



Workshop on Reasonable Accommodations and Employment



National Network
Information, Guidance and Training on the
Americans with Disabilities Act

Wednesday, 10/16/19

2:00pm-3:00pm

Washington Room, DSU

[Register Here!](#)

DISABILITY EMPLOYMENT AWARENESS MONTH

Held each October, National Disability Employment Awareness Month (NDEAM) is a national campaign spearheaded by the Department of Labor's Office of Disability Employment Policy.

The campaign raises awareness about disability employment issues and celebrates the many and varied contributions of America's workers with disabilities.

This year's theme is "The Right Talent, Right Now". For more information, please visit the NDEAM website. Show your support and join us for a workshop presented by the ADA National Network!

OCTOBER OPEN ENROLLMENTS

LEGAL RESOURCES

This program allows employees to access legal counsel and pay \$18.00 per month for certain services. Employees must maintain coverage for minimum of 1 year. Identity Theft protection coverage available for additional premiums. Click [here](#) for more information.

LONG TERM CARE

Eligible employees who work at least 20 hours a week are invited to enroll in the Commonwealth of Virginia Voluntary Group Long Term Care Insurance Program, administered by VRS.

Under this program, coverage to help pay for long-term care may be more affordable than you think. It also offers a variety of coverage levels available to meet your individual needs and budgets. Learn more at www.genworth.com/COV or call 866-859-6060.

OPTIONAL RETIREMENT PLAN

Participants enrolled in the ORP plans will have an extended open enrollment period (October 1st to November 15th) **to select one of two providers – TIAA or DCP** – for new contributions. The change of providers you make will be effective for contributions the University sends to the provider on your behalf beginning with the first date in January. Click [here](#) for more information.



Attention Fidelity Investments Participants



Active participants with Fidelity will **NEED** to select TIAA or DCP as your ORPHE provider to receive future contributions. You will make this selection by logging into your secure *myVRS* account during the extended open enrollment. If you do not select a provider, your provider will be **default to DCP for new contributions effective January 1, 2020**.

Participants may choose to retain their existing account balance with Fidelity or transfer that balance to the new provider. Unless elected otherwise, your existing account balance with Fidelity will be mapped to the new provider you select. Click [here](#) for more information.

VRS HYBRID AUTO ESCALATION COMING IN 2020

In January 2020, employees' voluntary contributions to their Hybrid 457 Plan account will automatically increase by 0.5% if they are not already contributing the maximum 4%.

IMPORTANT DATES

October 1st – Window opens for members to opt-out of auto-escalation.

December 16th – Last Day for members to make voluntary contribution changes or choose to opt-out of auto-escalation by 4 p.m. EST.

Click [here](#) for more information.

2019 COMMONWEALTH OF VIRGINIA CAMPAIGN (CVC)

CVC was created in 1997 under the Virginia Department of Human Resources Management for the Commonwealth of Virginia to promote a culture of caring and giving through fundraising.

For the 2019 campaign, different charities needing your support have been selected; such as the United Way of the Virginia Peninsula, United Way of South Hampton Roads, or the James River Association. Click [here](#) to learn more of CNU's donation goal and a full list of charities you can provide a donation to.

Thank you for helping to support these charities.
Virginia is for Givers!



TACKLE STUDENT DEBT WITH CONFIDENCE

A path to repayment is ahead. This workshop will examine all the terminology and responsibilities of student loans, the quickest way to repay a student loan, and the negative implications to your credit for not paying on your student loan debt.

presented by:

WELLS FARGO

NEW DATE!

Tuesday, 10/15/19

12:05pm – 12:55pm

Freeman Center, Rm. 101

[Register Here!](#)

YOUR GUIDE TO THE 2019 BENEFITS FAIR!

Friday, October 18th

10:00am-1:00pm

David Student Union Ballroom

VENDORS ATTENDING

Retirement, Disability, & Life Insurance

ICMA-RC	Social Security
Lincoln Financial Advisors	TIAA
Reed Group	VALIC
Securian Financial	Virginia Retirement System

Health Insurance

Aetna
Anthem
Delta Dental
Optima Health

Additional Vendors

AFLAC	PNC Bank
BB&T	SunTrust
BJ's	Virginia529
Charney Chiropractic	Virginia Credit Union
CommonHealth	VA Educators Credit Union
Costco	Wells Fargo
Legal Resources	YMCA

WHAT TO ASK VENDORS

Retirement, Disability, & Life Insurance

When can I retire?
What other benefits come with my VRS or ORPHE retirement?
Can I borrow against my retirement?
How can I learn more about my retirement and other benefits?
How does a Roth retirement account work?
Who can I contact for investment services?
What happens if I become disabled and can no longer work?
How much life insurance do I have? Can I cover my family as well?

Health Insurance

What makes Optima Health a good choice for me and my family?
What is the Smart Shopper program?
What does my COVA Health Aware HRA pay for?
Are there health and wellness programs that can assist with medication expenses?

Additional Vendors

What savings/checking account is best for me?
How can I protect myself and my family from identity theft?
How can I build or better my credit?
Any programs to help with student debt?
What policies does AFLAC offer?
What free programs do you offer?

Tomorrow in Focus: Saving for Your Ideal Retirement

SEMINARS

10:00am-11:00am
Washington Room, DSU

Presented by: 

Social Security 101

11:30am-12:30pm
Washington Room, DSU

Presented by:  Social Security

SNACKS

RAFFLE PRIZES

FLU SHOTS

Provided By:



...AND MORE!



OFFICE OF HUMAN RESOURCES

Phone: 594-7145 Fax: 594-7236 Email: hr@cnu.edu HR Website: <https://interweb.cnu.edu/hr/>

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only



Insurance Card: _____ ID: _____ Group: _____

Clinic –Yes ☐ No ☐

Screening Questionnaire and Consent Form

With us, it's personal.

Patient Information: (Patient to complete)

Patient Name: _____ Date of Birth: _____ Age: _____ Phone# _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address _____

Gender: M or F Which vaccine(s) would you like to receive today? _____

Medical Conditions: _____ Enter Weight if less than 110 lbs.: _____
FOR EMERGENCY USE ONLY

Primary Care Physician (PCP): _____ Dr. Phone: _____

PCP address- City _____ State _____ Zip Code _____

I authorize the pharmacist to send copies of my vaccine documents to my primary care provider. Yes ☐ No ☐

Failure to select one of these boxes will result in the vaccine documents being sent to my primary care provider, if known, as state laws & regulations require for my state.

The following questions will help us determine which vaccines may be given today. If a question is not clear, please ask your pharmacist to explain it.	Yes	No	Don't Know
Are you sick today?			
Do you have a long term health problem with heart disease, kidney disease, metabolic disorder (e.g. diabetes), anemia or other blood disorders?			
Do you have a long term health problem with lung disease or asthma? Do you smoke?			
Do you have allergies to medications, food (i.e. eggs), latex or any vaccine component (e.g. neomycin, formaldehyde, gentamicin, thimerosal, bovine protein, phenol, polymyxin, gelatin, baker's yeast or yeast)?			
Have you received any vaccinations in the past 4 weeks?			
Have you ever had a serious reaction after receiving a vaccination?			
Do you have a neurological disorder such as seizures or other disorders that affect the brain or have had a disorder that resulted from a vaccine (e.g. Guillain-Barre Syndrome)?			
Do you have cancer, leukemia, AIDS, or any other immune system problem? (in some circumstances you may be referred to your physician)			
Do you take prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?			
During the past year, have you received a transfusion of blood or blood products, including antibodies?			
Are you a parent, family member, or caregiver to a new born infant?			
<u>For women:</u> Are you pregnant or could you become pregnant in the next three months?			
Did you bring your Immunization Record Card with you?			
Are you currently enrolled in one of our medication adherence programs at Rite Aid (OneTrip Refill, Automated Courtesy Refills, or Rx Messaging- Text, Email, Phone)?			
Have you had the following vaccines:	Yes	No	Don't Know
• Pneumococcal Vaccine-- *you may need two different pneumococcal shots*			
• Shingles Vaccine			
• Whooping Cough (Tdap) Vaccine			

I authorize the release of any medical or other information with respect to this vaccine to my healthcare providers, Medicare, Medicaid or other third party payer as needed and request payment of authorized benefits to be made on my behalf to Rite Aid.

- I acknowledge that if my insurance does not cover the cost of administering the vaccine at the pharmacy, then payment must be made at the time of the administration of the vaccine.
- I acknowledge that my vaccination record may be shared with federal or state or city agencies for registry reporting.
- I acknowledge that the pharmacist recommends that vaccinated patients should remain in the waiting area, for 20 minutes, after the administration of the immunization.
- I acknowledge receipt of Rite Aid's Notice of Privacy Practices for Protected Health Information.
- I acknowledge that the administration of an immunization or vaccine does not substitute for an annual check-up with the patient's primary care physician.
- For CA: I acknowledge that Rite-Aid intends to share my vaccination record with the California Immunization Registry (CAIR) and that I have reviewed the 'CAIR Immunization Notice to Patients and Parents' attached to this form.
- For CA: I acknowledge that if I do not want my immunization information shared with other CAIR users, I must complete and submit to CAIR a "Decline or Start Sharing/Information Request Form" obtained either from the pharmacy or downloaded from the CAIR website (<http://cairweb.org/cair-forms/>).
- I certify my receipt of the services covered by this claim. I request that payment be made on my behalf. I authorize the holder to release medical information about me to any party involved in payment or their agents.
- I have read, or have had read to me the Vaccination Information Sheet (VIS) regarding the vaccine(s). I have had the opportunity to ask questions that were answered to my satisfaction and understand the benefits and risks of the vaccine(s). I consent to, or give consent for, the administration of the vaccine(s). I fully release and discharge Rite Aid Corporation, its affiliates, officers, directors, and employees from any liability for illness, injury, loss, or damage which may result there from.

Patient Signature or legal guardian signature _____

If legal guardian print name _____

PHARMACY USE ONLY

Place RX Label Here

- | | |
|--|---|
| <input type="radio"/> Influenza Injectable | <input type="radio"/> DTaP |
| <input type="radio"/> Pneumococcal | <input type="radio"/> Zoster (Shingles) |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Tdap |
| <input type="radio"/> HPV | <input type="radio"/> Hepatitis A & B |
| <input type="radio"/> Varicella | <input type="radio"/> Other: |
| <input type="radio"/> IPV: | |
| <input type="radio"/> Meningococcal | |
| <input type="radio"/> Td | |
| <input type="radio"/> Hepatitis A | |
| <input type="radio"/> MMR | |

Place RX Label Here

- | | |
|--|---|
| <input type="radio"/> Influenza Injectable | <input type="radio"/> DTaP |
| <input type="radio"/> Pneumococcal | <input type="radio"/> Zoster (Shingles) |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Tdap |
| <input type="radio"/> HPV | <input type="radio"/> Hepatitis A & B |
| <input type="radio"/> Varicella | <input type="radio"/> Other: |
| <input type="radio"/> IPV: | |
| <input type="radio"/> Meningococcal | |
| <input type="radio"/> Td | |
| <input type="radio"/> Hepatitis A | |
| <input type="radio"/> MMR | |

Lot # _____

Exp. Date _____

Site RA or LA- Circle One

Lot # _____

Exp. Date _____

Site RA or LA- Circle One

Signature of pharmacist who administered Vaccine(s) and provided VIS to patient: _____

License #: _____ NPI #: _____ Date: _____

Signature of Certified Immunizing Technician or Intern who administered Vaccine(s): _____