Report Form. The receipt must be original and must include sufficient information to establish the amount, date, place and the essential character of the expenditure.

10. Reimbursable Expenses

- a. The following types of expenses, if incurred in compliance with this Policy may be submitted for reimbursement.
 - i. Baggage Fees
 - ii. Excess Baggage Fees
 - iii. Ground Transportation (i.e. Taxi, Shuttle, Car Services, Public Transportation)
 - iv. Water Transportation (i.e. Ferries)
 - v. Mileage pursuant to business travel
 - vi. Fax Charges
 - vii. Internet Charges
 - viii. Tolls
 - ix. Parking

11. Non-Reimbursable Expenses

- a. Purely personal expenses while traveling are not reimbursable by TGSPI. The following is a partial listing of items that are not reimbursable:
 - i. Dues to airline clubs

- ii. Fines for traffic violations while on government business
- iii. Damages to an employee's vehicle while on government business
- iv. Loss of personal property while on government business
- v. Loss of cash advance, government paid airline tickets or personal funds
- vi. Cost of personal credit cards
- vii. Purchase of liability insurance coverage on car rental agencies
- viii. Any expenditures on behalf of terminating or transferring personnel
- ix. Purchase of life insurance during travel
- x. Purchase of clothing and other personal items such as haircuts, newspapers, magazines, tobacco, alcohol, etc.
- xi. Purchase of in-room movies and entertainment
- xii. Medical expenses (other than emergency care)
- xiii. Personally owed aircraft/watercraft and chartered aircraft/watercraft expenditures.

12. Exceptions to this Policy

- a. Any exceptions to this policy will be evaluated on a case- by-case basis.
- b. If your travel plans deviate from the policy as outlined above, or if you have concerns regarding the policy as it is written, your request/concern should be submitted in writing to your immediate supervisor with a copy provided to the Travel Coordinator. Every attempt will be made to accommodate special circumstances.

III. PROCEDURE(S)

- A. All personnel traveling on TGSPI business must complete a Travel Request Form. All required account coding and documents is to be submitted to the employee's immediate supervisor for approval.
 - 1. Per Diem rates for meals and incidental expenses can be found at <http://www.gsa.gov/portal/category/100120> .
 - 2. Upon approval Travel Coordinator will book their airline and hotel reservations.

IV. FORM(S)

- A. Travel Request Form
- B. Travel Report Form

V. REFERENCE(S)

- A. [2 Code of Federal Regulations \(CFR\) Part 200](#)
- B. [Per Diem Rates Look-Up](#)
- C. [Meals and Incidental Expenses Breakdown](#)

VI. DEFINITION(S)

- A.** Incur - To acquire or come into
- B.** Expenditures - the action of spending funds
- C.** Incorporate - to include as part of something else
- D.** Reimbursement - to make repayment to for expense or loss incurred
- E.** Delinquent - something that is past due

VII. POLICY HISTORY

- A.** This Policy replaces Section 600; Sub Section No. 605 Travel of the Tribal Personnel Policies and Procedures.

2050 Venia Minor Road
Saint Paul Island, AK 99660
907-546-3200

Traveler:		Purpose of Trip:	
Mailing Address:		Department	
		Date/time TGSPi travel begin:	
		Date/time TGSPi travel ends:	

MEALS AND INCIDENTAL EXPENSES (M&IE): Meals and Incidental Expenses are provided on based on GSA per diem rates. Place an "X" in each box to claim a meal; reimbursement will total automatically. For rates go to <http://www.gsa.gov/portal/category/100120>.

ESTIMATED AIRFARE EXPENSE: Airline reservations will be made on your supervisors credit card. Please complete a Credit Card Request.

ESTIMATED LODGING EXPENSE: Lodging reservations will be made on your supervisors credit card. Please complete a Credit Card Request. For rates go to <http://www.gsa.gov/portal/category/100120>.

ESTIMATED CAR RENTAL EXPENSE: See Rene Warner for making car rental reservations via our corporate account.

TOTAL OTHER EXPENSES REQUEST		\$	-
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APPROVAL: Send Travel Request form to Travel Coordinitor for review and processing.

Date:

Traveler Initial

Tribal Government of Saint Paul Island

Telephone: (907) 546-3200
Fax: (907) 546-3254

2050 Venia Minor Road
Saint Paul Island, AK 99660
Email: admin@aleut.com

Travel form questions: Rene Warner
Telephone: (907) 546-3225
Email: rawarnerr@aleut.com

TRAVEL REPORT & REIMBURSEMENT FORM

Traveler: _____	0	Purpose of Trip: _____	0
Mailing Address: _____	_____	Department: _____	Jan-00
_____	0	Date/time TGSPI travel begin: _____	1/0/1900
_____	_____	Date/time TGSPI travel ends: _____	1/0/1900

Narrative Summary Travel Report:

TGSPI PAID TRAVEL EXPENSES:

Attach Supporting Documentation

Per Diem	\$	-
Conference Fees	\$	-
Airfare	\$	-
Lodging	\$	-
Car Rental	\$	-
Car Rental Fuel	\$	-
Tolls/Taxi	\$	-

TOTAL PRE-PAID TRAVEL EXPENSE: \$ -

TRAVEL REIMBURSEMENT REQUEST:

Attach Supporting Documentation

Reason for Travel Reimbursement:

Reimbursement Item	Account Coding	Amount
Per Diem		\$ -
Conference Fees		\$ -
Airfare		\$ -
Lodging		\$ -
Car Rental		\$ -
Car Rental Fuel		\$ -
Tolls/Taxi		\$ -

TOTAL REIMBURSEMENT REQUEST: \$ -

TOTAL TRAVEL COST: \$ -

The Total Travel Reimbursement Request and Travel Report is determined necessary for official business of the TGSPI.

Signature of Traveler: _____

Date: _____

Approved By: _____

Date: _____

Title: _____

Reim Ck #: _____

Acknowledgement of Travel Regulations

By initialing below I acknowledge the policy and procedures governing "Travel" at the Tribal Government of St. Paul Island and attached herein under "TGSPI Travel Regulation". In particular, any unexcused absence from approved meetings while traveling on official business for TGSPI may result in the traveler reimbursing the TGSPI for all or part of the Total Travel Cost.

Traveler Initial _____



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND
POLICIES AND PROCEDURES

POLICY TITLE:	Temporary Telecommuting Policy		
POLICY NUMBER:			
VERSION:	1.0		
REVISED DATE:			
EFFECTIVE DATE:	April 7, 2021		
NUMBER OF PAGES:	2		
APPROVAL			
RESOLUTION #:	2021-23	DATE:	April 7, 2021

I. OVERVIEW

- A. Description and Purpose** – In the event of an emergency such as a weather disaster or pandemic, the Tribal Government (herein after referred to as TGSPI) may allow or require employees to temporarily work from home to ensure business continuity.
- B. Applicability** – This Policy applies to all Tribal Government employees, volunteers, Judges, and Council Members hereinafter referred to as Personnel.
- C. Failure to Comply** - Failure to comply with this Policy may result in disciplinary action in accordance with any and all disciplinary policies of the Tribal Government.

II. POLICY AND PROCEDURE

- A.** In the event of an emergency, TGSPI may require certain employees to work remotely. These employees will be advised of such requirements by the department Director. Preparations should be made by employees and managers well in advance to allow remote work in emergency circumstances. This includes appropriate equipment needs, such as hardware, software, phone and data lines. The IT department is available to review these equipment needs with employees and to provide support to employees in advance of emergency telework situations.
- B.** For voluntary telework arrangements, either the employee or department manager can initiate a temporary telecommuting agreement during emergency circumstances. The employee and manager will discuss the job responsibilities and determine if the job is appropriate for a telecommuting arrangement, including equipment needs, workspace design considerations and scheduling issues.
- C.** A telecommuting agreement will be prepared by human resources and signed by the employee and his or her manager.
- D.** The employee will establish an appropriate work environment within his or her home for work purposes. TGSPI will not be responsible for costs associated with the setup of the employee's home office, such as remodeling, furniture or lighting, nor for repairs or modifications to the home office space.
- E.** TGSPI will determine the equipment needs for each employee on a case-by-case basis. Equipment supplied by the organization is to be used for business purposes only.

- F.** Consistent with TGSPI's expectations of information security for employees working at the office, telecommuting employees will be expected to ensure the protection of proprietary company and customer information accessible from their home office.
- G.** Employees should not assume any specified period of time for emergency telework arrangements, and TGSPI may require employees to return to regular, in-office work at any time.

III. FORM(S)

- A.** Telecommuting Agreement

IV. REFERENCE(S)

- A.** None

V. DEFINITION(S)

- A.** None

VI. POLICY HISTORY

- A.** This is a new policy



The Circle Process

Restorative Circles, LLC, offers facilitation, training and coaching in Restorative Practices and Restorative Justice (also called Circle Process / Circle Keeping / Talking Circles), creating more welcoming communities and improving the response to conflict and harm, in schools, community, workplaces and justice systems. We are dedicated to motivating and supporting individuals, organizations and communities as they move towards embracing restorative values, principles and practices, to create cultures of belonging and innovation, where all voices are heard and valued.

Restorative Practices / Restorative Justice / Circle Keeping has the broad goal of proactively developing community, building relationships, managing conflict, and increasing shared values that enable individuals and groups to develop trust and therefore live / work more effectively together. The field is developing across national and disciplinary borders, including families, schools, communities, workplaces and justice systems, with the intention to restore community in an increasingly disconnected world.

Defining Restorative Practices, Restorative Justice and Circle Process:

We distinguish between the terms Restorative Practices and Restorative Justice by viewing Restorative Justice as a subset of Restorative Practices. Restorative Justice is reactive, consisting of responses to crime and other harm after it occurs. Restorative Practices uses processes that precede conflict, those that proactively build relationships and a sense of community to prevent conflict and harm.

Circle Keeping is used to describe both Restorative Practices and Restorative Justice, as it refers more directly to the origins of these practices from indigenous cultures. Circle Keeping is rooted in the tradition of Talking Circles that indigenous Peoples of North America and many other cultures use and have used for millennia. In these traditions, Circles are far more than a technique; they are a sacred way of life. Circles embody philosophy, principles, and values that apply whether people are sitting in Circle or not. For further information on Indigenous Origins of Circles, link to: <https://restorativecircles.net/indigenous-origins-of-circles/> (<https://restorativecircles.net/indigenous-origins-of-circles/>)

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Facilitator Training

Objectives

Participants will develop the skills, experience, and resources required to both facilitate and mentor others in the restorative practices of community-building circles and moving forward / repair-the-harm circles.

Outcomes

Our intention is that participants will complete training with the following:

1. The ability to facilitate Restorative Practices / be a Circle Keeper, with skills and experience in community-building and moving forward / repair-the-harm circles.
2. An understanding of how to carry this work forward in their personal and professional lives.
3. A specific plan to implement this work within their work / school / community environment.

Plan

We offer a one or two day intensive training, depending on the needs of the organization, with additional follow-up sessions upon request.



Indigenous Origins of Circles

Circles are far more than a technique; they are a sacred way of life. Circles embody philosophy, principles, and values that apply whether people are sitting in Circle or not.

During the 1990s, members of First Nations in Canada began teaching the Circle practice to non-Native people. They chose to do this because First Nation communities were seeking alternatives to the mass incarceration of their people. Returning to Native ways to resolve conflicts and harms required collaboration with non-Native people: lawyers, prosecutors, judges, as well as non-Native neighbors. In the process, non-Native people experienced the Circle process and its power to bring positive transformation for everyone involved. From these origins, the use of Circles among non-Natives has grown.

Several First Nations people in particular contributed to the use of Circles among non-Natives in the U.S. and Canada. The Hollow Water First Nation on Lake Winnipeg has played a critical role in demonstrating the philosophy and power of Circles to address harms in communities. Many non-Natives learned about Circles through their work, especially by reading Rupert Ross's book, *Returning to the Teachings: Exploring Aboriginal Justice* Canada; available in the U.S. from Living Justice Press.

This cross-cultural transference that First Nations people initiated was spurred by the need to find alternatives to incarceration and to reduce the disproportionate incarceration of Native people. When non-Native people, including many People of Color, experienced the power of the Circle process to address harms and conflicts, they began to use the process with other non-Native people and in other areas of life as well.

Using Circles in schools quickly became another major area of use. In Minnesota, Dakota-Ojibwe playwright and scholar Chuck Robertson was a strong advocate of using Circles with Native and non-Native communities, especially around schools. With his Circle associates Jamie Williams and Oscar Reed, Dr. Robertson trained and worked with hundreds of educators to bring the Circle process into school settings.

Indigenous peoples around the world have clearly used processes similar to Circles to attend to the community's work. Circles of stones or wood can be found all over Europe. Some European circular sites date back 5,000 years or more. Though Indigenous European forms of Circles have been largely lost, many Indigenous Peoples continue to use Circle-like processes today. We are deeply indebted to those who have carried these traditions into modern times.

Information from Living Justice Press

Links

Circle Keeper's Handbook, by Kay Pranis (Excellent resource for Community Building Circles, with tips for opening / closing circles and sample questions)

<http://fromdiaperstodiamonds.com/wp-content/uploads/2015/09/CIRCLE-KEEPER-HANDBOOK-REVISED-PRANIS.pdf> (<http://fromdiaperstodiamonds.com/wp-content/uploads/2015/09/CIRCLE-KEEPER-HANDBOOK-REVISED-PRANIS.pdf>)

Restorative Practices in the San Francisco Unified School District (Explore this...many excellent links!)

<http://www.healthiersf.org/RestorativePractices/About/index.php>
(<http://www.healthiersf.org/RestorativePractices/About/index.php>)

Team Pedia: Games (Helpful ideas for ice-breakers / team-building)

http://www.teampedia.net/wiki/index.php?title=Main_Page
(http://www.teampedia.net/wiki/index.php?title=Main_Page)

Theatre Games: (Helpful ideas for ice-breakers / team building)



Improv Games for Collaboration

Here are some great improv games to work on collaboration skills. Word at a Time Story
Students sit in a circle. Give them a title for a story. "The Best Birthday Ever." The story is told one word at a time around the circle. Remind students that the story has to make sense. They are ... Continue reading



The Theatrefolk Blog



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND
TXIN KAANGUĀ INITIATIVE



POLICY TITLE:	Txin Kaanguꞥ Initiative – Grievance		
POLICY NUMBER:			
VERSION:	1.0		
REVISED DATE:	1 September 2015		
EFFECTIVE DATE:			
NUMBER OF PAGES:	3		
APPROVAL			
RESOLUTION #:		DATE:	

I. OVERVIEW

- A. Description and Purpose** - This policy outlines the process the Txin Kaanguā Initiative uses to receive, address, and resolve grievances. It is the responsibility of all parties involved in a grievance to participate fully in the resolution process in good faith as the Initiative recognizes that client satisfaction is an important part of providing effective care. Every effort should be made by staff to resolve client concerns informally as quickly and as simply as possible.
- B. Applicability** – This policy applies to all Tribal Government employees, volunteers and contractors working under the Initiative. All involved have a responsibility to comply with this policy.
- C. Failure to Comply** - Failure to comply with this policy may result in disciplinary action in accordance with any and all disciplinary policies of the Tribal Government.

II. POLICY

- A.** Within the Notice of Privacy Practices handout, the Grievance Procedure will be presented to each client at service orientation. The client should read and sign receipt of the documents which will be retained in the clients' individual file.
- B.** On occasion, a client, may become dissatisfied with one or more aspects of services received. In most cases, an open discussion is encouraged between the client and staff member involved may resolve the situation in a responsible and reasonable fashion.
- C.** However, in some instances, additional action may be required and a client may express themselves in writing, regarding the problem, through the Grievance Procedure.
- D.** Grievances may be filed by/for any client, parents, guardians or other support persons with client support.
- E.** Negotiated solutions will aim to address the key issues and be acceptable to all individuals or parties involved without ascribing blame, victimization or discrimination.
- F.** Complainants will not suffer any disadvantages as a result of raising a grievance. All persons have the right to a safe, and confidential environment and to be treated with dignity and respect.
- G.** Confidentiality must be respected and maintained at all times within the constraints of the need to fully investigate the matter.



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND
TXIN KAANGUꞰ INITIATIVE



- H.** A review of formal grievances, stored in administrative files, is conducted annually to determine trends, areas needing performance improvement, and actions to be taken.

III. PROCEDURE(S)

A. EXCEPTION TO STAGES

- I.** Grievances that involve alleged abuse, assault, neglect or unnecessary seclusion or restraint will directly go to the President or designee to be addressed immediately.

B. INFORMAL

- I.** In most cases, an open discussion between the client and staff member(s) involved may resolve the situation in a responsible and reasonable fashion. If the complaint is not resolved to client satisfaction, proceed to the next step.
- II.** The client shall submit a complaint in writing, via the Grievance Form, to the involved staff member(s) supervisor. This should be done within 5 working days after the completion of the previous step. Within ten working days after receipt of the grievance, the staff supervisor will review the complaint, meet with the individuals involved to gather information and assist the parties in resolving the complaint. If the complaint is not resolved to client satisfaction, consider accessing the Formal Grievance Procedure as the next step.

C. FORMAL

- I.** Within ten working days of the Informal Grievance Procedure, you must submit your Grievance Form to the Initiative Administrator with copies to the person with whom you have a grievance. Within 10 working days, the Administrator or designee will review the grievance and interview individuals involved in the grievance. A resolution to the complaint will then be issued in writing. If the complaint is not resolved to satisfaction, proceed to the next step.
- II.** Submit your Grievance Form to the Tribal President within 5 working days after completion of the previous step. Within ten working days after receipt of the grievance, the president will review the information and call a meeting of all concerned to resolve the grievance. Within five working days, the president will notify all concerned in writing as to the decision/resolution made. The decision of the president will be final.

D. OUSTIDE PARTIES

- I.** Outside parties may be called upon in certain situations or for legal necessity.

IV. FORM(S)

A. Grievance Form

B. Grievance Review Form



PRIBILOF ISLANDS ALEUT COMMUNITY OF SAINT PAUL ISLAND
TRIBAL GOVERNMENT OF ST. PAUL ISLAND
TXIN KAANGU^Ā INITIATIVE



V. REFERENCE(S)

- A. AS 47.30.847. Patients' Grievance Procedures

VI. DEFINITION(S)

- A. Grievance: A wrong or hardship suffered (real or perceived) that is unable to be resolved at the point of contact which is grounds for a complaint.
- B. Complaint: A written expression of dissatisfaction or concern.

VII. POLICY HISTORY

- A. This is a new policy.



Grievance Form

No retaliation will be taken against you for filing this complaint or proceeding with the Grievance Procedure.

This form is to be used when prior initial informal attempts to resolve an issue have proven to be unsatisfactory.

Your Name: _____

Today's Date: _____

Telephone: _____

Date of Incident: _____

Please state the incident that prompted this grievance and include those involved, any witnesses, and attempts to resolve the problem:_____

[illegible]

You proposed resolution to this complaint is: _____

Your signature below provides consent for release of information regarding this grievance for investigative purposes.

Complainant's Signature: _____

Date: _____

For Internal Use Only

Received By: _____

Date Received: _____

Start of Investigation: _____

Date Resolved: _____



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Grievance Review Form

Informal Step 1

Staff	Date of meeting with client:	
Result	Description of proposed resolution:	
Client is dissatisfied with resolution Continue to next step.		
Dissatisfied client signature	Date	

Informal Step 2

Supervisor	Date Grievance provide to supervisor:		Date of meeting with client:	
Result	Description of proposed resolution:			
Client is satisfied with resolution. Stop with this step.				
<input type="checkbox"/>				
Client is dissatisfied with resolution Continue to next step.				
<input type="checkbox"/>				
Satisfied client signature	Date	Dissatisfied client signature	Date	

Formal Step 1

Administrator	Date Grievance provided to Administrator:		Date of meeting with client:	
Result	Description of proposed resolution:			
Client is satisfied with resolution Stop with this step.				
<input type="checkbox"/>				
Client is dissatisfied with resolution Continue to next step.				
<input type="checkbox"/>				
Satisfied client signature	Date	Dissatisfied client signature	Date	

Formal Step 2

President	Date Grievance provided to President:		Date of meeting with client:	
Result	Description of proposed resolution:			
Client is satisfied with decision				
<input type="checkbox"/>				
Client dissatisfied, understands it is final				
<input type="checkbox"/>				
Client signature	Date			