

COMMON HR PRACTICES

And the difficulty it may bring



December 5, 2024

PRESENTERS



**Leea
Butler**

- 116 Employees
- 3 Commissioners
- 100k+ Customers



**Maggie
Panter**

- 51 Employees
- 3 Commissioners
- 18k+ Customers



**Melinda
Willoughby**

- 16 Employees
- 5 Commissioners
- 6k+ Customers

HUMAN RESOURCE RESPONSIBILITIES



FOCUS AREAS

01



COMMON EMPLOYMENT PRACTICES

- Recruiting
- Interviewing
- Onboarding
- Workman's Comp
- Drug Testing

02



LEADERSHIP TRAINING

- Importance
- Internal Training
- External Training

03



EMPLOYEE ENGAGEMENT & RETENTION

- Open Communication
- Growth & Development
- Employee Recognition
- Work/Life Balance
- Positive Work Culture
- Leveraging Technology

04



BENEFITS

- State Benefits
- Common Paid Leave Practices
- Alternative/ Flex Work Schedules

05



RETIREMENT

- Succession Planning
- Navigating TCRS & Social Security
- Retiree Benefits

COMMON EMPLOYMENT PRACTICES



Recruiting

- Job Applications
- Job Descriptions
- Recruitment Tools
- Referral Program



Interviews

- Types of Interviews
- Material Preparation
- What to say
- What NOT to say
- Preparing other interviewers



Onboarding

- Preparation
- Checklist
- Useful Websites
- Material
- Supervisor Prep
- Benefits
- Payroll



Workman's Comp

- Procedure Checklist
- State Filing
- Insurance Filing
- OSHA Log
- Drug Testing
- Physician Panel
- Insurance Claim
- Payroll vs. WC Benefit



Drug Testing

- Utility Policy
- TN Drugfree Workplace
- Work Comp Discount
- Pre-Employment
- Safety Sensitive
- Post Accident
- Random
- Reasonable Suspicion

RECRUITING



EMPLOYMENT APPLICATIONS

Purpose: Collect detailed, job-relevant information about potential candidates.

Screening Tool: first step in evaluating applicants for vacancies

Compliance: Ensures applications meet legal and regulatory requirements.

Avoid Discriminatory Data: Exclude questions on age, religion, military/veteran status, disability, and other protected categories.

Protect Privacy: Avoid requesting unnecessary personal data, such as Social Security or driver's license numbers.

Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information _____ DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
HOW DID YOU FIND OUT ABOUT THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER _____ <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE		

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK

SPECIAL TRAINING, CERTIFICATIONS, LICENSES

SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

JOB DESCRIPTION PURPOSES



CLARIFY JOB EXPECTATIONS

defines roles, responsibilities, and performance standards clearly for employees



SUPPORT RECRUITMENT EFFORTS

attract qualified candidates by outlining required skills, qualifications, and duties



FACILITATE PERFORMANCE MANAGEMENT

provide a benchmark for evaluating employee performance and setting goals



ENHANCE LEGAL PROTECTION

document essential job functions to ensure compliance with labor laws & support legal defense

JOB DESCRIPTION PURPOSES



GUIDE EMPLOYEE DEVELOPMENT

identify required skills and competencies for training and career growth opportunities



PROMOTE WORKPLACE EFFICIENCY

reduce role ambiguity, overlap, and misunderstandings among team members



AID IN COMPENSATION DECISIONS

provide a foundation for salary benchmarking and ensuring pay equity

JOB DESCRIPTION CONTENT

POSITION OVERVIEW

summarize the role's purpose and key objectives

KEY RESPONSIBILITIES

primary duties & tasks that employee will perform; use action words for clarity (e.g. Manage, Coordinate, Always)

REQUIRED QUALIFICATIONS

highlight education, certification and experience needed

PREFERRED QUALIFICATIONS

detail additional, non-mandatory skills or experiences

PHYSICAL REQUIREMENTS

outline physical demands, such as lifting, standing, or traveling

WORK ENVIRONMENT

describe conditions such as office settings, field work, exposure to elements, etc.

CORE COMPETENCIES

specify traits needed to excel such as teamwork, problem-solving, multi-tasking, adaptability, etc.

PERFORMANCE METRICS

identify how success in the role will be measured (e.g. deadlines met, quality standards, etc.)

RECRUITMENT TOOLS

**Social
Media**

**Local Colleges &
Trade Schools**

**Company
Website**

**Employee
Referral Program**

**Online
Job Boards**

**Recruitment
Events**

**Utility-Related
Websites**

**Community
Engagement**



INTERVIEWS



INTERVIEWS

Interviews don't have to follow a one-size-fits-all approach. Explore the available options to align with your goals and utility needs. By leveraging diverse interview methods, you can streamline the hiring process and free up time for other priorities

PHONE

01

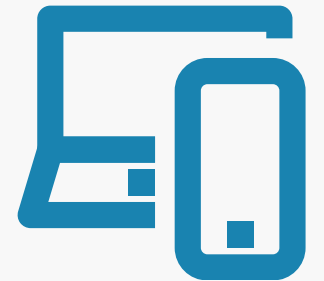
Remote option that allows an opportunity for initial screenings to discuss experience, role, wages, schedule, etc.



VIRTUAL

02

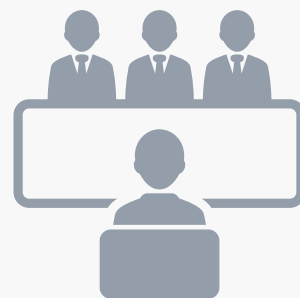
In-person alternative to eliminate travel without compromising face-to-face and evaluation of behavior



PANEL

03

Multiple perspectives with one candidate and interviewers can



STRUCTURED VS. UNSTRUCTURED

04

Consistent, question-driven evaluations vs. flexible, conversational approach



INTERVIEW PREP TIPS

Interview Don'ts

- Avoid questions that could be considered discriminatory (e.g., family status, age, religion, etc.)
- Keep questions focused on job-related qualifications and skills to avoid bias or legal issues

Material Preparation

- Bring the job description, general compensation and benefits summary, application/resume copies
- Plan interview questions in advance and decide who will lead each section of the interview

Prepare Team Interviewers

- Train interviewers on proper conduct and expectations for their role in the process
- Emphasize the importance of professionalism and consistency during interviews

Sell Your Utility

- Applicant is interviewing utility as well
- Be transparent—highlight both positives and challenges while showcasing why your utility stands out
- Provide a benefits cheat sheet to leave a lasting impression

ONBOARDING



ONBOARDING PREPARATION

Managing dates, processes & details for new hires

CHECKLIST

- Outline each step from pre-employment to the first day and post-employment follow-ups to ensure a smooth process.

NON-HR ITEMS

- Include steps beyond HR's scope, such as ordering uniforms, safety gear, and electronic equipment

New Employee Checklist

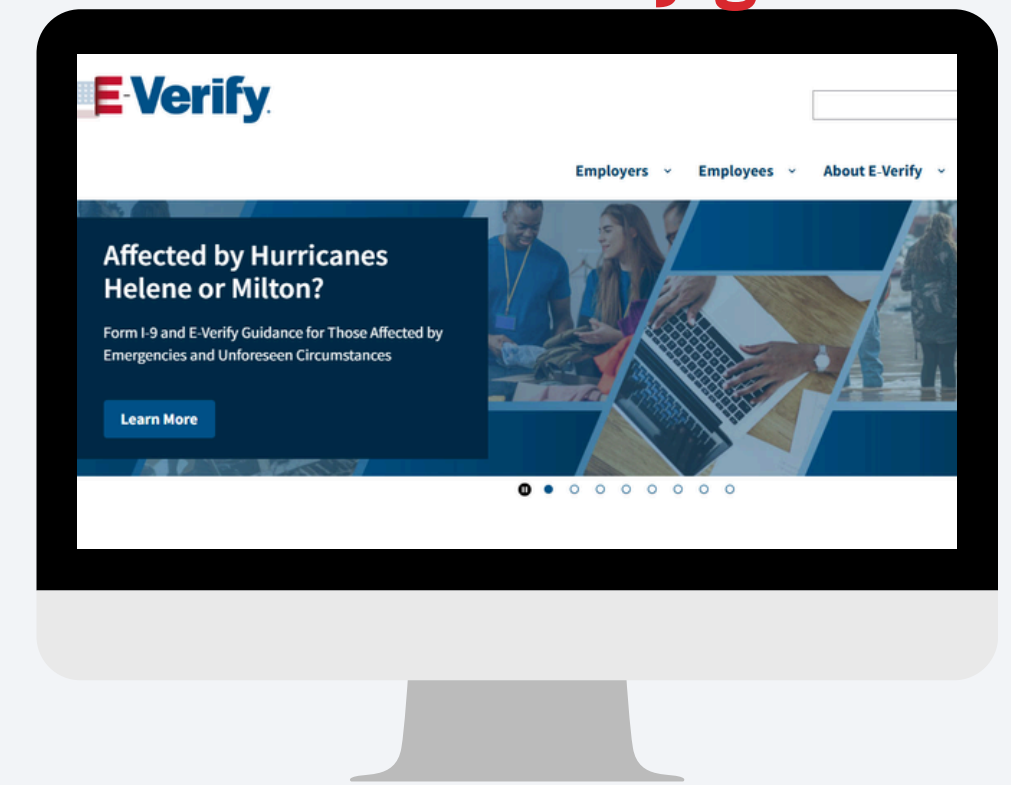
Employee Name	Date of Hire	Employee Number
Documentation Checklist		Miscellaneous
Pre-Employment		Warehouse Checklist
▪ Employment Application		▪ Gas Card
▪ Resume		▪ PPE/ Safety Equipment
▪ Interview notes		▪ Boot Allowance
▪ Contingent Offer		▪ FUD Garments
▪ Physical & Drug Screen (safety sensitive)		▪ Uniform Sizing and Order
▪ Background Check		▪
▪ Final employment offer		IT Dept Checklist
Hire Date Prep		▪ Windows login
▪ Notify Warehouse, IT and other depts.		▪ IT Equipment (computer, printer, laptop)
▪ Status/ Pay Rate Record		▪
▪ Employee Summary Sheet		Miscellaneous
▪ Welcome Letter		▪ Business cards
▪ Login information (Windows/ Email)		▪ Cell phone
▪ Job Description		▪ Hepatitis B vaccinations
▪ Payroll/ Time Entry Instructions		▪
▪ Total Compensation Package Samples		▪
Hire Date Checklist		Other Reminders
▪ W-4		▪ Update payroll folders; applicable ded.
▪ Direct Deposit/ ACH Form		▪ Scan documents to Payroll folder
▪ Emergency Contact		▪ End of probation calendar reminders
▪ I-9		▪ ID Badge
▪ E-Verify		▪ Scan/upload documents to UPN
▪ New Hire Reporting		▪ Update Salary Spreadsheet
▪ Employee Handbook acknowledgment		▪ Set calendar reminder for retirement
▪ Safety manual acknowledgment		▪
▪ Title VI Policy acknowledgment		▪
▪ DOT Substance Abuse acknowledgment		▪
▪ Medical insurance application/ enroll		
▪ Dental/ vision ins application/ enroll		
▪ Teladoc insurance application/ enroll		
▪ Referral form to Accounting Dept.		

NEW HIRE WEBSITES

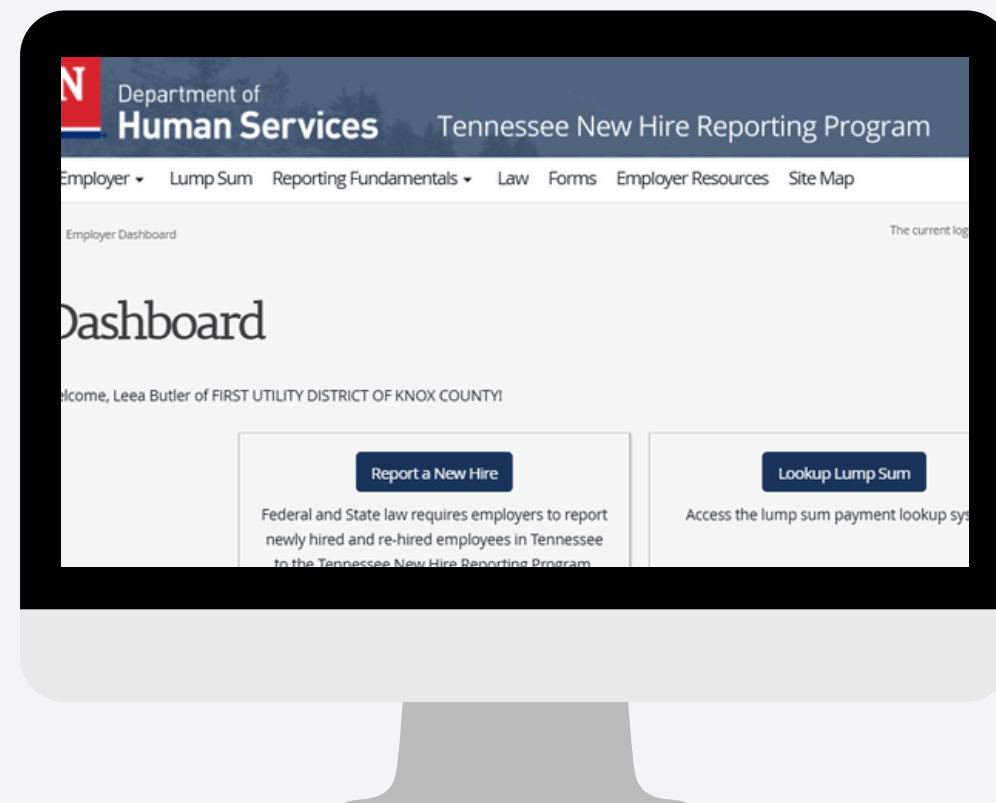
FEDERAL REPORTING

- E-Verify is a web-based system that allows enrolled employers to confirm the eligibility of their employees to work in the United States
- Information entered is based upon I-9 that employee completes

www.e-verify.gov



www.tnnewhire.com



STATE REPORTING

- TN New Hire Reporting requires all employers to report newly hired and re-hired employees to a state directory within 20 days of their hire or re-hire date
- Lump sum payments are considered employee income and thereby are subject to withholding to collect past due child support

WORKMAN'S COMPENSATION

WORK INJURY CLAIM FORM

- Please complete all sections of this form using black ink, and do not use correction fluid as this will invalidate your application.
- To help us process your application quickly, please ensure the correct information is provided.
- If you would like assistance to complete this form or have any question, please see contact details at the end of this form.

Full Name:

Occupation:

Date of Birth:

Security #:



WORKMAN'S COMPENSATION

DETERMINING TREATMENT OPTIONS

First Aid Only

No Claim

- Create File
- Employee Incident Form
- Report Only
- No External Treatment
- No Drug Test
- No OSHA Log Update

Non-Emergency Treatment

File Insurance Claim

- Physician Panel Selection
- Contact Physician
- Drug Test & Treatment
- Incident Report
- OSHA Log Update
- Work Restrictions

Emergency Treatment

File Insurance Claim

- Physician Panel Selection
- Contact Hospital
- Contact Drug Testing Co.
- ER Drug Test & Treatment
- Incident Report
- OSHA Log Update
- Work Restrictions

**TENNESSEE BUREAU OF WORKERS' COMPENSATION
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS**

CLAIMS ADM/CARRIER	JURISDICTION CLAIM # (STATE FILE #)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>THE USE OF THIS FORM IS REQUIRED UNDER THE TENNESSEE WORKERS' COMPENSATION LA... COMPLETED AND FILED WITH YOUR IN... IMMEDIATELY AFTER NOTICE OF INJURY.</p> <p>IT IS A CRIME TO KNOWINGLY PROVIDE FALS... MISLEADING INFORMATION TO ANY PARTY... COMPENSATION TRANSACTION FOR THE PURPOSE... FRAUD. PENALTIES INCLUDE IMPRISONMENT, F... INSURANCE BENEFITS.</p> <p>IF YOU HAVE QUESTIONS, THE STATE NOW HAS... SYSTEM WHERE A WORKERS' COMPENSATION... PROVIDE ASSISTANCE. CALL 1-800-332-2667 (T...</p>
	CLAIMS ADM CLAIM # (INSURER CLAIM #)		NAME OF INSURANCE CARRIER		
	OSHA LOG CASE #		CARRIER FEIN		
	NAME OF INSURANCE CARRIER		FEIN OF CLMS ADM		
	CLAIMS ADMIN FIRM NAME (IF DIFFERENT FROM CARRIER)		CLMS ADJ PHONE #		
	CLAIMS ADJUSTER NAME		CITY		
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2		STATE		
EMPLOYER	EMPLOYER NAME		EMPLOYER FEIN	SIC CODE	PHONE N
	EMPLOYER ADDRESS LINE 1 AND LINE 2		NATURE OF BUSINESS		
	CITY	STATE	ZIP	INSURED REPORT #	EMPLO
POLICY	INSURED NAME (PARENT CO. IF DIFFERENT THAN EMPLOYER)		POLICY NUMBER	EFF DATE	EMPLOYMENT <input type="checkbox"/> FULL TIME/REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TI
	EMPLOYEE LAST NAME		PHONE INCL AREA CODE	EXP DATE	
	FIRST	MI	DEPARTMENT REGULARLY	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

Form C-20: First Report of Injury

- Reports the following information: policy, employer, employee, incident occurrence, and initial treatment
- Complete and submit to insurance carrier

FORM C-42

TENNESSEE BUREAU OF WORKERS' COMPENSATION

EMPLOYEE'S CHOICE OF PHYSICIAN
Medical Panel

Employer

- List at least three physicians and provide this panel to employee upon the report of a workplace injury.
- Keep the completed, signed version of this form on file and send a copy to the employee for their records.
 - Do not send this form to the State unless requested.

Employee

- Fill out the bottom portion of this form to indicate which physician you choose.
 - If you refuse to accept medical services from the chosen physician, your rights to benefits may be delayed.
 - Traveling more than 15 miles (one way) to (or from) medical treatment? Employees may seek reimbursement of their travel expenses from the insurance carrier.
- Send completed form back to your employer.

TO BE COMPLETED BY THE EMPLOYER:

Employee Name _____ Date Panel Provided _____


Employer _____ Date of Injury _____

Employer Contact _____ Phone _____ Email _____

Physician 1	Physician 2	Physician 3
Name _____	Name _____	Name _____

Form C-42: Panel of Physicians

- Panel of three physician options for employee to select for treatment
- Employee must complete
- Employer sends to insurance claims adjuster



Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002

FORM C-41


WAGE STATEMENT

EMPLOYEE: _____ SSN: _____ STATE FILE #: _____

Employer _____ Ins Claim # _____ Date of Injury: _____

Please list the wages earned by the employee named above during each of the 52 weeks prior to date of injury, if applicable.

WEEK	WEEK ENDING	GROSS WAGES	WEEK	WEEK ENDING	GROSS WAGES
1			27		
2			28		
3			29		
4			30		
5			31		
6			32		
7			33		



Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667

FORM C-31

MEDICAL WAIVER AND CONSENT

This form is not required for injuries occurring on or after July 1, 2014

THIS MEDICAL AUTHORIZATION FORM ONLY PERMITS THE EMPLOYER OR THE BUREAU OF WORKERS' COMPENSATION TO OBTAIN MEDICAL INFORMATION THROUGH ORAL OR WRITTEN COMMUNICATION, INCLUDING, BUT NOT LIMITED TO, CHARTS, FILES, RECORDS, AND REPORTS IN THE POSSESSION OF A MEDICAL PROVIDER AUTHORIZED BY THE EMPLOYER PURSUANT TO T.C.A. § 50-6-204 AND A MEDICAL PROVIDER THAT IS REIMBURSED BY THE EMPLOYER FOR THE EMPLOYEE'S TREATMENT.

I, _____, having filed a claim for workers' compensation benefits, do hereby authorize
(Printed Patient Name)

_____ to furnish to my employer or my employer's
(Name of Medical Provider)

representative, and/or the Bureau of Workers' Compensation any information or written material reasonably related to my

work-related injury of _____ for which I am claiming compensation. I further authorize the release of

Form C-41: Wage Statement

- Reports the gross wages for an employee for the recent 52 weeks
- Necessary if injury requires time away from work
- Complete and submit to insurance carrier

Form C-31: Medical Waiver & Consent

- Not a required form since 7/1/14
- Included as a reminder that employee will need to sign a similar form of consent to allow insurance to access medical records pertaining to the work comp injury

WORKMAN'S COMPENSATION

BENEFIT DETERMINATION

WAITING PERIOD OVERVIEW & KEY POINTS

7-DAY WAITING PERIOD



Waiting period for benefits of work-related injury is 1st 7 calendar days

BENEFITS BEGIN DAY 8



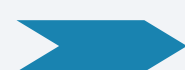
Compensation is not provided during waiting period

NO PAYMENT 1ST 7 DAYS



Payments begin if the employee is off work more than 7 days

PAID LEAVE SUBSTITUTE



Paid leave may be used to cover lost wages during waiting period

RETROACTIVE PAYMENT



If off work more than 14 days, retroactive payment for initial 7 days may be available

OSHA REPORTING

QUICK REFERENCE LINKS

TOSHA: TENNESSEE OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION

www.tn.gov/workforce/employees/safety-health/tosha.html

OSHA: OCCUPATIONAL SAFETY & HEALTH ASSOCIATION

www.osha.gov

OSHA 300 RECORDKEEPING LOGS

www.osha.gov/recordkeeping/forms

OSHA INJURY TRACKING APPLICATION (ITA) ANNUAL REPORTING

www.osha.gov/injuryreporting

OSHA REPORTING

RECORDKEEPING & REPORTING REQUIREMENTS

RECORDKEEPING BASICS

- Employers with more than 10 employees (all FT, PT, Temp, Seasonal employees at any time during calendar year) must keep records of serious work-related injuries and illnesses
- Records help evaluate workplace safety, understand hazards, and implement worker protections

INDUSTRIES COVERED

- Utilities (NAICS 22)
- Water, sewage, and other systems (NAICS 2213)
- Utility system construction (NAICS 2371)
- Waste collection (NAICS 5621)
- Waste treatment and disposal (NAICS 5622)

OSHA REPORTING

RECORDKEEPING & REPORTING REQUIREMENTS

RETENTION AND POSTING

- Maintain records at the worksite for at least 5 years
- Post injury/illness summaries annually from February to April
- Provide records to employees or representatives upon request

FATALITY AND SEVERE INJURY REPORTING

- Report worker fatalities within 8 hours
- Report amputations, eye losses, or hospitalizations within 24 hours

OSHA REPORTING: FORM 300

OSHA'S FORM 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name

City State

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

Step 4.

Step 5.

(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness <i>(e.g., 2/10)</i>	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	Remained at Work				Away from work (K)	On job transfer or restriction (L)	Select one column:					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			Illness					
												(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Fracturing (4)	Hearing loss (5)	All other illnesses (6)
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> days	<input type="text"/> days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals ▶ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury (1) Skin disorder (2) Respiratory condition (3) Fracturing (4) Hearing loss (5) All other illnesses (6)

OSHA REPORTING: FORM 300A

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#).

Year 20



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name

Street

City State Zip

Industry description (e.g., *Manufacture of motor truck trailers*)

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

Phone Date

Reset

OSHA REPORTING: FORM 301

OSHA's Form 301 (Rev. 04/2004)

Injury and Illness Incident Report

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____
Month Day Year

Information about the employee

- 1) Full name _____
- 2) Street _____
City _____ State _____ ZIP _____
- 3) Date of birth _____
Month Day Year
- 4) Date hired _____
Month Day Year
- 5) Male Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP _____
- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness _____
Month Day Year
- 12) Time employee began work (HH:MM) _____ AM PM
- 13) Time of event (HH:MM) _____ AM PM Check if time cannot be determined

* Re fields 14 to 17: Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

15) What Happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

18) If the employee died, when did death occur? Date of death _____
Month Day Year

Add a Form Page

Reset

OSHA REPORTING

RECORDKEEPING & REPORTING REQUIREMENTS

ELECTRONIC SUBMISSION

- Establishments with 20-249 employees in covered industries must electronically submit Form 300 data through OSHA's Injury Tracking Application.

WHY OSHA COLLECTS DATA

- **Improves Workplace Safety:** Identifies hazards and enables targeted enforcement or outreach.
- **Analyzes Industry Trends:** Tracks injuries and illnesses to develop safety solutions.
- **Enhances Transparency:** Public access to data helps stakeholders make informed decisions and fosters safer workplaces.

DRUG TESTING



DRUG TESTING IN THE WORKPLACE

Why Utilities Should Consider Implementation



<https://www.tn.gov/workforce/injuries-at-work/employers/employers/drug-free-workplace-program.html>

TENNESSEE DRUG FREE WORKPLACE PROGRAM



Drug-Free Workplace
IMPLEMENTATION GUIDE

October 2017

[TN.GOV/WORKERSCOMP](https://www.tn.gov/workerscomp)

DRUG TESTING IN THE WORKPLACE

Implementing & Maintaining the Tennessee Drug-Free Workplace Program

01

Understand Program Rules

- Familiarize yourself with the Rules of the Tennessee Drug-Free Workplace Program to ensure compliance.

02

Develop Substance Abuse Policy

- Create a detailed policy.
- Must include specific drugs to be tested and consequences for policy violations, including refusal to test.

03

Select Certified Testing Providers

- Identify a medical facility for urine collection and a certified lab with an MRO (Medical Review Officer) to analyze results.

DRUG TESTING IN THE WORKPLACE

Implementing & Maintaining the Tennessee Drug-Free Workplace Program

04

Notify and Distribute Policy

- Post the policy in a visible location.
- Provide printed copies to all employees.
- Employees are to be notified 60 days prior to start of testing.
- Include testing requirements in job postings.

05

Conduct Training

- **Employees** 1 hr. of training within 60 days of hire or implementation.
- **Supervisors:** Additional 2 hrs. (3 hrs. total).
- Maintain training records.
- Flexible training methods allowed but must cover program-required topics.
- One-time training required per employee.

06

Submit & Renew Application

- Complete initial application and renew annually, ideally when renewing workers' compensation insurance.
- Obtain and retain signed acknowledgment forms from all trained employees.



TESTING REASONS

01

PRE-EMPLOYMENT

- Safety Sensitive Positions Only
- DOT requirements



03

POST-ACCIDENT

- All Employees Included
- Property Damage Thresholds



02

RANDOM

- Safety-Sensitive Only
- CDL Holders, separate consortium



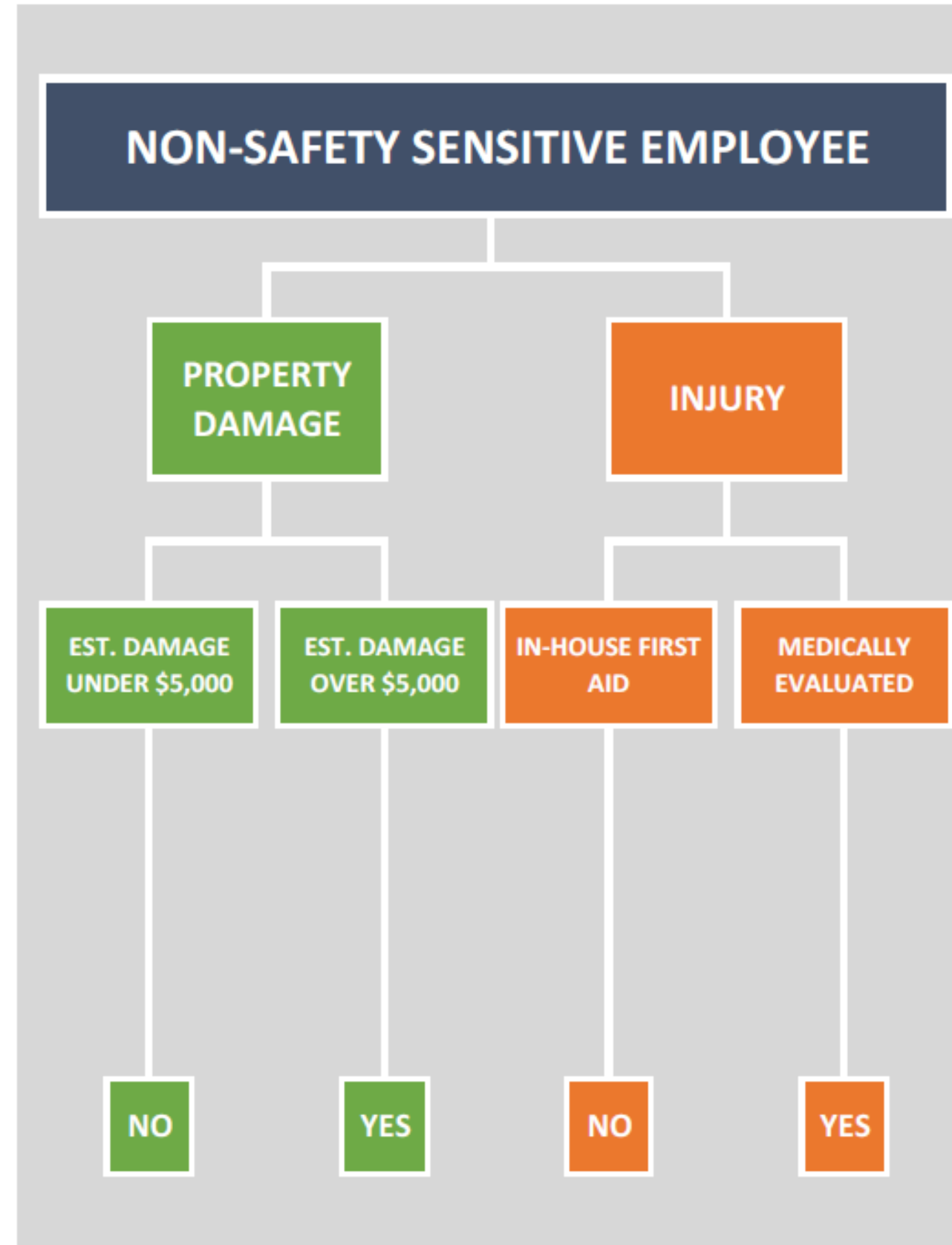
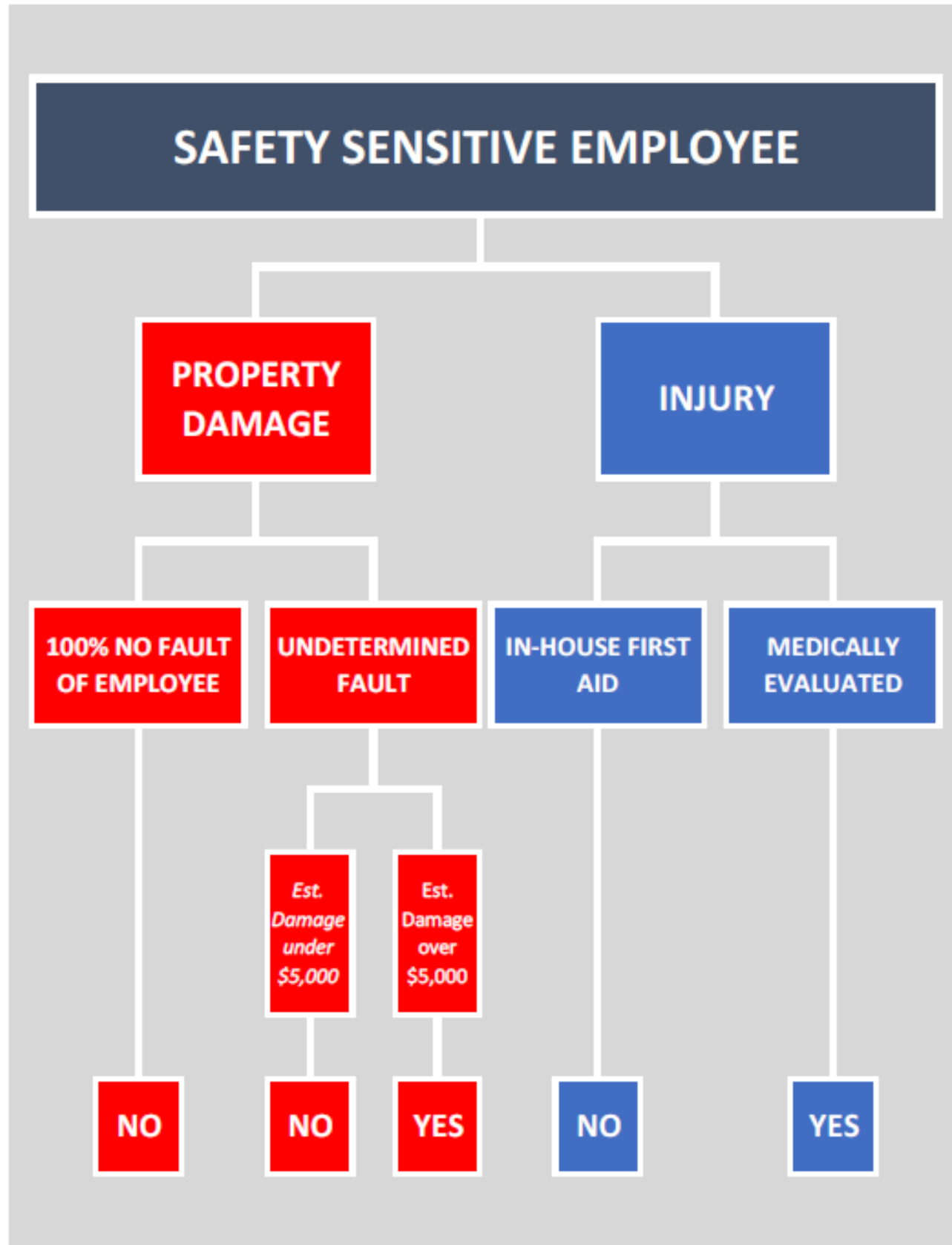
04

REASONABLE SUSPICION

- All Employees
- Requires strict adherence to policy and sensitivity



POST ACCIDENT DRUG SCREEN PROCEDURES



LEADERSHIP TRAINING

LEADING BY EXAMPLE



**WHY IS IT
IMPORTANT?**



**INTERNAL
TRAINING
OPTIONS**



**EXTERNAL
TRAINING
OPTIONS**

HOW TO TRANSITION FROM COLLEAGUE TO MANAGER

Transitioning from colleague to manager can be overwhelming, especially if you have not been in a leadership role previously.

However, one advantage you have is familiarity.

You know your team's strengths, work styles, and preferences, which can help you more quickly find ways to support each team member. Begin by recognizing each person's value and showing appreciation for their unique skills and contributions.



Set Clear Expectations

Let your team know that you're committed to your role and that you take your new responsibilities seriously. At the same time, reassure everyone that you're dedicated to fairness and equity, and that decisions won't be influenced by friendships or personal relationships. A clear outline of your expectations and your approach to the role will help establish your credibility and show your team members they can count on your professionalism.

Empathy is a Powerful Asset

Show interest in understanding your team members' perspectives and stay open to their input. Listening to their insights and giving them space to share their thoughts freely will not only help you build trust but will also foster a supportive work environment. Your team will feel understood and appreciated, which is crucial for a healthy work environment.

When Providing Feedback

Be consistent and transparent to help your team feel valued and confident in your leadership. Balancing praise with constructive feedback is crucial, and your team will likely appreciate the time and attention you put into helping them grow, both as individuals and as a group.

Building Trust is a Two-Way Street

Be transparent, and don't shy away from admitting that you're adjusting to a new role, too. Giving your team autonomy and respecting each person's expertise demonstrates trust and lets them know they're respected as professionals.

Seek Guidance from Management Peers

If possible, seek guidance from others who have navigated similar transitions, whether through HR resources, professional development workshops, or mentorship from seasoned leaders. A trusted mentor can provide insights and strategies to help you manage the balance between leadership and personal relationships.

Stay Authentic

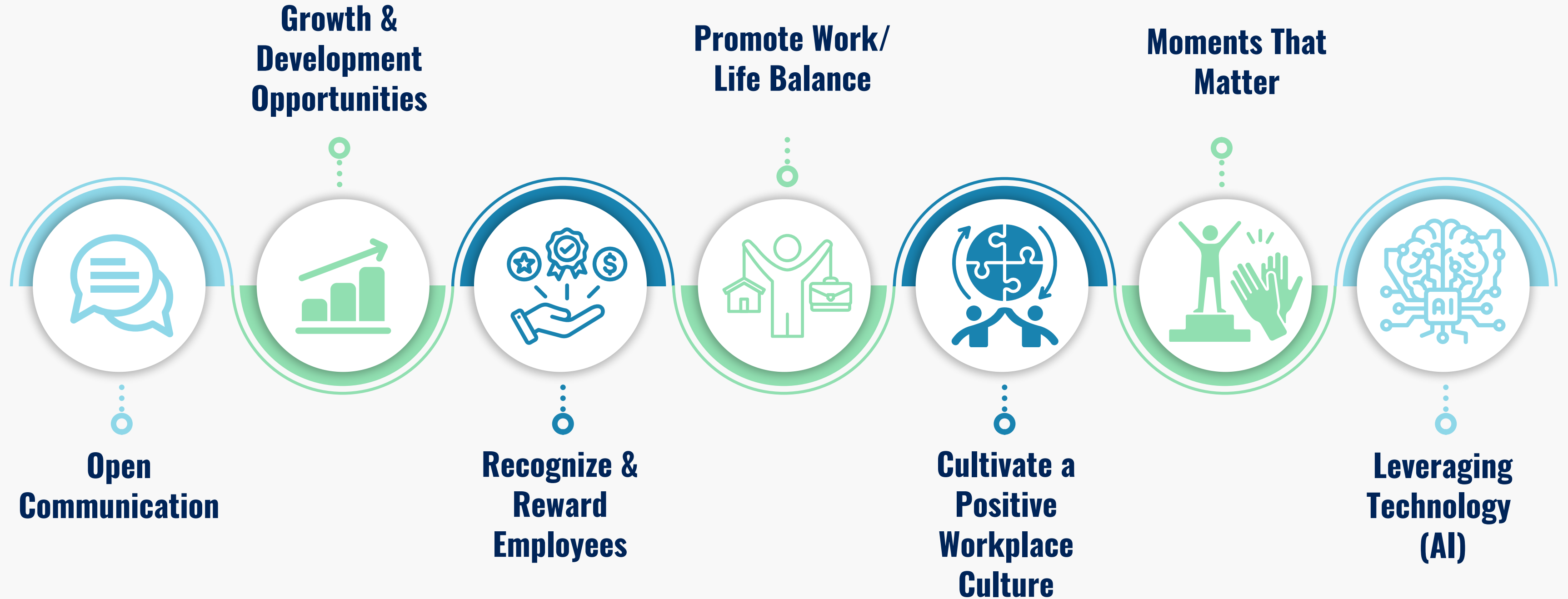
Your team members already know you and will appreciate a genuine approach. Be open, honest, and approachable, and let them see that your goal is to support their—and the team's—success. Balancing personal and professional relationships isn't easy, but with empathy, transparency, and authenticity, you'll create a solid foundation for your new leadership role. I wish you great success!

Purposeful Leadership[®] Model



- **INSPIRE**
Provides hope and inspiration for the future, and directs energy toward a bold vision
- **ENGAGE**
Identifies and offers opportunities to engage, contribute and thrive at work
- **INNOVATE**
Drives new thinking and creative freedom, reimagines realities for competitive differentiation and success
- **ACHIEVE**
Accomplishes successful outcomes and delivers excellence by organizing people together in roles and teams with the right tools, processes and objectives
- **BECOME**
Grows with determination, compassion, self-awareness and courage
- **INCLUSION**
The Purposeful Leader understands that inclusion is the foundation of effective leadership

ENGAGEMENT & RETENTION



LEADERSHIP TRAINING RESOURCES



There are a variety of resources available to new leaders on your team. There also may be a need for a combination of training opportunities, so new leaders are exposed to various aspects of management.

Internal Training Program/Onboarding

Peer Shadowing

Leadership Academies (WPLA, AWWA, etc)

TAUD Training, Resources & Conferences

Pryor Learning Solutions or Dale Carnegie

SHRM Management Training

EMPLOYEE ENGAGEMENT & RETENTION

THE POWER OF 'THANK YOU'



A GOOD INVESTMENT

Employees say that rewards are an important part of their decision to stay with their employer.



EXTREMELY IMPORTANT IMPORTANT NEITHER NOT IMPORTANT NOT AT ALL IMPORTANT

Source: Employee Perspectives: Effective and Efficient HR Rewards and Recognition Survey, Runa, 2023.

Research indicates that employees need a considerable morale boost. A 2024 Gallup report found that employee engagement hit an 11-year low in the first quarter of 2024, with only 30% of workers feeling connected to their jobs, compared to 33% in 2023. Meanwhile, SHRM's 2023-2024 State of the Workplace Report found that only 53% of U.S. workers consider their companies to be "a great place to work." It's an expensive problem: Gallup says unengaged workers cost their employers \$1.9 trillion in lost productivity annually.

REGULAR PRAISE LACKING

How often do you receive appreciation for your contributions at work from your supervisor or manager?



Source: Appreciation at Work Survey, TalentLMS, 2024.

Your employees' emotional salary is the measure of whether they feel rewarded beyond base pay. Once people's foundational needs for security are met, other motivators become more important such as belonging and esteem.

BEST PRACTICES FOR EMPLOYEE RECOGNITION PROGRAMS

An effective employee recognition program is an important way to maintain employee morale and foster organizational loyalty. Here are some tips to develop an effective program:

- Create Clear Processes & Criteria
- Maintain Consistency
- Avoid Generic Rewards
- Not Every Reward Needs to be Monetary
- Track and Publicize Employee Awards
- Regularly Assess the Effectiveness of Your Recognition Program



WHY MONTHLY RECOGNITION?

Compared to employees who receive recognition quarterly or less, those recognized monthly or more report:



Engagement



Productivity



Belonging



Manager trust



Manager effectiveness



5 ingredients for strategic recognition

We looked at the responses from the 40% of HR leaders who say their recognition strategies are driving measurable business results and found we could group their main differentiators into four main buckets:



They rely on high quantity, high quality, low-monetary recognition



They're measuring specific business results, beyond program usage



They don't see recognition as "set it and forget it" – they're constantly promoting



Their programs integrate with other tools and are accessible in their employees flow of work

Compared to ineffective programs, recognition programs that drive business results are:



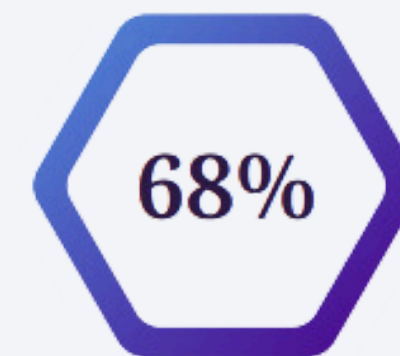
more likely to focus on high frequency, low-monetary recognition



more likely to be accessible in many ways, including desktop, mobile, and flow-of-work



more likely to promote their program in multiple ways



more likely to be measuring specific business outcomes

In addition, when we looked at employee outcomes, we identified a fifth platform feature that drove results:



Programs offer meaningful, personalized rewards at scale

We're going to look at each of these in turn, with actionable insights to implement in your organization.

Appendix 1

Beyond the gold watch: Get your milestones program out of the '80s

It's a staple of pop culture from a certain era — at retirement, an employee (probably a married white man) receives the symbolic gold watch. While that may not be a current reference, the pin or plaque at five or 10 years is still a staple of years-of-service awards. But do these gestures have the desired impact?

What is the right approach to rewarding and recognizing tenure?

How often should you recognize years of service?

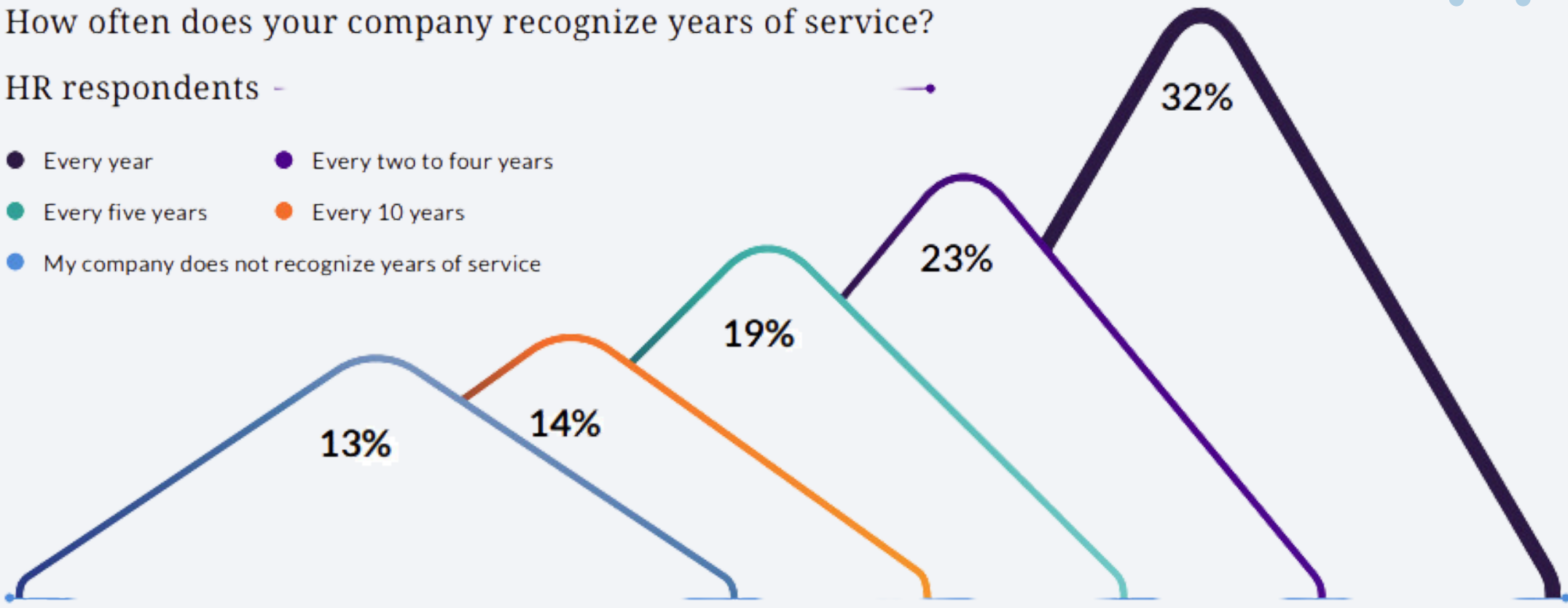
Two-thirds of organizations are recognizing years-of-service milestones less than annually and half are recognizing every five years or less.

Consider what your years-of-service recognition is for: if most people leave within less than five years, waiting to recognize is not reducing voluntary recognition.

How often does your company recognize years of service?

HR respondents -

- Every year
- Every two to four years
- Every five years
- Every 10 years
- My company does not recognize years of service



However, there are strong indicators that moving to annual recognition has a positive impact on employee sentiment and behavior.

Annual years-of-service recognition versus every five years

These recognitions don't need to be gifts or high-monetary rewards. They might be as simple as a virtual card, signed by a manager and colleagues.



Self-reported productivity



Trust in leadership



Sense of belonging

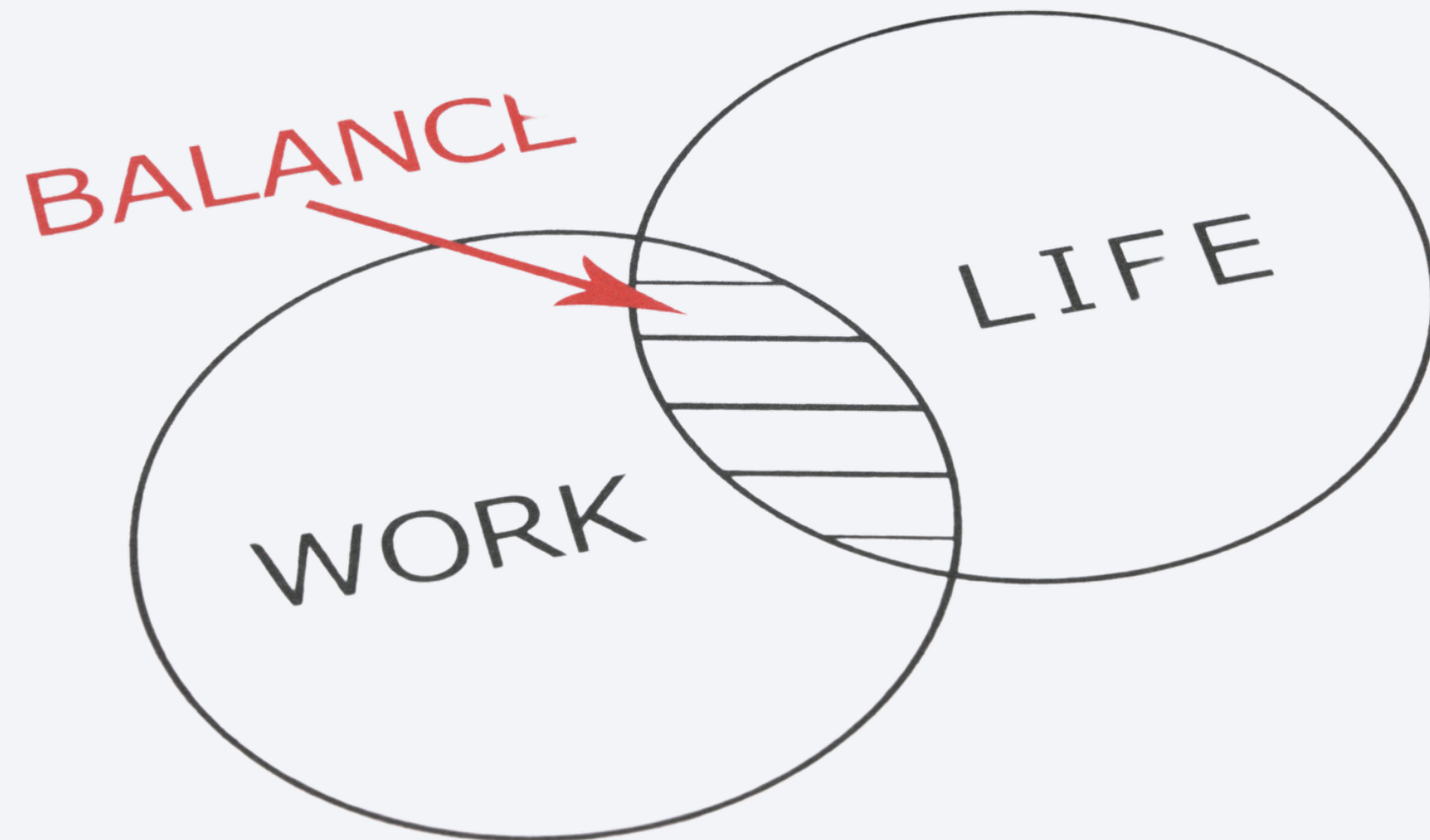


Higher intention to stay at company

WORK/LIFE BALANCE

the Employer vs. Employee Perspective

Programs that support work/life balance promote productivity, reduce turnover and improve employees' mental and physical health.



Building Capacity

Employers can do so by providing supportive and empathetic leadership, greater flexibility, opportunities for learning and growth, and a sense of community.

Maximizing Flexibility

When people have more flexibility, they can give you more of their energy and focused, dedicated time.

Establishing Meaningful Boundaries

Creating a family-first culture through clear agendas and goals that allow employees to disconnect afterhours.

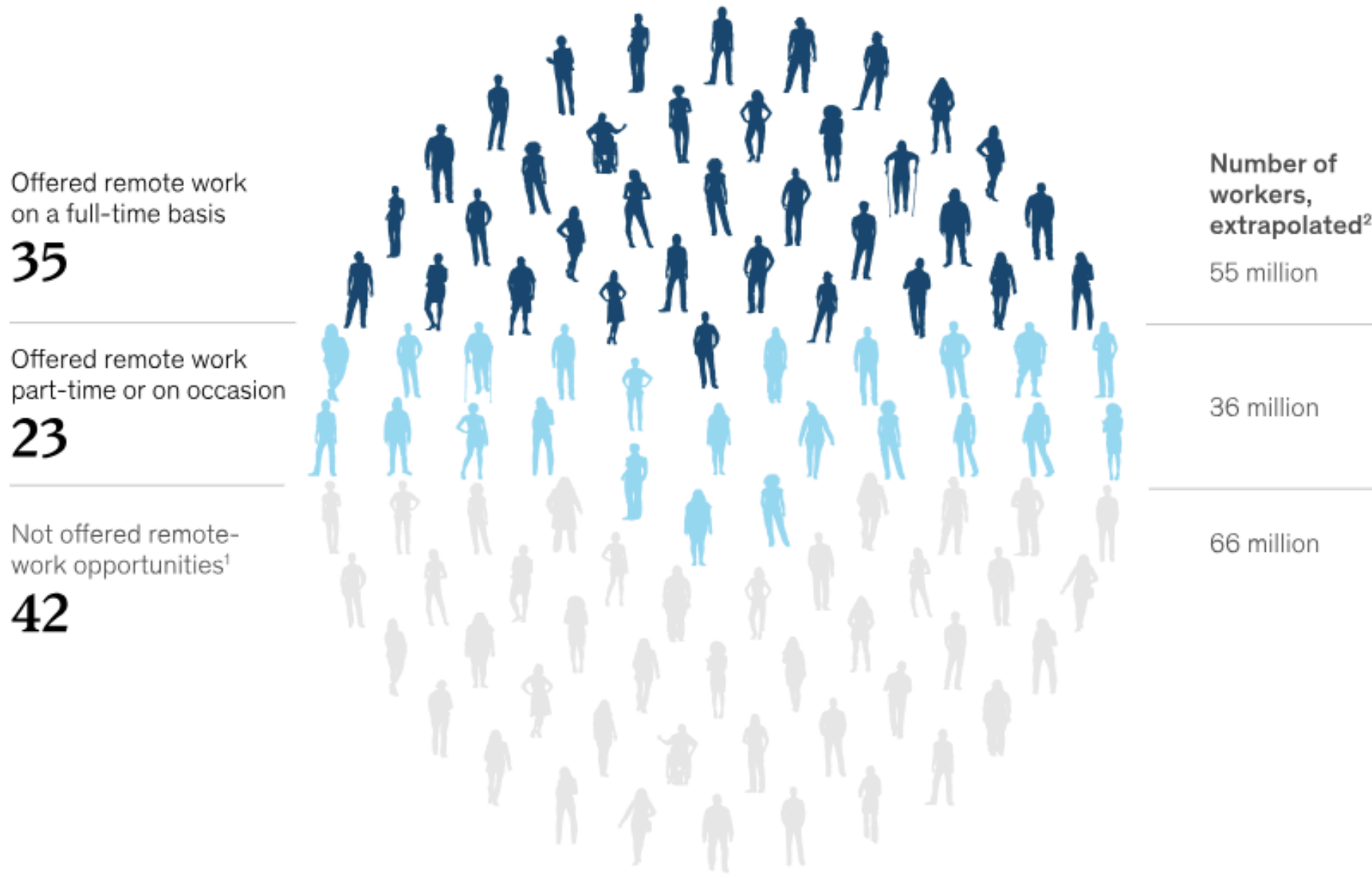
Exploring Innovative Benefits

Aside from giving employees greater autonomy in when and where they work, some organizations are considering a range of innovative benefits to help recruit top talent, including implementing a four-day workweek.

THIRTY-FIVE PERCENT OF JOB HOLDERS CAN WORK FROM HOME FULL-TIME, AND 23 PERCENT CAN DO SO PART-TIME

Of job holders in the United States, 58 percent—the equivalent of 92 million people—say they can work remotely at least part of the time.

Availability of remote-work options, % of employed respondents (n = 13,896)¹

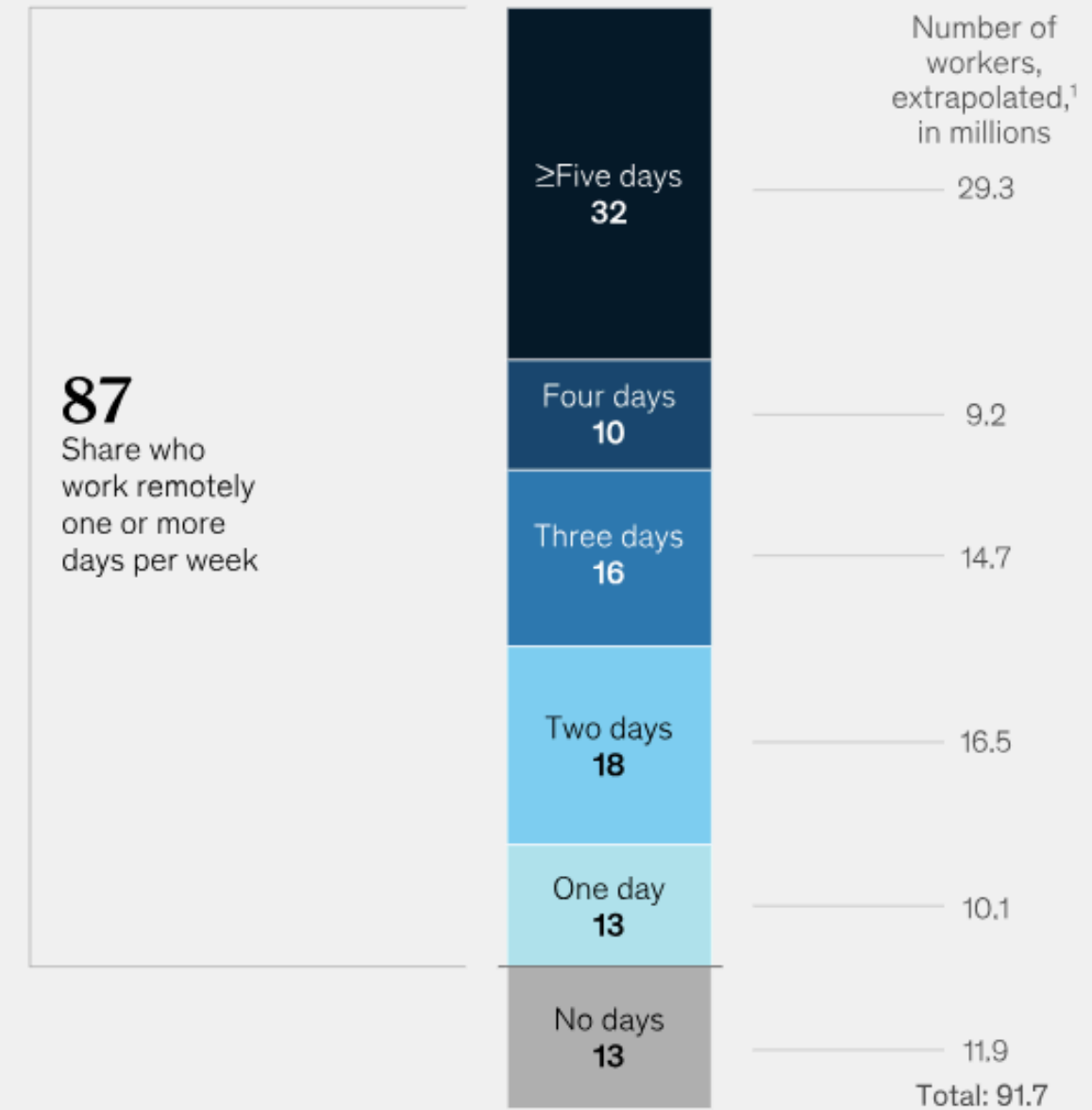


Note: Figures may not sum, because of rounding.
¹Includes respondents who answered "I don't know" (1%).
²Of 158,105,000 employed people; US Bureau of Labor Statistics, Apr 2022.
 Source: McKinsey American Opportunity Survey Spring 2022

WHEN OFFERED, ALMOST EVERYONE TAKES THE OPPORTUNITY TO WORK FLEXIBLY

Among employed respondents given the option to work remotely, 87 percent take employers up on that offer.

Days worked remotely per week, % of employed respondents with remote-work options (n = 13,896)

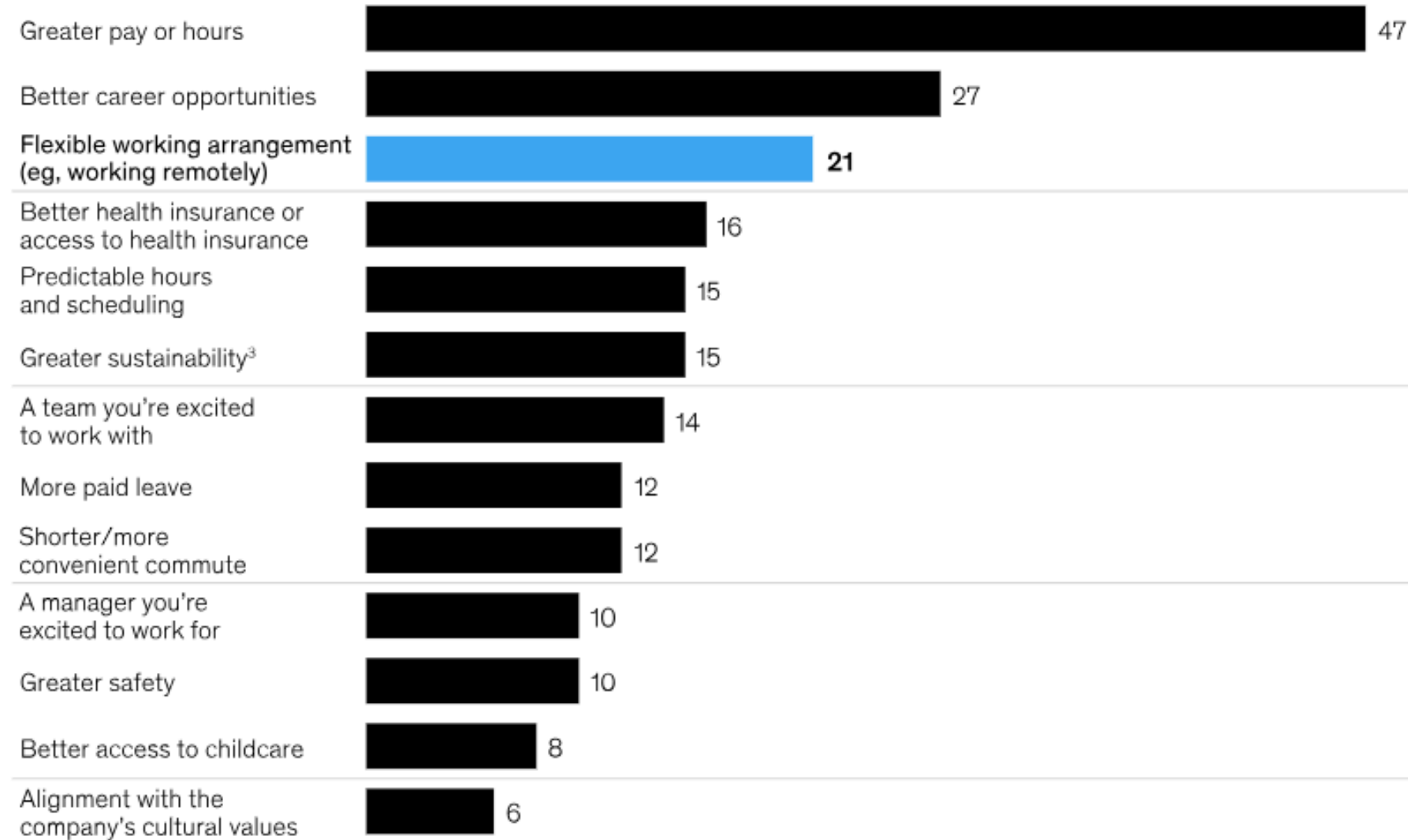


Note: Figures may not sum to 100%, because of rounding.
¹Includes 158,105,000 employed people; US Bureau of Labor Statistics, Apr 2022; 35% of respondents reported having the option to work fully remote, and 23% reported having the option to work from home on occasion/part-time.
 Source: McKinsey American Opportunity Survey Spring 2022

JOB SEEKERS HIGHLY VALUE HAVING AUTONOMY OVER WHERE AND WHEN THEY WORK

A flexible working arrangement is a top three motivator for finding a new job.

Motivation for seeking a new job,¹ % of respondents looking for a job (n = 11,958)²



¹Question: Which of the following are reasons that have motivated you or would motivate you to seek a new job (select as many as 3)? The responses "Other" and "Nothing" are not shown.

²Only asked of respondents who reported having looked for a job in the last 12 months, are currently looking for a job, or plan to look for a job in the next 12 months.

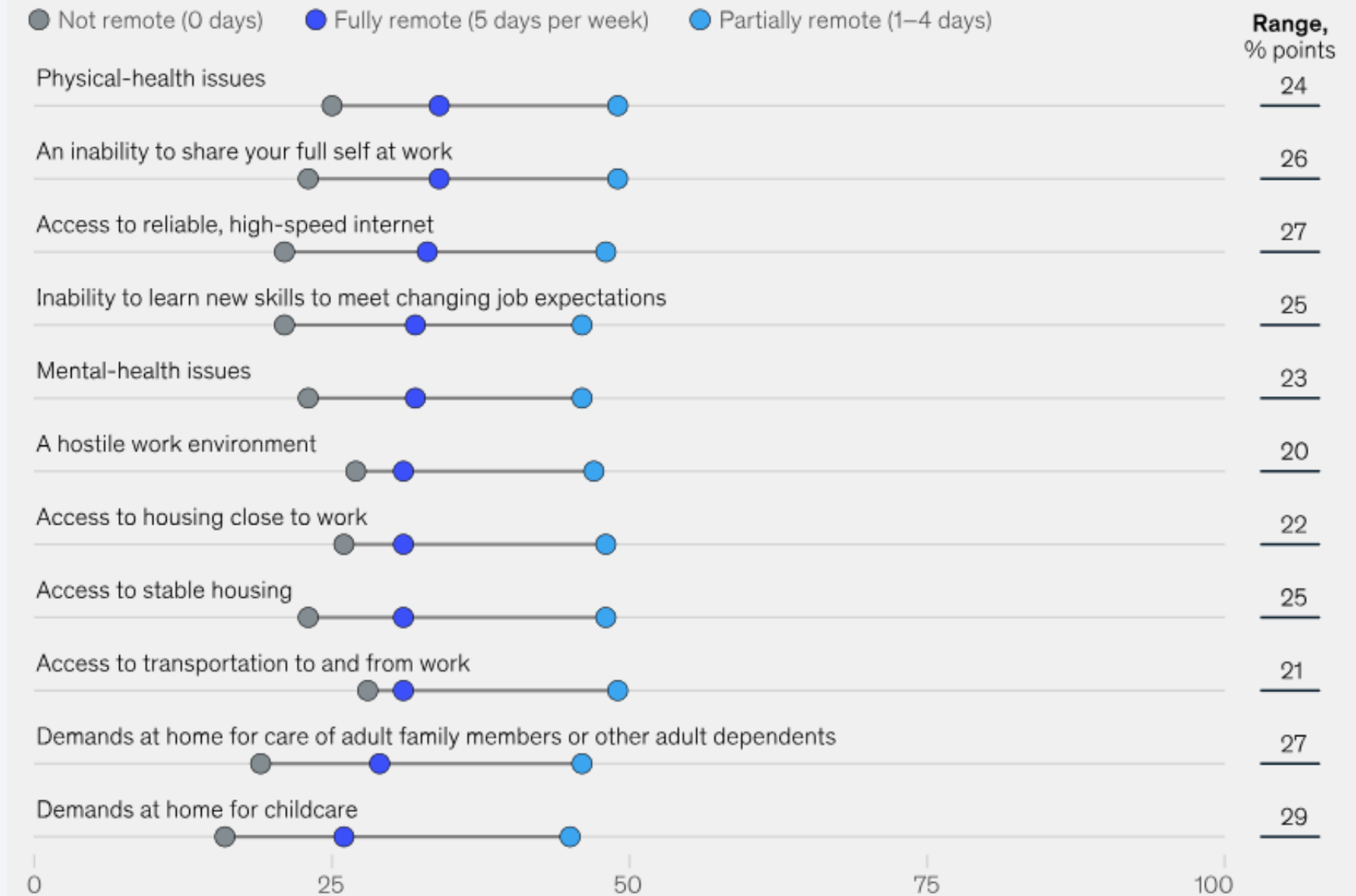
³And ability to maintain mental health and well-being.

Source: McKinsey American Opportunity Survey Spring 2022

EMPLOYEES WORKING FLEXIBLY REPORT OBSTACLES TO PEAK PERFORMANCE

For many working remotely, flexible arrangements still have their challenges.

Factors that impact ability to effectively perform work,¹ % of respondents (n = 13,896)



¹Question: If you think about your job today, or your most recent job, to what extent are/were any of the following impacting your ability to effectively perform your work?; answers from % of employed respondents citing "major impact" or "moderate impact."
Source: McKinsey American Opportunity Survey Spring 2022

WORK/LIFE BALANCE

How do we remain competitive employers?

Rethink Work Structures

Where can work be done?

When can work be done?

How can work be completed?

Evaluate Creative Benefits

Many employers have implemented a variety of creative benefits to enhance an employee's work/life balance.

Put Policies in Writing

Employers should offer all employees the same work/life support options—and should make them official.

Have Leaders Walk the Walk

If supervisors see top management working flexibly and embracing the new norm, they may ask for the flexibility they need and be more likely to approve requests from their subordinates.

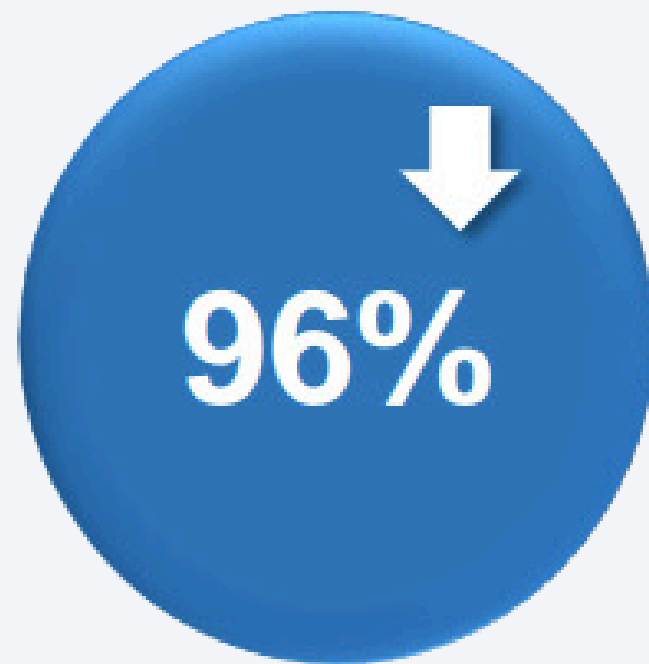
Leverage Technology

Collaboration and communication platforms such as Slack, Microsoft Teams, and Airtable can make flexible scheduling easier to manage.

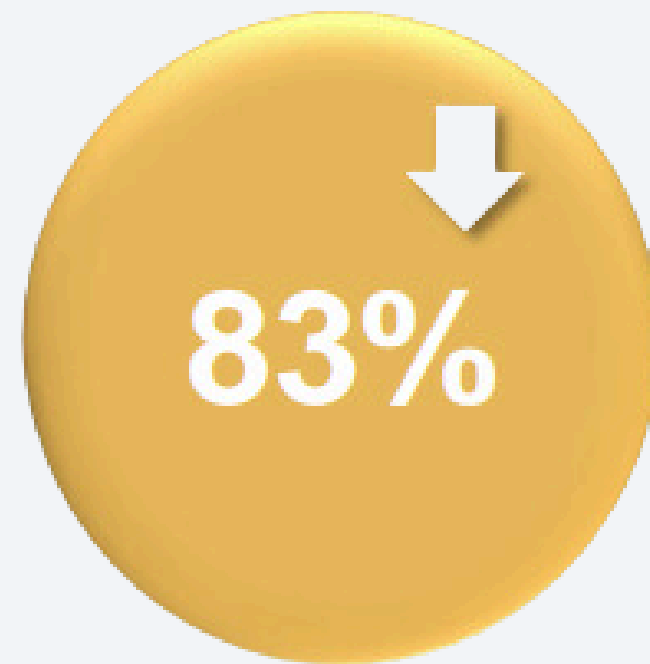


A Positive Culture Increases Commitment and Job Satisfaction and Lowers Intent to Quit Globally

Employees who rate their organization's culture as "good" or "excellent" (vs. "poor" or "terrible") are



less likely to dread going to work.

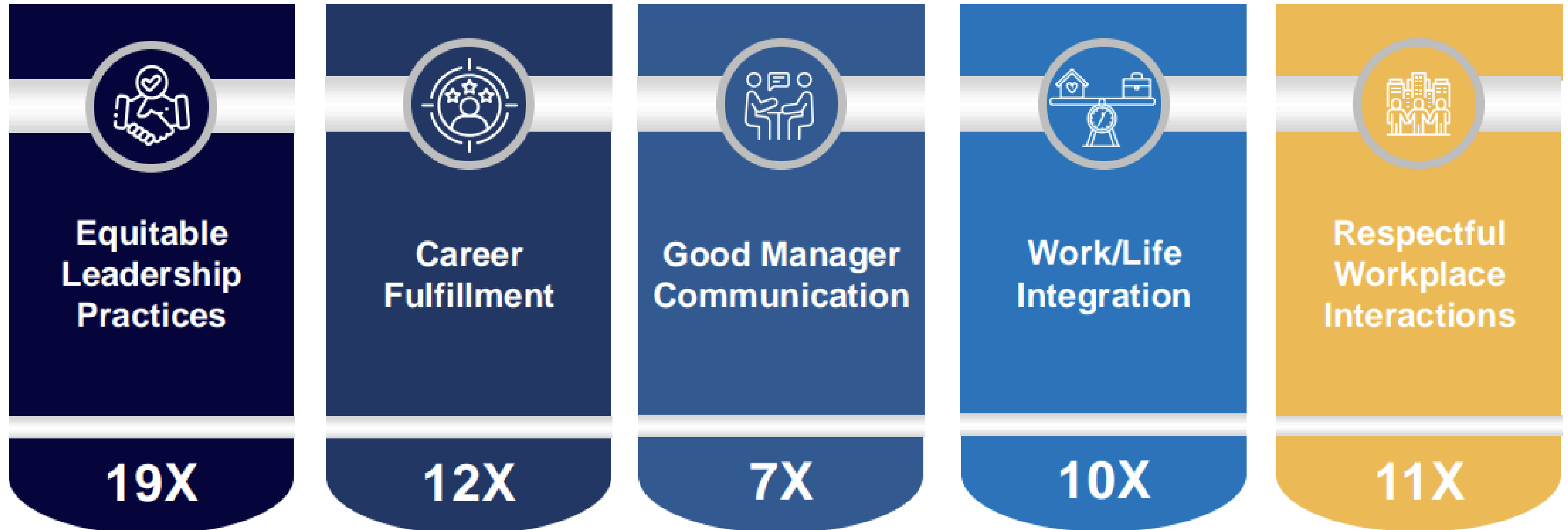


less likely to be actively looking for a new job.



less likely to have actively looked for a new job in the last six months.

How much more likely are the employees to rate their culture as good or excellent when they rate the individual elements below as HIGH?



TOP 10 DRIVERS OF A POSITIVE WORKPLACE CULTURE

an Employee's Perspective

We examined the 19 features of the Global Workplace Culture Model to determine which ones had the greatest effect on respondents' impressions of a positive workplace culture. Not surprisingly, five of the 10 most highly influential features belong to the **Equitable Leadership**

Practices dimension. The other five fall into the **Career Fulfillment** and **Good Manager Communication** dimensions. These 10 features are where organizations can most effectively direct their resources and energy to improve perceptions of workplace culture in a timely manner.

Top 10 Drivers of Positive Workplace Culture⁹

- #1** Transparent communication from leadership.
- #2** Fair performance evaluations.
- #3** Employees' pride in their work.
- #4** Active solicitation of employee feedback by the organization.
- #5** Employee can trust what the manager says.
- #6** Appreciation of employees' unique backgrounds, perspectives and experiences.
- #7** Ability to make a complaint about a leader without punishment.
- #8** A meaningful career.
- #9** Manager seeks employee input before making decisions.
- #10** Opportunities for career growth.

⁹Based on a Shapley regression weighted by country using Lindeman, Merenda and Gold (LMG) indices on organizational culture perceptions as predicted by all items of the Global Workplace Culture Model.

Leveraging Technology in 2025

GenAI Moves from Experimentation to Accelerating Adoption

Better utilization of chatbots, augmentation for the personalization of employee communications, greater focus on possibilities in the talent acquisition space and the automation of testing for system upgrades and implementations.

Rethinking Employee Engagement Surveys

More HR teams will rethink how they create engagement surveys, as well as how often they distribute them, to reduce “survey fatigue.”

Reaping Benefits from Improved Skills Technologies

HR and recruiting leaders shifting to skill-based hiring and promotion strategies will get a boost from evolution in technologies such as skills ontologies that use AI and machine learning to automatically create, organize and update databases of employee skills—significantly reducing the amount of manual work required by HR.

Predictive Analytics Tools

Human resource practitioners and analysts believe HR will benefit from increasingly powerful predictive analytics tools that will improve workforce planning and data-driven decision making.



EMPLOYEE BENEFITS

Common Paid Leave Practices



Additional Benefits



Alternative or Flexible Work Schedules

COMMON PAID LEAVE BENEFITS



SHORT TERM DISABILITY



Typically covers partial income replacement for illnesses or injuries preventing work for a few weeks to months



Employer, employee, or jointly funded (refer to policy specifics)



Commonly 7–14 days (check your policy book for exact details)



Non-work-related injuries, illnesses, surgeries, childbirth recovery



- Submit medical documentation promptly to avoid delays in benefits
- Request claim forms from your insurance company or broker to ease filing of claims

LONG TERM DISABILITY



Provides partial income replacement for extended periods, typically after STD benefits end



Often jointly funded or offered as an employer-paid benefit



Commonly aligns with the end of STD coverage, 90 days or longer



Chronic conditions, severe injuries, cancer, or other long-term disabling events



- Consider supplemental coverage if your employer plan is limited
- Request claim forms from your insurance company or broker to ease filing of claims

WHAT'S THE DIFFERENCE?

KEY DIFFERENCES	SHORT TERM DISABILITY	LONG TERM DISABILITY
DURATION	for temporary conditions which can last for weeks and/or months	extended conditions which can last for months and/ or years
PURPOSE	bridges short-term income gaps	ensures long-term financial support

WORK SCHEDULE ENHANCEMENTS

Cost-Effective Morale Booster

- Improves employee satisfaction and retention without significant expense
- Addresses work/life balance needs for a happier, more engaged workforce

Flexible Work Hours

- Offers varying start and end times while maintaining operational coverage
- Ex: Shift Adjustments (varying start/stop times); Compressed Workweeks (4, 10-hr shifts)

Remote Work Benefit

- Increases productivity for eligible roles
- Reduces commuting stress, supporting both environmental and employee wellness goals

KEY CONSIDERATIONS

Coverage and Operations

- Ensure schedules meet business needs without disruption
- Cross-train employees to provide adequate coverage during flexible hours

Appealing to Employees for Work/Life Balance

- Create enticing options that prioritize flexibility, autonomy, and work/life harmony
- Highlight benefits in recruitment efforts to attract top talent

Benefits to Employees and Employers

- **Employees:** Reduced burnout, better time management, and higher morale
- **Employers:** Increased retention, enhanced productivity, and a competitive edge in recruitment

RETIREMENT

Navigating TCRS

Retiree Medical Benefits



SUCCESSION PLANNING

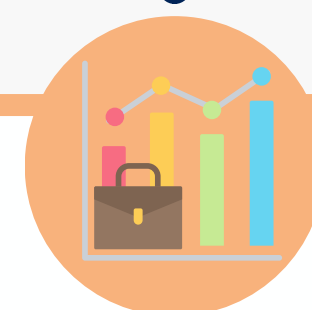
The process of identifying high-potential employees, evaluating and honing their skills and abilities, and preparing them for advancement into positions that are key to the success of business operations and objectives.



Long-Term Goals & Objectives



Identify High-Potential Candidates & Their Developmental Needs



Determine Workforce Trends & Predictions

TCRS RETIREMENT CHECKLIST

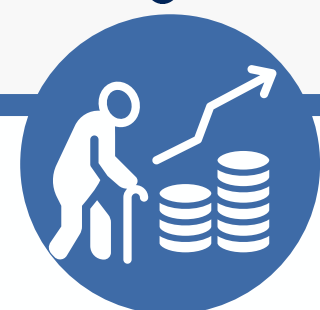
Within 3 Years of Retirement



**Schedule Meeting with
RetireReadyTN Plan
Advisor & Request
Benefits Estimate**



**Create Monthly
Retirement Budget**



**Consider Eligibility
for 401(k)/457(b)
Catch-Up
Contributions**

COMMON SOCIAL SECURITY QUESTIONS

AT WHAT AGE CAN I START RECEIVING BENEFITS?



You must be at least age 62 for the entire month to be eligible to receive benefits. You can apply up to four months before you want your retirement benefits to start.

WHEN AM I ELIGIBLE FOR MEDICARE?



You can become eligible to receive Medicare benefits in any of three ways: when you turn 65, if you have a qualifying disability, or if you have a diagnosis of end stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS, also called Lou Gehrig's disease).

WHEN IS MEDICARE OPEN ENROLLMENT?



Annually from October 15 - December 7. This is the time to make changes to any Medicare prescription drug or health plans.

RETIREE MEDICAL BENEFITS



STAYING CONNECTED

Retirement is an exciting time for all employees but can also bring about a lot of unknowns. HR can serve as a helpful resource and provide ways for the retirees to still feel connected to the legacy they left behind.



Q&A