



**ORACLE**

**New Employee Offer Packet**

**Welcome to Oracle!**

We are pleased to confirm your offer of employment with Oracle. Oracle provides the world's most complete, open, and integrated business software and hardware systems. More than 370,000 customers - including 100 of the Fortune 100 - benefit from Oracle products and services.

Joining over 107,000 Oracle employees around the globe places you in the midst of a work culture where innovation is the goal, hard work is expected, and creativity is rewarded. Oracle employees enjoy exciting careers with excellent health benefits and a network of like-minded co-workers that drive technological advancements across the industry. As a member of our team, you will have unlimited opportunities to help shape our future and make significant contributions toward Oracle's continued success.

To prepare for your employment with Oracle, we've included a New Employee Offer Packet that contains the documents you must sign and return to Oracle before you begin - along with instructions for doing so. We've also included information that will help you in your first few days on the job. Please contact your hiring manager immediately to accept or decline this offer, ask questions and identify your start date. Your start date should also be provided when you complete the attached documents.

For three decades, Oracle has been the center of innovation for integrated enterprise hardware and software systems. You have chosen an exciting time to join our company. Again, congratulations and welcome to Oracle - we look forward to your arrival!

## Offer Packet Contents Overview & Document Return Instructions

**Important: Please review the below information carefully as this will help you get started at Oracle.**

The following chart outlines the contents of your offer packet and required actions.

OFFER PACKET CONTENTS	Return to Oracle Immediately	Complete Online	Retain for your Records
Personal Information Sheet	X		
Employee Self-ID Form	X		
Employee Eligibility Questionnaire	X		
Employment Agreement & Mutual Agreement to Arbitrate	X		
Proprietary Information Agreement	X		
Colorado Affirmation Form (for new Colorado employees only)	X		
I-9 Form and Q&A		X	
Payroll Information			X
Benefits Overview			X
Oracle's Internal Privacy Policy			X
Health & Safety			X
Work-Related Injury Information (English and Spanish Versions)			X

### Instructions

Review all documents.

Important Note: Oracle does not accept documents that have writing on them other than the employee's signature and the date, or that have been otherwise altered or amended.

**Please complete and return the documents marked "Return to Oracle Immediately" upon accepting the offer to your Recruiting Program Manager at the address listed on the business card below:**



**Make a copy of the documents you are returning to Oracle for your records.**

**PERSONAL INFORMATION FORM**

EMPLOYEE INFORMATION		
Last Name	First Name	Middle Name
Street Address		Apartment/Unit #
City	County	
State	Zip Code	
Preferred First Name (optional)		
Date of Birth (month-date-year)	Social Security No.	- -

ORACLE EMPLOYMENT INFORMATION		
Initial Oracle Point of Contact in the Recruiting Process		
<input type="checkbox"/> Hiring Manager	<input type="checkbox"/> Oracle Recruiter	<input type="checkbox"/> Employment Agency
<p>If your initial Oracle Point of Contact was a Hiring Manager or an Oracle Recruiter, choose one of the following that best describes how you found out about the position:</p> <p> <input type="checkbox"/> Oracle Recruiter                        <input type="checkbox"/> Oracle Hiring Manager                        <input type="checkbox"/> Employee Referral                        <input type="checkbox"/> Job Fair                        <input type="checkbox"/> Print Ad  <input type="checkbox"/> Oracle Career Website (www.oracle.com)                        <input type="checkbox"/> Online Career Website (Monster, CareerBuilder, etc.)  <input type="checkbox"/> Rehire (if so, please provide Oracle email address) _____  <input type="checkbox"/> Other (please specify) _____                 </p>		
Are you an international transfer or contractor currently working for Oracle?	If yes, what country	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Oracle Email Address:	

*COMPLETE AND RETURN THE PERSONAL INFORMATION FORM TO ORACLE*

**EMPLOYEE SELF-IDENTIFICATION FORM**

Oracle America is an Equal Opportunity Employer. State and Federal regulations require us to obtain information from each applicant for statistical analysis of our compliance with fair employment practices. We request your cooperation in voluntarily providing information, which is confidential and used only in accordance with the regulations governing Equal Employment Opportunity and Affirmative Action. If you do not wish to provide this information, you will not be subject to any adverse treatment.

<b>EMPLOYEE INFORMATION</b>	
Last Name	First Name
Date	Position with Oracle
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

**Race/Ethnic origin**

Please check whether or not you are 'Hispanic or Latino' or 'Two or More Races'. If you identify with either of these categories, no further action is needed. If you do not identify with 'Hispanic or Latino' or 'Two or More Races' continue to Part 2 of the form. The designations do not denote scientific definitions of anthropological origins. You may be included in the group to which you belong, with which you identify, or to which you are regarded in the community as belonging

**PART 1: SELECT ONE OF THE FOLLOWING OR GO TO PART 2**

<input type="checkbox"/> HISPANIC OR LATINO	A person of Mexican, Puerto Rican, Cuban, Central South American, or other Spanish culture or origin, regardless of race. (Note: Persons from Brazil, Guyana, Surinam or Trinidad, for example, are classified according to race because they are not Spanish origin, culture, or descent.) If you select 'Hispanic or Latino', DO NOT select another race designation.
<input type="checkbox"/> TWO OR MORE RACES	A person who identifies with more than one of the five races (see below). If you select 'Two or More Races', DO NOT select another race designation.

**PART 2: SELECT ONE OF THE FOLLOWING IF YOU DID NOT SELECT A CATEGORY IN PART 1**

<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/> ASIAN	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, China, Japan, and Korea.
<input type="checkbox"/> BLACK (not of Hispanic origin)	A person having origins in any of the Black racial groups of Africa, American, or other Spanish or origin, regardless of race. (Note: persons from Brazil, Guyana, Surinam, or Trinidad, for example, are classified according to race because they are not of Spanish origin, culture, or descent.)
<input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	A person having origins in original peoples of Hawaii, Guam, Samoa, Philippines, or other Pacific Islands.
<input type="checkbox"/> WHITE (not of Hispanic origin):	A person having origins in original peoples of Europe, North Africa, or the Middle East.

**PART 3: SELECT ALL THAT APPLY**

<input type="checkbox"/> RECENTLY SEPARATED VETERAN	A person who left the military within 12 months of current date. Departure Date:
<input type="checkbox"/> DISABLED VETERAN	A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.
<input type="checkbox"/> ARMED FORCES SERVICES MEDAL VETERAN	A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
<input type="checkbox"/> OTHER PROTECTED VETERAN	A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
<input type="checkbox"/> VETERAN	Not Included in Above Categories

*COMPLETE AND RETURN ALL PAGES OF THE EMPLOYEE SELF-IDENTIFICATION FORM TO ORACLE*

**EMPLOYEE ELIGIBILITY QUESTIONNAIRE**

**MANDATORY: ALL NEW EMPLOYEES MUST COMPLETE AND SIGN THIS FORM**

Federal law requires Oracle to hire individuals who are authorized to work in the United States. To ensure compliance, all prospective employees must answer the following questions and sign and date this form.

**EMPLOYEE INFORMATION**

Are you authorized to work in the U.S.?  Yes  No

Which one of the following applies to you (check one only)?

U.S. Citizen  U.S. Permanent Resident  Foreign National with/without temporary status in the U.S.

If you checked U.S. Citizen or U.S. Permanent Resident, *skip to Section 2 – Signature.*

If you checked Foreign National with/without temporary status, *complete Section 1 – Work Authorization and Section 2.*

**SECTION 1 - WORK AUTHORIZATION**

Which one of the following (A, B or C) describes your current status and/or work authorization?

- A)  I have valid U.S. work authorization based on:
  - F-1 with valid EAD or valid/properly endorsed Form 1-20
  - J-1 with valid and properly endorsed DS-2019
  - Valid EAD work card issued to me based on some other immigration sponsorship or filing

Date issued: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

- B)  I already have work authorization sponsored by Oracle and can begin employed based on this.

Describe your work authorization document: \_\_\_\_\_

*Note: U.S. visa stamps are NOT work documents; Forms I-94 ARE work documents*

Date issued: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

- C)  I do not have U.S. work authorization with Oracle, and require sponsorship for work authorization.

**SECTION 2 - SIGNATURE**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Policy Note:** Oracle files F-1 to H-1B petitions requesting "change of status" with the closest immediate effective date. Deferment of H-1B start date is not possible.

*COMPLETE AND RETURN THE EMPLOYEE ELIGIBILITY QUESTIONNAIRE TO ORACLE*

**EMPLOYMENT AGREEMENT & MUTUAL AGREEMENT TO ARBITRATE**

Please read this Agreement carefully before you agree to its terms by signing it. You may wish to consult an attorney prior to signing the Agreement. The Agreement sets forth certain important benefits, terms and conditions related to your employment with Oracle. It also sets forth the mutual agreement between you and Oracle to arbitrate any dispute or claim arising out of or related to your Oracle employment and to waive all rights to a trial or hearing before a court or jury, except as provided below.

**Proprietary Information**

Oracle's proprietary rights and confidential information are among the company's most important assets. In addition to signing this Agreement as a condition of employment, you also must sign the Proprietary Information Agreement included in the New Hire Offer Packet.

**Oracle Policies**

Your adherence to the Oracle Code of Ethics and Business Conduct, set forth in a booklet that is mailed to you within two weeks of your first date of employment at Oracle, is vital to Oracle and to your success at Oracle. When you sign this Agreement, you are agreeing to thoroughly familiarize yourself with the Oracle Code of Ethics and Business Conduct and you are agreeing to abide by it. You also agree to take Oracle's Ethics and Business Conduct course, available on-line through Oracle's intranet. In addition, when you sign this Agreement, you are acknowledging that you have read the letter addressing Oracle's Safety Program highlights included in the New Hire Offer Packet. Oracle maintains an Internal Privacy Policy, which describes Oracle's privacy practices for employment-related information, including personal information that may be collected, how and where personal information is processed, to whom personal information may be provided, and how you may access and rectify personal information about you. You agree to abide by the terms of Oracle's Internal Privacy Policy in effect during your employment; a current copy of such policy is also included in the New Hire Offer Packet. The Oracle Code of Ethics and Business Conduct, the Oracle Employee Handbook, and Oracle's Internal Privacy Policy are all on the Oracle intranet and accessible to all employees. You agree, after beginning employment, to access the Employee Handbook and thoroughly familiarize yourself with Oracle policies and to abide by them. Additionally, from time to time, Oracle will communicate important information about its policies by way of electronic mail notification and/or the Oracle intranet. By signing this agreement, you agree to thoroughly review these policy communications and to abide by them.

Oracle is a government contractor, and, as such, certain federal, state, and local laws may place prohibitions or other restrictions on the ability of former government workers, and/or relatives of current or former government workers, to be employed by or to perform certain work on behalf of Oracle. By signing below, you are affirming that your employment with Oracle, and any work you perform while employed by Oracle, will not conflict with any such prohibitions or restrictions.

**Employment Eligibility**

In order to comply with the Immigration Reform and Control Act of 1986, the federal government requires the company to examine documents which prove your legal right to work in the United States. Please see the Verification of Eligibility for Employment information which also is a part of the New Hire Offer Packet.

**Benefits**

Oracle offers its employees a comprehensive medical, dental, vision, life and disability insurance package through Oracleflex, a flexible benefits program. Oracleflex may require employee contributions. The company also offers benefits including a 401(k) Savings and Retirement Plan, an Employee Stock Purchase Plan, a Dependent Care Reimbursement Plan and an Educational Reimbursement Plan. The details of these plans are included in the New Hire Offer Packet and/or are available on the Oracle intranet. You understand that you must make your Oracleflex benefits elections within the limited time period set forth in the communication accompanying your personal identification number that you will receive after beginning employment.

By signing this Agreement, you authorize Oracle to deduct from your compensation any and all contributions associated with your elections under Oracleflex, the Oracle 401(k) Savings and Investment Plan, the Oracle Employee Stock Purchase Plan, or any other benefit offered by Oracle in which you participate and for which an employee contribution is required.

Your starting compensation, position and other terms and conditions related to your employment are set forth in the offer letter you received. By signing this Agreement, you also are agreeing to the terms and conditions set forth in

the offer letter, which are incorporated herein. Oral or written representations contradicting or supplementing the terms of the offer letter are not valid.

**At-Will Employment**<sup>1</sup>

Employment at Oracle is at-will. The company makes no express or implied commitment that your employment will have a minimum or fixed term, that Oracle may take adverse employment action only for cause or that your employment is terminable only for cause. Either you or Oracle may terminate the employment relationship at any time for any reason. Additionally, Oracle may take any other employment action at any time for any reason. No one at Oracle may make, unless specifically authorized in writing by Oracle's Board of Directors, any promise, express or implied, that employment is for any fixed term or that cause is required for the termination of or change in the employment relationship.

**Equal Employment Opportunity and Escalation Process**

Oracle believes that all employees should be treated fairly and equitably in conformance with its Equal Employment Opportunity policy. We take personnel action without regard to race, color, national origin, sex, marital status, sexual orientation, gender identity, age, religion, disability, veteran status, or any other characteristic prohibited by federal, state or local law. Our commitment to this policy applies to every phase of the employment relationship, and we make every effort to comply with this policy. If, however, you feel you have not been treated fairly in some way in your Oracle employment, you agree, before taking any other action, to make a written complaint to a Director of the Human Resources Department and to allow individuals within the Department a reasonable period of time in which to investigate and informally attempt to resolve your issues.

**Mutual Agreement to Arbitrate**

You and Oracle understand and agree that any existing or future dispute or claim arising out of or related to your Oracle employment, or the termination of that employment, will be resolved by final and binding arbitration and that no other forum for dispute resolution will be available to either party, except as to those claims identified below. The decision of the arbitrator shall be final and binding on both you and Oracle and it shall be enforceable by any court having proper jurisdiction.

The arbitration proceedings shall be conducted pursuant to the Federal Arbitration Act, and in accordance with the National Rules for the Resolution of Employment Disputes of the American Arbitration Association or the Employment Arbitration Rules and Procedures adopted by Judicial Arbitration & Mediation Services ("JAMS"). The arbitrator will have all the powers a judge would have in dealing with any question or dispute that may arise before, during and after the arbitration.

**Claims Not Covered**

Claims not covered by this Arbitration Agreement are:

1. Claims under Title VII of the Civil Rights Act of 1964 or any tort related to or arising out of sexual assault or harassment, including assault and battery, intentional infliction of emotional distress, false imprisonment, or negligent hiring, supervision, or retention,
2. Claims for benefits under the workers' compensation, unemployment insurance and state disability insurance laws, and
3. Claims by you or by Oracle for temporary restraining orders or preliminary injunctions ("temporary equitable relief") in cases in which such temporary equitable relief would be otherwise authorized by law. In such cases where temporary equitable relief is sought, the trial on the merits of the action will occur in front of, and will be decided by, the arbitrator, who will have the same ability to order legal or equitable remedies as could a court of general jurisdiction.

**Costs**

Oracle agrees to bear the costs of the arbitrator's fee and all other costs related to the arbitration, assuming such costs are not expenses that you would be required to bear if you were bringing the action in a court of law. You and Oracle shall each bear your own attorneys' fees incurred in connection with the arbitration, and the arbitrator will not have authority to award attorneys' fees unless a statute at issue in the dispute or other appropriate law authorizes the award of attorneys' fees to the prevailing party, in which case the arbitrator shall have the authority to make an award of attorneys' fees as permitted by the applicable statute or law.

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<sup>1</sup> Note: This at-will employment provision is not applicable to employees located in the state of Montana.

**Consideration**

You understand and acknowledge that you are offered employment in consideration of your promise to arbitrate claims. In addition, the promises by Oracle and by you to resolve claims by arbitration in accordance with the provisions of this Arbitration Agreement, rather than through the courts, provide consideration for each other.

**Knowing and Voluntary Agreement; Complete Agreement**

You understand and agree that you have been advised to consult with an attorney of your own choosing before signing this Employment Agreement & Mutual Agreement to Arbitrate, and you have had an opportunity to do so.

**YOU FURTHER UNDERSTAND AND AGREE THAT YOU HAVE READ THIS EMPLOYMENT AGREEMENT & MUTUAL AGREEMENT TO ARBITRATE CAREFULLY. BY SIGNING IT, YOU ARE EXPRESSLY WAIVING ANY AND ALL RIGHTS TO A TRIAL OR HEARING BEFORE A COURT OR JURY OF ANY AND ALL DISPUTES AND CLAIMS SUBJECT TO ARBITRATION UNDER THIS ARBITRATION AGREEMENT WHICH CLAIMS YOU MAY NOW OR IN THE FUTURE HAVE.**

This Arbitration Agreement contains the complete agreement between Oracle and you regarding the subject of arbitration and alternate dispute resolution, and supersedes any and all prior written, oral, or other types of representations and agreements between Oracle and you, if any.

**Severability**

If any portion of this Employment Agreement & Mutual Agreement to Arbitrate shall, for any reason, be held invalid or unenforceable, or contrary to public policy or any law, the remainder of the Agreement shall not be affected by such invalidity or unenforceability, but shall remain in full force and effect, as if the invalid or unenforceable term or portion thereof had not existed within this Agreement.

**Modification**

This Employment Agreement & Mutual Agreement to Arbitrate may be modified only in a writing, expressly referencing this Agreement and you by full name, signed by you and Oracle's Board of Directors.

By signing below you are agreeing that you have read and understood every provision of this Agreement and that, in consideration for your employment at Oracle, you agree to abide by its terms.

**ACKNOWLEDGED AND ACCEPTED:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*SIGN AND RETURN ALL PAGES OF THE EMPLOYMENT AGREEMENT & MUTUAL AGREEMENT TO ARBITRATE TO ORACLE*

**PROPRIETARY INFORMATION AGREEMENT**

*Oracle Corporation, its subsidiaries (including but not limited to Oracle America, Inc.) and its affiliates (collectively "Oracle") develop, manufacture, market, license and distribute computer software and hardware products and other technology, and provide technical support, consultation, educational and other services relating to Oracle's products. Oracle develops and uses confidential, proprietary, and trade secret information in its business. This information may relate to technical matters, such as the development of a new product or service, or to non-technical matters, such as marketing or financial information. As a result of your employment with an Oracle entity (your "Employer"), you may develop, receive or otherwise have access to confidential, proprietary or trade secret information which is of value to Oracle. This agreement sets forth your responsibilities and obligations concerning confidential, proprietary and trade secret information, and Developments (as defined below).*

As a condition of my employment with my Employer, and in consideration therefore, I agree to abide by the following:

1. My employment creates a relationship of confidence and trust with respect to certain information of a confidential, proprietary or trade secret nature. For the purposes of this agreement, all such confidential, proprietary or trade secret information will be referred to as "Proprietary Information." Proprietary Information includes by way of illustration and without limitation:
  - (a) all software, hardware and other technology developed or licensed by or for Oracle or licensed to Oracle by a third party, and any documentation, research, development, technical or engineering information, know-how, tools, data, designs, diagrams, drawings, schematics, sketches or other visual representations, passwords and other computer information, plans, projects, manuals, formulas, algorithms, subroutines, and product specifications relating to such software, hardware or other technology; the term "software" as used in this paragraph refers to software in various stages of development or any product thereof and includes without limitation the literal elements of a program (source code, object code or otherwise), its audiovisual components (menus, screens, structure and organization), any human or machine readable form of the program, and any writing or medium in which the program or the information therein is stored, written or described, including without limitation diagrams, flow charts, designs, drawings, templates, specifications, models, data, bug reports and customer information;
  - (b) Oracle's marketing and sales plans or forecasts; pricing or other sales-related information; product development plans; acquisition plans; competitive analyses; benchmark test results; supplier and purchasing information; budgets and nonpublic financial information; licenses; contracts and all related documents; nonpublic customer, partner and vendor information, including without limitation customer analyses and lists; and information regarding other Oracle employees, including without limitation employees' skills, technical knowledge and compensation and organizational charts;
  - (c) all information which Oracle has a legal obligation to treat as confidential or which Oracle treats as proprietary or designates as confidential or for internal use only, whether or not owned or developed by Oracle (for example, information Oracle receives from a third party customer, partner or potential acquisition target).

Proprietary Information shall not include information known publicly or generally employed in the trade, nor shall it include generic knowledge that I would have learned in the course of similar employment elsewhere. At all times, both during and after my employment with my Employer, I will hold Proprietary Information in confidence. I will not by any means transfer, publish, disclose or report Proprietary Information directly or indirectly, except such disclosure to other Oracle employees or authorized third parties as may be necessary in the ordinary course of performing my duties for my Employer or otherwise as directed by Oracle. I will not use Proprietary Information except in the course of performing my duties for my Employer. If I am uncertain as to whether particular information or materials are Proprietary Information, I will request a written opinion from Oracle's legal department as to their status.

2. I hereby represent that my performance as an employee of my Employer will not breach any agreement or obligation to keep in confidence the proprietary information of a former employer or other entity or person and that I have disclosed to Oracle any such agreements, obligations and/or other restrictive covenants to which I am currently bound. I will not bring any proprietary information of a former employer or other entity or person to Oracle. I will not use in the performance of my work for my Employer any proprietary information of a former employer or other entity or person without written authorization from my former employer, the other entity or person. I will immediately inform my HR Manager in the event I believe that my work at Oracle would make it difficult for me not to disclose to Oracle any such information or materials.
3. I will promptly disclose to my Employer or its designee, will hold in trust for the sole right and benefit of my Employer or its designee, and will and hereby do assign to my Employer or its designee all my right, title and interest in and to any and all ideas, discoveries, inventions or "know how," whether or not patentable or subject to copyright protection and whether or not reduced to tangible form or reduced to practice during the period of my employment, including without limitation, all processes, devices, apparatus, computer programs, programming documentation, and other works of authorship, including any modification, improvement or use thereof (collectively referred to as "Developments"), relating to any current or reasonably anticipated business of Oracle, conceived or reduced to practice by me alone or with others during the term of my employment, whether or not conceived during regular business hours. I further acknowledge and agree that all Developments shall be the sole and exclusive property of my Employer or its designee and are considered "works made for hire" for the purposes of my Employer's rights under copyright laws. To the extent that any Development may not be considered a "work made for hire", I hereby assign to my Employer or its designee such Developments and all rights therein, except those Developments, if any, the assignment of which is prohibited by law. I agree to disclose all Developments promptly after development of the same, and at any time upon request. I further agree to execute any documents and to do all things necessary, without additional compensation (but at no cost to me) whether during my employment or after: (a) to assign all right, title and interest in any Development to my Employer or its designee and (b) to assist my Employer or its designee in registering, prosecuting, perfecting, protecting, maintaining and enforcing any and all patent, copyright, trade secret or other right or interest in any Development for any and all countries. **This provision does not apply to Developments which qualify fully under the provisions of section 2870 of the California Labor Code, or any other statute or common law doctrine of like effect, which states:**
- (a) Any provision in an employment agreement which provides that an employee shall assign, or offer to assign, any of his or her rights in an invention to his or her employer shall not apply to an invention that the employee developed entirely on his or her own time without using the employer's equipment, supplies, facilities, or trade secret information except for those inventions that either:**
- (1) Relate at the time of conception or reduction to practice of the invention to the employer's business, or actual or demonstrably anticipated research or development of the employer; or**
- (2) Result from any work performed by the employee for the employer.**
- (b) To the extent a provision in an employment agreement purports to require an employee to assign an invention otherwise excluded from being required to be assigned under subdivision (a), the provision is against the public policy of this state and is unenforceable.**
- I understand that nothing in this Agreement is intended to expand the scope of protection provided to me by Sections 2870 through 2872 of the California Labor Code or any other statute or common law doctrine of like effect.
4. If any Development assigned hereunder is based upon, or is incorporated into or is an improvement or derivative of, or cannot reasonably be made, used, reproduced and/or distributed without using or violating technology or rights owned or licensed by me and not assigned hereunder, I will and hereby do grant my Employer or its designee a perpetual, worldwide, royalty-free, non-exclusive and sub-licensable right and license to exploit and exercise all such technology and rights in support of its exercise or exploitation of any such assigned Development(s) (including any modifications, improvements and derivatives thereof).

5. I will not during my employment with my Employer engage in any other employment, occupation, consulting or other activity related to the business in which Oracle is now involved or becomes involved during the term of my employment.
6. I will not, during my employment with my Employer and for a period of twelve months after the termination of my employment, directly or indirectly, whether through a third party or otherwise, recruit, solicit, induce, invite or otherwise encourage any Oracle employee to terminate or alter such person's employment relationship with Oracle or to accept an employment, independent contractor or other business relationship with an employer or entity or person other than Oracle.
7. I acknowledge and agree that my obligations under this Agreement shall survive the termination of my employment with Oracle regardless of the manner of or reasons for such termination. I will upon termination of my employment with my Employer reaffirm my recognition of the importance of maintaining the confidentiality of Oracle's Proprietary Information and reaffirm all of the obligations set forth in this agreement.
8. I agree that, upon termination of my employment with my Employer, I will:
  - (a) immediately deliver to my Employer or its designee, and will not keep in my possession, recreate or deliver to anyone else, all materials (in any tangible or electronic form) and property belonging to Oracle including without limitation documents, software, storage devices (including without limitation external hard drives, discs, flash drives, and tapes), records, data (including without limitation customer, supplier and vendor data that I created, modified or otherwise accessed during my term of employment), notes and correspondence and copies or reproductions thereof whether or not developed by me during the course of my employment with my Employer, hardware (including without limitation laptops and other computers), pagers, Oracle Social Media Accounts (as defined in Oracle's Social Media Participation policy), terminals, telephones, badges, business cards, handbooks, policy manuals, software manuals and telephone directories;
  - (b) immediately deliver to my Employer or its designee the account details and authentication information for any accounts I established or utilized as part of my employment with Oracle, including without limitation any cloud storage or Oracle Social Media Accounts; and
  - (c) immediately cease using and/or accessing any and all Oracle accounts, including without limitation email, voicemail, video and/or audio conference accounts, Social Media, and other computer and network systems or accounts.
9. Where my conduct would constitute a misappropriation of trade secrets, unfair competition, other civil wrong, and/or if I live or work in a state or jurisdiction where such conduct can be lawfully prohibited by an employer, I agree that I will not, for a period of twelve months after the termination of my employment with my Employer, for my own account or for the account of any other person or entity, solicit, call on or provide services similar to those which I provided to customers or clients of Oracle during my employment, for any of Oracle's customers or clients or prospective customers or clients if I solicited, called on or performed services for that Oracle customer or client or prospective customer or client during the twelve months preceding my termination.
10. I understand and acknowledge that, unless I am a Montana-based employee who has worked for Oracle for more than six months, my employment relationship with my Employer may be altered or terminated "at will" and that nothing in this agreement alters my "at will" status.
11. I understand and acknowledge that this agreement will be binding upon my heirs, executors, administrators and other legal representatives and will be for the benefit of my Employer, its successors and its assigns. My Employer may assign or transfer its rights or delegate its obligations created through this agreement at its sole discretion.
12. I recognize that nothing in this Agreement is intended to limit any remedy available to Oracle under prevailing law governing the protection of trade secrets or intellectual property rights. In addition, I acknowledge that any breach by me of this Agreement will cause immediate and irreparable injury to Oracle not compensable by monetary damages and that Oracle will be entitled to obtain injunctive or other equitable relief to remedy any such breach, without the necessity of posting bond or other security or proving it has sustained any actual damage. This remedy will be in addition to any other remedies available to Oracle at law or in equity.

- 13. I agree that any legal action or proceeding involving Oracle which is in any way connected with this agreement may be instituted in federal court in San Francisco or San Jose, California or state court in San Mateo County or Santa Clara County, California. I agree to submit to the jurisdiction of, and agree that venue is proper in, the aforesaid courts in any such legal action or proceeding.
- 14. I understand and acknowledge that no failure by Oracle to insist upon strict compliance with any of the term, covenants, or conditions of this Agreement, and no delay or omission by Oracle in exercising any right under this Agreement will operate as a waiver of such terms, covenants, conditions or rights. I agree that this Agreement may be amended and modified only by written agreement between myself and Oracle's General Counsel.
- 15. I agree that in the event that any of the provisions of this Agreement are determined by a court of competent jurisdiction to be contrary to any applicable law, rule or policy or for any reason unenforceable as written, then such court may modify any of such provisions so as to permit enforcement thereof to the maximum extent permissible as modified. Further, I agree that if any provision of this agreement is determined to be invalid or unenforceable, the validity or enforceability of the other provisions shall not be affected.
- 16. I will not enter into any agreement, written or oral, that conflicts with the provisions of this agreement.

I acknowledge that I have read and that I understand the terms of this agreement. I understand that by signing this document, I agree to be bound by all the terms, conditions and obligations set forth above.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

*SIGN AND RETURN ALL PAGES OF THE PROPRIETARY INFORMATION AGREEMENT TO ORACLE*

**FORM I-9 – EMPLOYMENT ELIGIBILITY VERIFICATION**[\(Back to Top\)](#)

Federal regulations require that new employees complete Section 1 of Form I-9 by the 1<sup>st</sup> day of hire and Section 2 of the Form I-9 within the first three (3) business days of employment with Oracle. The purpose of this form is to document that each new employee (both citizen and noncitizen) is authorized to work in the United States. Oracle uses a paperless, online I-9 application, which is linked to the Federal government's E-Verify system. Completion of the online I-9 will directly upload your information to E-Verify for confirmation of your identity and work authorization via the Department of Homeland Security and/or Social Security Administration databases as required by law.

**INSTRUCTIONS**

**Read all instructions carefully before completing the electronic I-9 form.  
Action is required by both the new employee and the Hiring Manager.**

**STEP 1 – ACTION REQUIRED BY NEW EMPLOYEE**

You must do this now. It is not necessary to wait for your first day of work.

1. Go to the I-9 Express website at <http://www.newi9.com>.
2. Log in with Oracle employer code **12456**.
3. Read all of the instructions provided and complete Section 1 of Form I-9.

**IF YOU APPLIED FOR A SOCIAL SECURITY NUMBER (SSN) AND ARE AWAITING RECEIPT, STOP HERE. DO NOT USE A TEMPORARY OR 'DUMMY' SSN ON THE FORM. SEE THE FORM I-9 FAQ SECTION FOR MORE INFORMATION.**

**COMPLETE ONLY ONE I-9. DO NOT COMPLETE MULTIPLE I-9 FORMS.**

**STEP 2 – ACTION REQUIRED BY NEW EMPLOYEE**

You **must** do this within **the** first three (3) **business** days of your start date.

Within your first three (3) days of employment, meet with your Hiring Manager in person to finalize the Form I-9 process. You are required to bring original documentation – copies will not be accepted. For a list of acceptable documents, please click [here](#).

**STEP 3 – ACTION REQUIRED BY HIRING MANAGER/VERIFIER**

1. Go to the Employer I-9 website at <https://www.i9express.com>.
2. Log in with the Oracle employer code **12456** and your personal **PIN**. The initial, default PIN is your own 4-digit year of birth (i.e. 1965) and the last four digits of your own Social Security Number (i.e. 19652803).
3. Locate the new employee's pending I-9 and complete Section 2. Law requires that the Hiring Manager view the new employee's original documents – copies or expired documents are not acceptable.

**STEP 4 – ACTION BY NEW EMPLOYEE & HIRING MANAGER/VERIFIER**

Upon completion, the system generates a message that the I-9 Form has been successfully added.

If further action on the I-9 is needed, you will be notified by the Oracle HR I-9 Team.

*COMPLETE THE FORM I-9 PROCESS ONLINE WITH YOUR HIRING MANAGER*

**FORM I-9 – FREQUENTLY ASKED QUESTIONS**[\(Back to Top\)](#)**WHAT SHOULD BE DONE IF THE NEW EMPLOYEE AND HIRING MANAGER ARE NOT IN THE SAME LOCATION OR CANNOT MEET IN PERSON?**

Oracle Human Resources Representatives and Managers are located throughout the U.S. The Hiring Manager should refer the new employee to HR for assistance. HR will assist the new employee in identifying an authorized Oracle employee in close proximity to complete the I-9.

**WHAT SHOULD BE DONE IF THE HIRING MANAGER CAN LOG INTO THE EMPLOYER I-9 WEBSITE, BUT CANNOT FIND THE NEW EMPLOYEE'S I-9?**

Locating the I-9 is done by conducting a search using the employee's Social Security Number (SSN). The search function is found in the "Search for employees" section on the main menu of the employer I-9 website.

**THE NEW EMPLOYEE HAS APPLIED FOR A SOCIAL SECURITY NUMBER (SSN) AND IS WAITING FOR IT. HOW SHOULD THE FORM I-9 BE COMPLETED?**

The SSN is required to complete the Form I-9. It cannot be bypassed. Therefore, you will NOT be able to complete Section 1 yourself.

The new employee should contact the Hiring Manager or designated Oracle employee, who will complete Section 1 & 2 on your behalf by your first day of employment at Oracle. "SSN Applied For" must be selected in Section 1 (the employee is not able to access this section). The Hiring Manager or designated Oracle employee will proceed to Section 2 and complete the session. The Form I-9 will "hold" in the system until an official SSN is added.

After receiving the SSN, the new employee must contact his or her designated HR Representative to provide the SSN number. The HR Representative will update the pending I-9 information in the employer I-9 website. ONLY HR staff can update a Form I-9 awaiting official SSN entry. Do not wait to complete the I-9 Form in anticipation of receiving the SSN card.

**Do not use** a temporary or "dummy" SSN on the Form I-9. If you already completed an I-9 with a 'dummy' SSN, notify your HR Representative immediately as the I-9 will result in a non-confirmation from the government's database.

**WHO SHOULD THE HIRING MANAGER CONTACT IF HELP IS NEEDED TO COMPLETE THE I-9 PROCESS, ACCESS THE I-9 ACCOUNT OR THE MANAGER HAS LOST THE PERSONAL PIN?**

Hiring Managers should contact Oracle's E-Verify Team at (888) 404-2494, option 3 then option 6 for assistance. You can also contact them by sending an email to [everify\\_us@oracle.com](mailto:everify_us@oracle.com).

**WHAT SHOULD THE HIRING MANAGER, NEW EMPLOYEE AND/OR HR DO IF THEY ARE NOT ABLE TO COMPLETE THE FORM I-9 WITHIN THE FIRST THREE (3) DAYS OF EMPLOYMENT?**

Regulations require completion of Section 1 of the Form I-9 by the 1<sup>st</sup> business day of employment and Section 2 within the employee's first three (3) business days of employment with Oracle. The law does not provide any grace period or exception. Contact an Oracle HR Representative immediately if the Form I-9 cannot be completed.

**CAN COPIES OF DOCUMENTS BE FAXED TO THE HIRING MANAGER OR HR SO THE I-9 CAN BE COMPLETED?**

No. The law requires that original documents be viewed by the person completing the I-9 Form. Copies are not acceptable under any circumstance.

**WHAT SHOULD THE NEW EMPLOYEE DO IF HE OR SHE IS NOT LOCATED NEAR AN ORACLE OFFICE OR OTHER ORACLE EMPLOYEES?**

The new employee should immediately contact the Hiring Manager or HR to arrange travel to an Oracle office. The Hiring Manager or HR will refer you to an authorized I-9 user who will meet with you and complete the I-9.

**WHO IS AUTHORIZED WITHIN ORACLE TO COMPLETE THE FORM I-9?**

Authorized users, and responsible parties to complete the I-9 are, in this order:

1. Hiring Manager
2. HR
3. Other Manager in same line of business

If none of the above are available, or are not in close proximity to the employee, E-Verify must be contacted immediately at [everify\\_us@oracle.com](mailto:everify_us@oracle.com) and is responsible to use the Exception Process to determine another authorized user to assist you.

**COLORADO AFFIRMATION FORM INSTRUCTIONS**

If hired to work in the state of Colorado, the Colorado Affirmation of Legal Work Status Form (see next page) must be completed pursuant to Colorado state law.

**You and your Hiring Manager must take action. Please share this information with your Hiring Manager.****WHAT IS REQUIRED?**

Colorado state law requires that the Affirmation Form be completed within 20 days of new employee's start date.

**WHO FILLS OUT THE AFFIRMATION FORM?**

The same individual (i.e. Hiring Manager) who completes Section 2 of Form I-9 must complete the Affirmation Form. The new employee may not fill out the form.

'Employee Name' at the top of the Affirmation Form should state the name of the new employee.

'Employer Name', signature, title, and spaces for initials, are for the individual completing the Affirmation Form.

The form should be attached as an additional document to the I-9 record.

**ARE OTHER DOCUMENTS NEEDED?**

Copies of the documents that are presented for Form I-9 completion must be submitted with the Affirmation Form.

**WHEN IS THE COLORADO AFFIRMATION FORM DUE?**

The completed Affirmation Form and document copies are due at the same time the I-9 form is completed.

**ANY QUESTIONS, COMMENTS, OR CONCERNS?**

For questions, comments, or concern please call 888-404-2494, option 3, then option 6 to speak to a live analyst. You can also email your questions to [everify\\_us@oracle.com](mailto:everify_us@oracle.com)



## **ORACLE'S INTERNAL PRIVACY POLICY**

Oracle Corporation and its subsidiaries and affiliates ("Oracle" or "we") are committed to protecting the privacy and security of the personal information of our employees and contractors ("you" or "your"). Personal information is the information you provide and we use for the purpose of maintaining your employment with Oracle that either identifies you or permits you to be identified. This policy sets forth Oracle's practices for treatment of your personal information and requirements for the privacy protection of personal information of our employees and contractors to which you may be provided access.

**Collecting Personal Information.** Oracle may collect personal information for a variety of purposes related to your employment with Oracle, including processing job applications, administering payroll and benefits, travel, job performance management, allocation of employees on projects, training, maintaining internal directories, employment surveys and general employment management, and compliance with legal and regulatory requirements. The personal information collected may include, among others, address, social security number, beneficiary and contact information, and national identifier number. We collect this information from you and in certain instances from third parties (e.g., information gathered during a background check). To the extent required by law, Oracle will obtain your consent for the collection and use of sensitive personal information relating to, among other things, race, religion, disability, health, sexual orientation, beneficiaries and political affiliation. You may access or request correction of your personal information through Oracle's online self-service applications or, as appropriate, by contacting your local Human Resources department. Your local Human Resources contact may be found at the [Global Human Resources Contacts](#) site.

**Access and Use.** Oracle may use your personal information for a variety of purposes related to your employment. Due to the global nature of Oracle's operations, your personal information may be stored, accessed, transferred or processed globally, including in the United States. *See also* International Transfer and Legal Compliance, below. Your provision of personal information confirms your consent for Oracle to transfer the personal information globally and to use and share it with third parties as specified in this policy.

**Data Recipients and Sharing with Third Parties.** The recipients of your data within Oracle include the Legal, Human Resources, Finance and Information Technology departments and your management. Oracle may share your personal information with third parties as necessary in connection with managing employment, corporate governance, acquisitions and related legal or regulatory activities. The third parties may include payroll, travel, benefits and other service providers, as well as legal, accounting and other professional services firms. Oracle requires that such third parties keep your personal information confidential and that they only use the personal information in furtherance of the specific purpose for which it was disclosed. You are responsible for any additional permissions you choose to grant to service providers for other services.

Please note that Oracle and its third party service providers may use your personal information in an anonymized format (i.e., in a form in which your identity cannot be determined) for other purposes not specified above, including in the development and testing of products and services.

**Security and Confidentiality.** Except as otherwise specified in this policy or as required for legal or regulatory purposes, Oracle treats your personal information as confidential and will not disclose it to third parties without your consent. Oracle maintains reasonable administrative, physical, and technical controls designed to protect the confidentiality and security of your personal information. Oracle employees who may have access to personal information are required to keep that information confidential as specified in the [Oracle Information Protection Policy](#), which is also available on the [Global Legal Portal](#).

Oracle may employ security procedures at its facilities to monitor and maintain security, including the use of closed circuit television. In addition, your use of Oracle computers and systems may be monitored as specified in the [Oracle Acceptable Use Policy for Company Resources](#), which is also available on the [Global Legal Portal](#). Any monitoring of Oracle facilities, systems or assets is performed in accordance with applicable law.

**International Transfer and Legal Compliance.** Oracle has self-certified its privacy practices for employment data to the U.S. Department of Commerce Safe Harbor Program, and has taken measures to ensure that Oracle's data privacy practices are consistent, as applicable, with this self-certification, the requirements of the European Privacy Directive and/or other privacy laws that may apply to the internal use, onward transfer and processing of your personal information. Oracle transfers employment-related records from the European Union to Oracle America, Inc. under the Safe Harbor for centralization purposes; other international transfers among Oracle subsidiaries are accomplished, where appropriate for the purposes defined in this Privacy Policy, under the terms of data transfer agreements incorporating European Union model clauses requirements for transfer of personal information to countries that do not provide for adequate protection.

**General.** Oracle may update this policy from time to time, and the current version will be available to employees on [my.oracle.com](http://my.oracle.com) or on the [Global Legal Portal](#). You are required to abide by the terms of this policy, and any failure to do so is a violation of Oracle company policy and may result in disciplinary action. If you have any questions or concerns about the Internal Privacy Policy or its application, please contact us at [privacy\\_ww@oracle.com](mailto:privacy_ww@oracle.com).

**Last updated: March 2010**

**PAYROLL INFORMATION**[\(Back to Top\)](#)**YOUR FIRST PAYCHECK**

Oracle pays employees on the 15th and last business day of each month. When the payroll date falls on a weekend (Saturday and Sunday) or another non-business day, Oracle pays on the last regular business day before the scheduled pay date. Your first paycheck will be mailed via U.S. mail to your home address. You will receive your first paycheck on the next upcoming pay period, provided that all of your new employee documents are received and processed by Oracle Human Resources at least six (6) business days prior to payday. Similarly, if you are able to enter your direct deposit information by the payroll cut-off date for your first pay date, then your first payroll payment will be deposited to that bank account. Direct deposit information can be entered via Self-Service Applications (SSA).

For a complete list of Oracle paydays and the payroll cutoff schedule, go to <http://my.oracle.com> and under Lines of Business, select Finance & Administration and then [Payroll](#).

**W-4 FORM**

As an Oracle employee you are required to complete a W-4 Form. During your first or second day of employment, you will need to:

1. Complete the online W-4 form located in Self-Service Applications (SSA). Once you have logged into SSA, select "US Employee Self Service" and then choose Online Tax Form (W4) from the menu options.
2. Complete a form for state withholdings if your state has state income tax and/or a mandatory withholding form. Contact [payroll\\_us@oracle.com](mailto:payroll_us@oracle.com) or (888) 404-2494, option 2, and the appropriate state form will be provided to you.

The data that you complete on these forms will be used by Oracle to determine the amount of federal and state taxes, which will be withheld from your regular payroll checks. Please note: Bonuses and commissions are taxed at supplemental flat rates and are not impacted by the data on these forms.

Please be sure to complete the forms accurately. IF PAYROLL DOES NOT RECEIVE THESE FORMS BEFORE THE PAYROLL CUT-OFF DATE, OR THE FORMS ARE INCOMPLETE OR INACCURATE, YOUR PAYROLL WITHHOLDING AMOUNT WILL DEFAULT TO THE HIGHEST WITHHOLDING LEVEL WITH A MARITAL STATUS OF SINGLE AND ZERO ALLOWANCES.

Any employee filing exempt from federal and/or state withholdings must submit a signed and dated W-4 form or State Withholding Certificate to the Oracle Payroll department via email [payroll\\_us@oracle.com](mailto:payroll_us@oracle.com) or fax (916) 315-4913. Failure to do so will default your withholdings to single and zero withholdings. Please contact [payroll\\_us@oracle.com](mailto:payroll_us@oracle.com) or (888) 404-2494, option 2, and the appropriate W-4 or state form will be provided to you.

**PAYROLL TAX POLICY**

The payroll system will automatically compute the taxes on your payroll check based on the combination of your office location and your home address. The system performs the tax withholdings based on the laws in each state including the following criteria:

- You work in a state which has tax reciprocity with other states.
- You work in a state different from your office location.
- You are located in a city that requires employee school district tax or local withholding.

Please contact Payroll through the Oracle Human Resources Services Center at (888) 404-2494, option 2, or send an email request to [payroll\\_us@oracle.com](mailto:payroll_us@oracle.com) to obtain the proper forms to select reciprocity.

It is the employee's responsibility to review tax information shown on every pay statement.

Please Review:

- Work State
- Residence State
- Exemptions and additional withholding
- Local taxes

### **NON-RESIDENT TAX CERTIFICATES**

Generally, you are required to file a tax return for each state in which you worked and in each state where you were a resident during the year. Some states have reciprocal withholding agreements, which allow you to file a Non-Resident State Tax certificate to make you exempt from work state withholdings.

You must file the Non-Resident Certificate (6) business days prior to the first check date that you would like this to be effective. This form can be obtained by contacting the Oracle Human Resources Services Center at (888) 404-2494, option 2, or by sending an email to [payroll\\_us@oracle.com](mailto:payroll_us@oracle.com). These states include:

<b>State</b>	<b>States with Reciprocal Agreements</b>
District of Columbia	All non-residents who work in the District of Columbia (D.C.) can claim exemption from withholding for the D.C. income tax.
Illinois	Iowa, Kentucky, Michigan, Wisconsin
Indiana	Kentucky, Michigan, Ohio, Pennsylvania, Wisconsin
Iowa	Illinois
Kentucky	Illinois, Indiana, Michigan, Ohio, West Virginia, Wisconsin,
Maryland	District of Columbia, Pennsylvania, Virginia, West Virginia
Michigan	Illinois, Indiana, Kentucky, Minnesota, Ohio, Wisconsin
Minnesota	Michigan, North Dakota
Montana	North Dakota
New Jersey	Pennsylvania
North Dakota	Minnesota, Montana
Ohio	Indiana, Kentucky, Michigan, Pennsylvania, West Virginia
Pennsylvania	Indiana, Maryland, New Jersey, Ohio, Virginia, West Virginia
Virginia	Kentucky, Maryland, District of Columbia, Pennsylvania, West
West Virginia	Kentucky, Maryland, Ohio, Pennsylvania, Virginia
Wisconsin	Illinois, Indiana, Kentucky, Michigan

Inform Payroll of any errors immediately via email at [payroll\\_us@oracle.com](mailto:payroll_us@oracle.com). If you made a change in SSA and it is not reflected on your payslip, contact Payroll at (888) 404-2494, option 2, or [payroll\\_us@oracle.com](mailto:payroll_us@oracle.com).

Failure to notify payroll may result in a higher tax liability for you at the end of the year.

**TIMESHEET/VACATION TIME SUBMISSION**

If you are a timecard required employee, you must submit all time worked using Self-Service Applications. If you are a salaried overtime eligible employee, you must submit your exception time worked (anything outside of 40 hours a week or 8 hours a day in California).

If you are not eligible for overtime, you are still required to submit vacation time (or other exception time) within the month that it is taken. To enter vacation time taken, login to Self-Service Applications, select US Employee Self Service and then choose Create Timecard from the menu options under Payroll OTL Timecard.

All exception time (overtime, vacation etc.) is accounted for and paid in arrears (one pay period lag time). Please contact the Oracle Human Resources Service Center at (888) 404-2494, option 2, or send an email to [payroll\\_us@oracle.com](mailto:payroll_us@oracle.com) if you have questions. Please see the [U.S. Overtime Eligible Toolkit for Employees](#) and [OTL User Guide](#) for more information once you have access to Oracle systems.

If you have questions regarding Oracle's policies, please review the [U.S. Employee Handbook](#) located on the U.S. Human Resources website.

**DIRECT DEPOSIT OF YOUR PAY**

Oracle strongly encourages you to enroll for direct deposit to ensure timely receipt of your pay. To enroll in direct deposit, login to Self-Service Applications, select US Employee Self Service and then choose Online Direct Deposit from the menu options under Oracle Employee Self Service. Complete the authorization form and select the 'Submit' button. Your payslip can also be viewed by choosing Payslip from the menu options under the Oracle Employee Self Service. Direct Deposit helps to eliminate mail service delays. [Click here for detailed instructions.](#)

Your first paycheck will be mailed via U.S. mail to the home address listed on the Personal Information Form unless you were able to submit your direct deposit via Self-Service Applications by the payroll cut-off date for your first pay check. If the information you provide on the direct deposit enrollment form is accurate and submitted by the payroll cut-off date, your payroll check will be deposited directly into your bank account(s) on your first pay check.

In addition, you are responsible for reviewing your payslip each pay period to determine if your payroll check was deposited successfully. In the event your payroll check is not deposited, Oracle is not responsible for resulting fees, costs or other damages.



## **2013 U.S. BENEFITS**

### **OVERVIEW**

This overview contains highlights of the benefit options available through Oracle's US Benefits Program. The information in this overview are not complete descriptions of the benefits and Oracle may terminate, withdraw or modify any benefits in whole or in part, at any time. The descriptions of the benefits are not guarantees of current or future employment or benefits. We make every effort to ensure the accuracy of the information in this overview. If there is any conflict between this overview and official Plan Documents, the official documents will govern. For full provisions of the benefit plans described in this overview, consult the documentation specific to the plan. You can find our plan documentation on the [Oracle US Benefits Website \(www.oraclebenefits.com\)](http://www.oraclebenefits.com).

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### **INTRODUCTION**

Oracle provides a comprehensive and competitive benefits package for eligible employees and family members. This overview provides general information about the US Benefits plans and programs available. For more information and details visit the Oracle US Benefits website at [www.oraclebenefits.com](http://www.oraclebenefits.com). This website provides direct links to program information on all Oracle benefit plan offerings. Visit "[The Basics](#)" to view general information available outside of the Oracle firewall. For confidentiality purposes the detailed plan information requires you to log into the Oracle network to access them. Visit "[Full Website and Details](#)" to access the entire site.

Throughout the site you can link to various websites for more information. If you are reading a printed copy of this overview – the full URL has been included for non-Oracle sites. When you see reference to "Oracle US Benefits Website" – go to [www.oraclebenefits.com](http://www.oraclebenefits.com).

### **ORACLEFLEX**

As you read through this overview – you will see reference to "ORACLEflex" which is Oracle's employee benefits program. The program allows you to choose between different types of benefits to meet the specific needs of you and your family. The ORACLEflex plans are medical, dental, vision, and life and accidental death & dismemberment insurance, long term disability, and health and dependent care reimbursement accounts.

#### **ORACLEflex Eligibility**

All regular full-time employees on the Oracle U.S. payroll working 30 hours or more per week and regular part-time employees working at an average of 20–29 hours per week are eligible to enroll in ORACLEflex plans. Independent contractors and/or "leased employees" engaged by a staff leasing company are not eligible for ORACLEflex benefits. Additionally, your spouse or domestic partner and your children are eligible to enroll in certain ORACLEflex benefits.

### **MEDICAL PLANS**

ORACLEflex gives you the choice of several United Healthcare (UHC) medical plans, and HMOs - Kaiser Permanente and HealthNet of California. You may only decline medical coverage if you have other medical coverage such as a spouse/domestic partner's employer's plan. While the plans cover many of the same services, they differ in their cost, deductibles, copayments and coverage levels. Some medical plans are offered nationwide while others are only available in certain regions. Your eligibility for medical plans is determined by your home zip code.

### Eligibility – Geographic Service Area

Your place of residence determines which medical plans you are eligible for. You can enroll in a plan if your home address zip code falls within the plan's service area. The chart below identifies each of the medical plan offerings and provides general geographic availability.

Medical Plan	Geographic Availability
<b>United Healthcare (UHC) Plans</b>	
UHC EPO Choice	All States
UHC EPO (HI) Choice	Hawaii
HPHC Passport	Massachusetts
UHC HSA Medical Plan	All States
UHC Medium PPO	All States
UHC Premium PPO	All States
UHC Medium Out of Area PPO	Areas where UHC networks are not available
UHC Premium Out of Area PPO	Areas where UHC networks are not available
<b>Health Maintenance Organizations (HMOs)</b>	
HealthNet HMO	California
Kaiser Atlanta	Georgia
Kaiser California (Northern)	Northern California
Kaiser California (Southern)	Southern California
Kaiser Colorado	Colorado
Kaiser Mid-Atlantic	Washington DC
Kaiser Northwest	Oregon and Washington
Washington Group Health Cooperative	Washington

#### **UnitedHealthcare (UHC):**

ORACLEflex offers you a choice of United Healthcare (UHC) medical plans including Choice Plus Preferred Provider Options (PPOs), a Choice Exclusive Provider Organization (EPO) plan and an IRS qualified High Deductible Health Plan (HDHP). Prescription drug coverage is included in all of the plans.

The UHC plans are self-insured – which means Oracle pays for ALL of the claims incurred by you and your family. Additionally – Oracle pays UHC an administrative fee to pay for things such as access to UHC's nationwide provider network, claims processing, customer service, online tools/calculators, and participation in care management programs.

Eligible services are the same in all UHC plans – however the plan coverage and your out-of-pocket cost varies by plan. All UHC plans also utilize the same large nationwide network and you are encouraged to use network providers whenever possible. For the most part the provider attrition rate is low and the network continues to grow. You are encouraged to verify the network status of your provider before seeking care. Most of the UHC plans allow you to see any licensed physician or health care facility – while a few require that you see only network providers (except in an emergency).

Medical claims for eligible services are discounted as a result of negotiated contract agreements between the network providers and UHC. This results in lower cost to Oracle and to you. Network providers will also handle claim submission and any required authorizations for you (such as hospitalization). If you obtain care from a non-network provider you will be responsible for a deductible and the plans will cover a percentage of the usual, reasonable, and customary (UCR) charges. UCR charges are generally more than UHC's negotiated rates and any expenses exceeding UCR charges are your responsibility. When you use non-network providers, you may need to file claim forms and manage authorizations (if required) to avoid a penalty.

Each of the UHC plans includes a safety net against catastrophic injury or illness that may result in high cost claims. The plans' calendar year out-of-pocket maximum varies between plans - however each limit the amount you will be required to pay each year. Should you reach your annual out-of-pocket maximum the plans will pay 100% of eligible expenses for the rest of the year.

### **Premium Choice Plus PPO Plan**

The rich coverage of the UHC Premium Choice Plus PPO Plan makes this plan attractive. However, due to the high plan value it is also has the highest per pay period premium of the UHC plans. Network physician's office visits are covered at 100% after you pay the applicable co-pay and, most other network services are also covered at 100% after you pay the annual deductible. The majority of network services do not require you to meet a deductible – however a deductible is applied to a few services including in-patient facility and non-preventive laboratory. If you receive care from non-network providers, the plan pays 80% of UCR charges after you pay the annual deductible. This plan has the richest non-network coverage.

### **Medium Choice Plus PPO Plan**

The UHC Medium Choice Plus PPO Plan is the most popular UHC option amongst Oracle employees. Its' comprehensive coverage and moderate per pay period premium is adequate for many people. This plan is most cost effective when care is received by network providers. However – it does provide a basic level of non-network coverage. The plan covers network physician's office visits at 100% after you pay the applicable co-pay. Most other network provider services are covered at 90% after you pay the annual deductible. If you receive care from non-network providers, the plan pays 70% of UCR charges after you pay the annual deductible.

### **HSA Medical Plan**

The UHC HSA Medical plan is an IRS qualified High Deductible Health Plan (HDHP). All services (except for eligible network preventive care services, which are covered at 100% no deductible) are subject to the plan deductible and coinsurance. If you receive care from a network provider, the plan pays 90% of UCR charges after you pay the annual deductible. If you receive care from non-network providers, the plan pays 70% of UCR charges after you pay the annual deductible. In this plan, all prescriptions are also subject to the plan deductible and coinsurance. For more information about the HSA Medical Plan visit the [HSA Medical Plan Resource Center](http://www.oraclebenefits.com) – available through [www.oraclebenefits.com](http://www.oraclebenefits.com).

### **Health Savings Account (HSA):**

If you select the HSA Medical Plan you are automatically enrolled in a Health Savings Account. Health Savings Accounts (HSAs) are designed to help you save for future qualified medical and retiree health expenses on a tax-free basis. Generally speaking, contributions to a Health Savings Account are exempt from federal tax and in *most* cases are exempt from state tax as well. This account can be used to pay for current and future qualified medical expenses for certain eligible individuals including you, your spouse, and other tax dependents. Contributions can be made up to the annual limits established by the IRS. Any eligible distributions are tax-free. And, you may accumulate interest in your account tax free in most states. Oracle also contributes to this account based on your coverage tier and annual benefits salary and that money is immediately vested at 100%. For more information about HSA's visit the [Oracle HSA Resource Center](http://www.oraclebenefits.com) – available through [www.oraclebenefits.com](http://www.oraclebenefits.com).

### **Premium and Medium Out-of-Area Plans**

If you live outside of UHC's Choice and Choice Plus service areas, you're eligible to enroll in the Premium or Medium Out-of-Area Plans. Because you do not have access to network physicians and facilities – the plan pays 80% of Usual, Customary, and Reasonable (UCR) charges after you pay the annual deductible for all services (except prescription drugs). There are no gaps in the pharmacy network – therefore prescription drug coverage is accessed in the same manner as the other UHC plans described in this document.

### **Exclusive Provider Organization (EPO) Choice Plan**

The Exclusive Provider Organization (EPO) Choice Plan requires you to use network physicians and providers to receive benefits. Non-network benefits are NOT covered except in an emergency, acupuncture, or ABA Therapy for autism. Most services are covered at 100% after you pay the applicable co-pay. For the majority of services this plan does not require you to meet a deductible – however a deductible is applied to a few services including in-patient facility and non-preventive laboratory.

### **HPHC Passport Plan**

The Harvard Pilgrim Health Care (HPHC) network is available to Oracle employees who live in the HPHC service area (MA, ME, NH, and cities in VT, and cities in NY that border NH). If you enroll in the HPHC Passport Plan you must use the HPHC network. When you are traveling outside of the designated network area you have the flexibility to access the broader UHC Choice network. Non-network benefits are NOT covered except in an emergency. Most services are

### **UHC MEDICAL PLAN – PRESCRIPTION COVERAGE**

If you enroll in one of the United Healthcare medical plans – prescription drug coverage is included. The UHC medical plan prescription drugs are categorized into three individual tiers. Each tier has an associated cost (co-pay or coinsurance). This is the amount you will pay when you fill a prescription. There are three tiers – tier 1 is the lowest cost option, tier 2 is mid-range, and tier 3 is the highest cost option. If you are currently taking a medication that falls in tier 2 or 3 – you may want to ask your physician if there is an appropriate medication classified in a lower cost tier. Compound medications are those with one or more ingredients that are prepared at the pharmacy location. These types of medications are almost always classified as tier 3 and a lower tier option is not available. Generally you will find that most generic medications are classified in tier 1 however that may not always be the case.

Tier 1: Lowest-Cost Option - You pay a flat copayment for Tier 1 medications

Tier 2: Midrange-Cost Option - You pay a percentage of the drug cost (coinsurance)

Tier 3: Highest-Cost Option - You pay a percentage of the drug cost (coinsurance)

The ORACLE*flex* plan documents will define the specific copayments, coinsurance, and deductibles that are part of your plan. Note: The HSA Medical Plan requires you to pay the full cost of prescription medications until the plan deductible has been met – regardless of the drug Tier. Once the deductible is met – the plan will pay 90% if you use a network pharmacy and 70% if you use a non-network pharmacy.

### **UHC Medical Plans - Mail Order Prescription Program**

The mail order program is ideal for people who use maintenance medications – such as medicines for cholesterol and high blood pressure. Using the mail order program saves you money and is also convenient. You receive a higher quantity of medications at a lower cost and prescriptions are mailed directly to your home which saves you a trip to the retail pharmacy.

## **HEALTH MAINTENANCE ORGANIZATIONS (HMOs)**

ORACLE *flex* offers you a choice of HealthNet and Kaiser Permanente (Kaiser) HMOs. The HMOs are available in certain geographic areas only (refer to chart above for coverage areas). The Oracle sponsored HMOs are fully insured – which means Oracle pays HealthNet and Kaiser a monthly premium for administration and to pay for all claims.

HMOs are managed care plans that require you to use network physicians and facilities. Non-network benefits are NOT covered except in an emergency. Overall, HMO's require you to pay a higher per pay period premium – however services are 100% after the applicable co-pay. As a result, your out-of-pocket costs for eligible services are predictable and relatively low. Each plan offers similar benefits – but services and coverage levels vary by plan.

When you enroll in an HMO, prescription drug coverage is included. There are two categories of prescription drugs – generic, and brand name. You receive your prescription drugs through a network pharmacy. Non-network prescriptions are NOT covered. Each drug category is covered at 100% after you pay the applicable co-pay. For cost savings and convenience, the HMOs offer a mail-order program for maintenance prescriptions.

Each of the HMO plans includes a safety net against catastrophic injury or illness. The plans' calendar year out-of-pocket maximum varies between plans - however each limit the amount you will be required to pay each year. Should you reach your annual out-of-pocket maximum the plans will pay 100% of eligible expenses for the rest of the year.

## **PREVENTIVE CARE SERVICES**

Eligible preventive care services for all United Healthcare (UHC) and Health Maintenance Organization (HMO) medical plan members are covered at 100% when services are received by network providers. Covered services are based on the U.S. Preventive Care Guidelines and include routine exams, non-diagnostic x-ray and laboratory services, vaccinations, screenings, and an expanded list of services specific to women's preventive health.

## **MENTAL HEALTH BENEFITS**

### **Employee Assistance Program (EAP)**

The Employee Assistance Program (EAP) provides confidential, personal assessment and referral services for you and your family members. Enrollment in the EAP is automatic and free of charge to you and your eligible dependents - even if you are not covered by an Oracle medical plan. United Behavioral Health (UBH) administers the EAP. The EAP provides 100% coverage for up to six (6) in person visits per concern per year with an EAP counselor for each family member. The EAP is available to help with a variety of concerns including:

- Stress
- Depression
- Job Worries
- Legal & Financial Concerns
- Family & Marital Problems
- Alcohol & Chemical Dependency

### **Mental Health and Substance Abuse Benefits**

If you enroll in one of Oracle's medical plans, mental health outpatient care beyond the six (6) EAP visits will continue through the medical plan's Mental Health and Substance Abuse benefits. If you enroll in a United Healthcare medical plan, your mental health and substance abuse coverage will be provided through UHC and its subsidiary United Behavioral Health (UBH). If you enroll in an HMO, mental health outpatient care is managed through the HMO.

### Live and Work Well

Live and Work Well is an interactive website that provides access to benefits and tools to help enhance your work, health, and life. Visit [www.liveandworkwell.com](http://www.liveandworkwell.com) and use Oracle's access code 228485. Through the website you can:

- Check your benefits information
- Search for network clinicians
- Participate in interactive and customizable self-improvement programs
- Access information and resources related to hundreds of everyday work and life topics

### DENTAL PLANS

ORACLE*flex* offers you a choice of two dental plans administered by MetLife. Dental coverage is optional, therefore, you may choose to decline dental coverage altogether.

**Preventive Plan:** This plan covers preventive care only at 100% with no annual deductible. This plan covers preventive care ONLY. This includes services such as routine exams/x-rays and cleanings. Services such as fillings, oral surgery, implants, dentures, orthodontia, and periodontal care are NOT covered.

**Comprehensive Plan:** This plan covers the full spectrum of dental care needs including preventive, basic, major, and orthodontia care for adults and children. The plan covers preventive care at 100% with no annual deductible. After you satisfy the annual deductible the plan covers 80% of basic and major care up to an annual maximum benefit per individual of \$1,500. Orthodontia is covered at 50%, no deductible, up to a lifetime maximum of \$2,000.

### VISION PLANS

ORACLE*flex* offers you a choice of two vision plans, both administered by Vision Service Plan (VSP). Vision coverage is optional, therefore, you may choose to decline vision coverage altogether.

#### **Vision Plan I**

- Annual Eye Exam
- One benefit allowance for lenses or contacts every calendar year
- One frame allowance every calendar year.

#### **Vision Plan II**

- Annual Eye Exam
- Two benefit allowances for lenses or contacts every calendar year
- Two frame allowances every calendar year.
- Higher contact lens dollar allowance than Vision I Plan

You can choose a physician from VSP's provider network or any provider outside of the network. Benefits for services performed by VSP network providers are covered at a higher rate and generally, you incur less out-of-pocket cost for services performed by network providers. The plan pays up to specified dollar amounts for non-network services. Your eligibility for vision benefits is based on the calendar year (January through December) and the number of benefit allowances provided under the plan in which you are enrolled.

#### **Examples:**

- **Vision Plan I:** You elect Vision Plan I effective January 1, 2013. This plan provides one frame allowance each year and you obtain frames in June 2013. You will be eligible for another set of frames in January 2014.
- **Vision Plan II:** You elect Vision Plan II effective January 1, 2013. This plan provides two frame allowances each year and you obtain frames in June 2013 and another set of frames in December 2013. You will be eligible for another set of frames in January 2014.

## **LIFE INSURANCE**

ORACLE*flex* offers you pre-tax and supplemental after-tax life insurance coverage that pays benefits to help meet your financial obligations in the event of your death. Life insurance is a core benefit and you are required to purchase a minimum amount of coverage for yourself. You also have the option to purchase after-tax life insurance coverage for your spouse/domestic partner, your children, and your domestic partner's children.

### **Employee Pre-Tax Life Insurance**

ORACLE*flex* offers you the choice of two levels of pre-tax life insurance coverage:

- \$10,000 (core coverage)
- \$50,000

### **After-Tax Life Insurance**

You may elect coverage for yourself and your eligible dependents, including your spouse/domestic partner and your children (including domestic partner's children). The amount of life insurance you purchase through After-Tax Life Insurance is portable. This means that if you leave employment at Oracle you can continue your coverage. The portability rates are higher than the current group rates.

### **After-Tax Life Insurance Coverage for You**

You may choose 1x – 6x your annual benefits compensation of after-tax life insurance coverage for yourself: The maximum combined pre-tax and after-tax life insurance you may purchase for yourself is \$2,050,000. Upon initial eligibility (e.g. new hire) evidence of insurability is NOT required for any level of life insurance.

### **Life Insurance Coverage for Your Spouse/Domestic Partner**

You may choose from the following levels of after-tax life insurance coverage for your spouse or domestic partner:

- \$5,000
- \$25,000
- 50% of 1x – 6x your annual benefits compensation

Life insurance coverage for your spouse/domestic partner is limited to 50% of your after-tax employee life insurance (or pre-tax employee life insurance if you do not elect after-tax) coverage or \$500,000; whichever is less. Upon initial eligibility (e.g. new hire) evidence of insurability is NOT required for any level of life insurance.

### **Life Insurance Coverage for Your Children**

You may elect coverage for your children/domestic partner's children from birth to 21 years or to 23 years if they are full-time students (to age 25 in Texas). Expanded coverage for children to age 26 applicable to medical, dental, and vision coverage does NOT apply to life insurance. You may choose from the following levels of after-tax life insurance coverage for your eligible children:

- \$2,500
- \$10,000
- 25% of 1x – 6x your annual benefits compensation

The election you choose covers all of your eligible children. Life insurance coverage for your children is limited to 25% of your after-tax employee life insurance (or pre-tax employee life insurance if you do not elect after-tax) coverage or \$250,000; whichever is less. Upon initial eligibility (e.g. new hire) evidence of insurability is NOT required for any level of life insurance.

### **ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE**

ORACLE*flex* offers you Accidental Death and Dismemberment (AD&D) coverage that pays benefits to you or your beneficiaries if you die or sustain certain serious injuries in an accident. AD&D insurance is a core benefit and you are required to purchase a minimum amount of AD&D coverage for yourself. Your spouse/domestic partner or child(ren) are not eligible for AD&D insurance coverage. You may choose from the following AD&D coverage levels for yourself:

- \$10,000 (core coverage)
- \$50,000
- 1x – 6x your annual benefits compensation

The maximum AD&D coverage you may purchase for yourself is \$2,000,000. Upon initial eligibility (e.g. new hire) evidence of insurability is NOT required for any level of AD&D insurance.

### **LONG-TERM DISABILITY (LTD) INSURANCE**

Long-Term Disability (LTD) insurance provides income protection if you become totally disabled and cannot work. You may be eligible for monthly LTD benefits after three months of continuous disability. LTD picks up where STD ends such that you do not have a gap in your income stream. LTD is a core benefit — you are required to purchase a minimum amount of LTD insurance coverage for yourself. Your spouse/domestic partner or child(ren) are not eligible for LTD coverage. ORACLE*flex* offers you two levels of LTD coverage:

- 50% of your annual benefits compensation, up to a maximum benefit of \$12,000 per month\*
- 66 2/3% of your annual benefits compensation, up to a maximum benefit of \$18,500 per month

You may enroll in either pre-tax or after-tax LTD coverage. If you enroll in pre-tax LTD, your payroll deductions are not taxed. However, if you become eligible to receive LTD benefits, the compensation paid to you will be fully taxable. If you enroll in after-tax LTD, your benefits will generally not be taxed in the future because you've already paid taxes on your payroll contributions. Enrolling in after-tax LTD maximizes the net benefit amount you receive in the event of a long-term disability.

### **HEALTH AND DEPENDENT CARE REIMBURSEMENT ACCOUNTS**

ORACLE*flex* offers you the option to enroll in three pre-tax reimbursement accounts administered by United Healthcare.

- General Purpose Health Care Reimbursement Account (HCRA)
- Limited Purpose Health Care Reimbursement Account (LPHCRA)
- Dependent Care Reimbursement Account (DCRA)

#### **Health Care Reimbursement Account (General Purpose)**

The General Purpose Health Care Reimbursement Account (HCRA) allows you to use pre-tax dollars to pay for qualified health care expenses defined by the Internal Revenue Service. Expenses must be incurred by you or eligible dependents. You may contribute up to \$2,500 each calendar year to a General Purpose HCRA.

#### **Health Care Reimbursement Account (Limited Purpose)**

The Limited Purpose Health Care Reimbursement Account (LPHCRA) works similarly to the general purpose account, however, reimbursements are restricted to qualified dental and vision expenses defined by the Internal Revenue Service. The Limited Purpose Health Care Reimbursement Account (LPHCRA) allows you to use pre-tax dollars to pay for qualified health care expenses defined by the Internal Revenue Service. Expenses must be incurred by you or eligible dependents. You may contribute up to \$2,500 each calendar year to a Limited Purpose HCRA.

**Important Note:** You are eligible to contribute to the Limited Purpose Health Care Reimbursement Account ONLY if you enroll in the UHC HSA Medical plan which consists of a qualified High Deductible Health Plan (HDHP) and Health Savings Account (HSA).

### **Dependent Care Reimbursement Account**

The Dependent Care Reimbursement Account (DCRA) allows you to use pre-tax dollars to pay for qualified dependent care expenses (childcare or elder care) defined by the Internal Revenue Service. Expenses must be for services that allow you to work (e.g. after school daycare for children). You may contribute up to \$5,000 each calendar year to a Dependent Care Reimbursement Account. You are eligible to enroll if you have an eligible dependent and if you fall into one of the following categories:

- You are a working single parent
- You and your spouse both work
- Your spouse is a full-time student for at least five months of the year
- Your spouse is mentally or physically disabled and unable to care for himself or herself or your dependents

### **GROUP LEGAL PROGRAM**

You and your eligible dependents may choose to participate in the Group Legal Program administered by ARAG® to protect you and your family from everyday legal issues – and high cost attorney fees. This program offers you affordable legal resources, helpful telephone services, professional legal advice, and in-court representation to address your legal needs. When you work with an ARAG Network Attorney, most covered legal matters – including Estate Planning, Property Transfers and Consumer Protection – are covered at 100%.

### **GROUP FINANCIAL SERVICES**

Oracle offers an extensive financial planning benefit to help you with the complexities of personal financial planning. The *Money in Motion®* Personal Finance Program, provided by The Ayco Company, L.P., a Goldman Sachs Company, is designed to provide both personalized telephonic and online resources for a variety of financial issues.

### **LONG TERM CARE INSURANCE**

Long-term care is necessary when you are unable to care for yourself because of an injury or a chronic illness. It can range from assistance at home with activities of daily living such as bathing and dressing, to skilled nursing care in a facility. Long-Term Care insurance provides reimbursement up to a daily benefit (which you select) to cover long-term care expenses such as nursing home care, assisted living facilities, and home care. These services, known as custodial care, are excluded from the Oracle medical plans and Medicare benefits are limited. Coverage is fully portable – which means if you should leave Oracle you have the option to continue coverage at the same benefit level and cost without providing evidence of insurability.

Upon initial eligibility (e.g. new hire) you may enroll at any level without evidence of insurability. You will have 60 days from your eligibility date (e.g. hire date) to enroll in the long-term care plan without providing medical information.

You, your spouse, same or opposite sex domestic partner, your parents, grandparents (and parents/grandparents of your spouse/domestic partner) are eligible to participate.

### **PERSONAL INSURANCE (AUTO / HOME / RENTERS)**

Oracle has partnered with Liberty Mutual to offer you a program to purchase personal automobile, homeowners and renters insurance at a group discount and with the convenience of payroll deduction. Advantages of the Liberty Mutual Group Savings Plus program include:

- Discounts
- Convenient payroll deductions for premiums
- 24-hour roadside assistance as part of auto insurance plan
- 12 month rate guarantee
- Personalized 24-hour claims service

### **401(K) PLAN**

The 401(k) Plan allows you to save money on a tax-deferred or after tax basis. You may enroll in the Plan at any time. To enroll in the Oracle 401(k) Plan, please call Fidelity directly at 800-410-2363 or go to Fidelity's website at [www.netbenefits.com/oracle](http://www.netbenefits.com/oracle). Further details about the 401(k) Plan including the Summary Plan Description, are available on the [Oracle US Benefits Website](#).

#### **Contributions**

You may contribute from 1% to 40% of your eligible income to the plan on a pre-tax and/or after-tax Roth 401(k) basis – up to the annual IRS contribution maximum. Contributions are withheld through payroll deduction. For 2013, you may contribute up to \$17,500 in salary deferral contributions. If you are age 50 or older as of December 31, 2013, you may contribute an additional \$5,500.

If you made contributions to another 401(k) plan in the current calendar year, please complete the **"401(k) Prior Year Contribution Form"**. By completing this form – Oracle Payroll will monitor your contributions to ensure the combined contribution does not exceed the annual maximum. Oracle accepts rollovers from certain qualified accounts. Details and instructions are on the **"401(k) Rollover Form"**. Forms are located on the [Oracle US Benefits Website](#).

#### **Company Match**

Oracle matches your contributions to the Plan each paycheck at a rate of 50% of your first 6% in contributions, subject to a calendar year maximum of \$5,100. Matching contributions vest over a four-year period as follows:

<b>Years of Service Completed</b>	<b>Amount Vested After Completion</b>
<b>One Year</b>	<b>25%</b>
<b>Two Years</b>	<b>50%</b>
<b>Three Years</b>	<b>75%</b>
<b>Four Years</b>	<b>100%</b>

#### **Loans**

The Plan also allows you to borrow from your account. You may borrow up to 50% of your account balance and vested company contributions. The minimum loan is \$1,000 and the maximum is \$50,000. Repayment terms are up to five years; ten years if for purchase of a primary residence. Loans are initiated by calling Fidelity or by logging onto [www.netbenefits.com/oracle](http://www.netbenefits.com/oracle).

#### **Investments**

You may invest in one or more of the mutual fund options available to plan participants. Mutual fund options are available on the [Oracle US Benefits Website](#) or on Fidelity's website at [www.netbenefits.com/oracle](http://www.netbenefits.com/oracle). If you are interested in a much broader range of investment options you

can also open a BrokerageLink self-directed brokerage account. Through BrokerageLink you have access to an expanded universe of mutual funds, stocks and fixed income investments. If you wish to obtain a BrokerageLink information kit, or if you wish to open a BrokerageLink account, please contact Fidelity.

### **EMPLOYEE STOCK PURCHASE PLAN (ESPP)**

The Employee Stock Purchase Plan provides employees an opportunity to purchase Oracle common stock at a 5% discount. You may choose to contribute 1%-10% of your eligible income on an after-tax basis, which will be withheld through payroll deduction. Stock is purchased at 95% of the stock's closing sale price on the last trading day before the exercise date. Purchase periods are six months beginning on April 1 and October 1. You must enroll by **March 15** for the period beginning April 1 and on **September 15** for the period beginning October 1. You will receive an e-mail, containing enrollment instructions, shortly before the beginning of the next enrollment period. For more information visit the Oracle Stock Plan website on the [Oracle Benefits Website](#). If you have any questions, please feel free to contact Stock Plan Administration at [stock\\_us@oracle.com](mailto:stock_us@oracle.com).

### **VACATION AND HOLIDAYS**

Oracle offers the following paid vacation:

- Thirteen days per year for the first three years of your employment (8.67 hours/month)
- Eighteen days per year after three years (12 hours/month)

Maximum vacation accrual at any time during the first three years of employment is 120 hours. After completing three years of employment, maximum vacation accrual at any time is 184 hours.

Oracle has eight scheduled holidays per calendar year: New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving (2 days), and Christmas. The annual schedule is posted on the [Oracle US Benefits Website](#).

### **EDUCATION/TUITION REIMBURSEMENT PROGRAM**

Oracle encourages employees to further their education in subjects related to work, and to broaden their knowledge and skills in preparation for possible assumption of new responsibilities. Oracle believes that your individual growth not only enhances your own life, but also enhances the growth potential of Oracle.

The program is available to all regular, full-time employees. Your course of study must be related to present or anticipated responsibilities in the company. You must complete the course with a grade of "B-" or better. Eligible expenses may be reimbursed up to \$5,250 per calendar year. Management approval for educational reimbursements is discretionary and always required. For more information access the [Oracle US Benefits Website](#).

### **ADOPTION ASSISTANCE PROGRAM**

Oracle will provide a \$3,000 adoption assistance benefit upon completion of any legally recognized adoption. The process is simple -- upon finalization of the adoption, legal documents verifying the adoption should be submitted to [Oracle US Benefits \(benefits\\_us@oracle.com\)](#) for review and approval for payment via payroll. For more information access the [Oracle US Benefits Website](#).

## **COMMUTER BENEFIT PROGRAM**

The commuter benefit program allows employees to use pre-tax dollars to pay for eligible public transportation and/or parking expenses – up to the monthly pre-tax maximum through convenient payroll deductions. Additional plan features allow you to:

- Model commuter savings using online calculator
- Order transit passes online
- Pay your parking provider directly every month, automatically; or, have parking reimbursements directly deposited to your bank account

For more information access the [Oracle US Benefits Website](#).

## **FREQUENTLY ASKED QUESTIONS**

### **NEW HIRES**

#### **I'm a New Hire - when will I be able to make my benefits elections?**

In general, you can access the [My OracleFlex Benefits enrollment system](#) a few days after your hire/eligibility date. You will be able to make your elections based on the day of the week you begin work. In general – the following applies:

- If you start your employment on a Monday or Tuesday, your benefits account will be ready on Thursday
- If you start employment on Wednesday, Thursday or Friday, your benefits account will be ready the following Tuesday

You will be able to make your elections when you receive the Benefits notification email. This email confirms you are able to access the enrollment system and make your elections. Upon receipt of this email, you can go to the [Oracle Benefits Website](#) and begin the election process. The website may be accessed outside of the Oracle firewall. You may use the first few days of your employment to review the details of each plan so that you can make an informed decision that meet the needs of you and your family members. **Provided you make your elections by your enrollment deadline, your coverage will be retroactive back to your hire/eligibility date.**

#### **What is my enrollment deadline? What happens if I miss the deadline?**

You will be able to make your elections when you receive the Benefits notification email. This email confirms you are able to access the enrollment system and make your elections. You will also receive a letter in the mail, which will display your specific enrollment deadline. Please pay special attention to that date. If you do not make elections by the deadline date displayed in your letter, you will be assigned default coverage. Default coverage does NOT include dental, vision or dependent coverage.

#### **Default Coverage**

If you wish to decline medical coverage, because you are covered elsewhere, you MUST enter the My OracleFlex Benefits enrollment system and actively WAIVE coverage. If you do not waive coverage, you will be assigned default medical insurance under United Health Care's Medium PPO plan. Default coverage does NOT include dependents.

#### **Important Note for Residents of Massachusetts**

The Massachusetts Health Care Reform Act ensures Massachusetts residents have affordable, comprehensive health insurance designated as "creditable coverage." If you are a MA resident you are required to indicate whether you have health insurance on your Massachusetts personal income tax return. In order for Oracle to most appropriately comply with the law, all employees who live in Massachusetts will be defaulted INTO coverage as new hires/newly eligible and during each subsequent annual Open Enrollment, unless required action is taken by the individual to waive medical insurance. If you wish to decline Oracle's medical plan coverage, you MUST appropriately waive coverage during your

new hire/initial eligibility and each year during the annual Open Enrollment period. Failure to do so will result in default coverage. Visit [www.mass.gov](http://www.mass.gov) for more information about the regulation.

#### **Does Oracle offer coverage for my domestic partner?**

Yes, Oracle offers coverage for both same/opposite sex domestic partners – and the child(ren) of your domestic partner. Click [here](#) for more information.

#### **How do I find a network provider?**

To find a network provider, visit the carrier website (i.e. United Healthcare, Kaiser, HealthNet, MetLife, VSP) and run a query based on the search criteria available. Click [here](#) to find a listing of the carrier websites.

#### **When will I get my medical plan ID card?**

You will receive your medical ID card about 4 to 6 weeks after you enroll. Be advised that your medical card also serves as your prescription card. United Healthcare members may print a temporary ID card from <http://www.myuhc.com/> should you need to access care before your card arrives.

#### **Will each of my dependents receive a medical plan ID card?**

If you have dependents covered under the plan you will each receive a card. If you select employee only coverage you will get one ID card. Each card will list all of the individuals covered under your plan, as well as medical and prescription information.

#### **How do I see a doctor prior to receiving my medical ID card?**

If you have made your benefit elections, but have yet to receive a medical ID card, inform your physician that you are new to the plan and provide your carrier name (i.e. UHC, Kaiser, HealthNet) and the Oracle policy ID number. Click [here](#) to find a listing of the carrier contact information, network provider directory websites, and policy ID numbers. After making your elections, it generally takes 7-10 business days for carriers to recognize your coverage eligibility. If you seek medical care before your eligibility is recognized – your physician may require you to pay for the services in full. If this occurs – keep your receipts and file a claim for reimbursement with the carrier. In the event of an emergency – please contact Oracle Benefits at [benefits\\_us@oracle.com](mailto:benefits_us@oracle.com) or 650-506-9800.

#### **How do I get a prescription prior to receiving my medical ID card?**

You will need to pay for the prescriptions first, keep the receipts, and file a claim form for reimbursement **after** you receive your ID card. Forms are available on the [Oracle Benefits Website](#).

#### **Will I receive a dental or vision ID card?**

Oracle's Dental and Vision Plan administrators do not require or issue insurance cards. In addition to your SSN and Full Name please provide the following to your dentist or eye care professional to verify your coverage:

<b>Carrier</b>	MetLife Dental
<b>Policy Number</b>	300569
<b>Contact Information</b>	MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282 (800) 942-0854 (phone) (859) 389-6505 (fax)
<b>Carrier</b>	Vision Service Plan (VSP)
<b>Policy Number</b>	12-134446
<b>Contact Information</b>	P.O. Box 997100 Sacramento, CA 95899-7100 (800) 877-7195 (phone)

**How do I obtain dental services?**

Oracle's dental plans are administered by MetLife. Inform your dentist that you are covered by MetLife and provide the policy information (see question "Will I receive a dental or vision card?"). If you or your dentist needs Oracle to verify eligibility, contact Oracle Benefits at [benefits\\_us@oracle.com](mailto:benefits_us@oracle.com). MetLife does not require or issue ID cards.

**How do I obtain vision services?**

Oracle's vision plans are administered by Vision Service Plan (VSP). Inform your eye care professional that you are covered by VSP and provide the policy information (see question "Will I receive a dental or vision card?"). If you or your doctor needs Oracle to verify eligibility, contact Oracle Benefits at [benefits\\_us@oracle.com](mailto:benefits_us@oracle.com). VSP does not require or issue ID cards.

**Are there any pre-existing condition exclusions in Oracle's benefit plans?**

There are no pre-existing condition exclusions in Oracle's medical plans. However, in certain cases for dental, long-term disability and long term care, there may be a waiting period or exclusions if a pre-existing condition exists, or if treatment has already been received. Please refer to the applicable [Plan Documents](#) for full information.

**QUALIFYING STATUS CHANGE****Can I make changes to my benefits during the plan year?**

Yes, if you have a qualified Family Status Change, such as having a baby or getting married. To submit your qualifying life event follow the instructions below:

- Access the [MyOracleFlex Benefits Enrollment System](#)
- Login to the system using your Oracle employee ID and password
- Once you login – view the section called "ALERTS & QUICK LINKS" (on the upper right side of the page)

You have 62 days (31 days with Kaiser and HealthNet) after your qualifying status change event to make the change. The effective date of coverage varies based on the event type. For example – if your event is "I had a baby" coverage for your new baby and any changes you make will be retroactive to his/her birth date. However, if you get married – the effective date of coverage for your new spouse isn't retroactive to your wedding date. It becomes effective on the date you make your election. If you do not complete your benefits status changes within the above timelines, you will have to wait until the next open enrollment period to make changes for the following calendar year.

Tip: If you want to add new dependents to your coverage, be sure you select the appropriate boxes next to your newly added dependents. Adding the dependent information (name, birthday, SSN) does not add them to your benefits. You must also select the appropriate check boxes to add to benefits.

Click [here](#) for information regarding Qualifying Status Changes

**My dependent doesn't have a Social Security Number. How do I add him/her to my insurance?**

If your dependent does not have a SSN, you will not be able to add them to your benefits using the My OracleFlex enrollment system. Please contact Oracle Benefits at [benefits\\_us@oracle.com](mailto:benefits_us@oracle.com) or 650-506-9800 for further assistance.

**401(K) PLAN****When am I eligible to enroll in the 401(k) Plan?**

Should you be an employee, paid on US Payroll, and scheduled to work 20+ hours per week, you may enroll in the Oracle 401(k) Plan at any time. You may contribute 1% - 40% of your eligible compensation

on a pre-tax and/or Roth 401(k) basis each pay period – up to the annual IRS maximum. To begin making contributions, visit the Fidelity website at [www.netbenefits.com/oracle](http://www.netbenefits.com/oracle). First time users are required to register.

**Instructions:**

- Click "New User Registration" and enter applicable personal information to create a log in for yourself
- When you have completed the registration process – login to the system
- Once you are logged in you can choose your per paycheck contribution percentage and your investment fund election(s)

Be advised, depending on when you enroll, it may take 1-2 pay periods for your contributions to begin. It is recommended that you view your paychecks to ensure your contributions begin as you intended. Unlike some companies – Oracle does NOT automatically enroll you in the 401(k) Plan. In order to participate – you must enroll on your own.

**How do I enroll in the 401(k) Plan? Get information about the funds? Make changes?**

You can enroll online or by calling Fidelity at **1-800-410-2363**. To access your information by phone, you will need to establish a PIN if this is the first time calling Fidelity. To access your information online through Fidelity's NetBenefits Center, go to [www.netbenefits.com/oracle](http://www.netbenefits.com/oracle). If this is the first time accessing Fidelity online, sign up through "New User Registration".

**How to I designate my Oracle 401(k) Plan beneficiaries?**

Beneficiary information is held by Oracle and can also be updated at any time.

**Instructions:**

- Access the [MyOracleFlex Benefits Enrollment System](#)
- Login to the system using your Oracle employee ID and password
- Once you login, click the "Change My Beneficiaries" Link and follow the on-screen instructions

**How much can I contribute to the 401(k) Plan?**

You may contribute from 1% to 40% of your eligible income to the plan on a pre-tax and/or after-tax Roth 401(k) basis – up to the annual IRS contribution maximum. Contributions are withheld through payroll deduction. For 2013, you may contribute up to \$17,500 in salary deferral contributions. If you are age 50 or older as of December 31, 2013, you may contribute an additional \$5,500.

**Does Oracle match my 401(k) contributions?**

Yes, Oracle matches your contributions to the Plan each paycheck at a rate of 50% of your first 6% in contributions, subject to a calendar year maximum of \$5,100. Matching contributions vest over a four-year period as follows

Years of Service Completed	Amount Vested After Completion
One Year	25%
Two Years	50%
Three Years	75%
Four Years	100%

Where can I find more information about the Oracle 401(k) Plan?

Click [here](#) to access the Oracle Benefits 401(k) website. This website contains information resources including the annual IRS contribution limits, plan and rollover information, forms, and contacts.

**HEALTH/DEPENDENT CARE REIMBURSEMENT ACCOUNTS**

Click [here](#) to view a complete list of FAQs related to Health and Dependent Care Flexible Spending Accounts.

**INTERNATIONAL BENEFITS****Where do I find the information about enrolling in US Benefits while working outside of my home country?**

Employees on assignment outside of their home country are eligible to receive certain US Benefits. Refer to the [International Benefits Information](#) located on the [Oracle Benefits Website](#).

**How do I qualify for Inpatriate US benefits?**

Non – US employees on assignment in the United States are eligible to receive certain US Benefits. Refer to the [International Benefits Information](#) located on the [Oracle Benefits Website](#).

**How can I obtain a letter confirming coverage for travel purposes?**

To obtain a letter confirming coverage - contact Oracle Benefits at [benefits\\_us@oracle.com](mailto:benefits_us@oracle.com) and request one. Confirmation letters generally take 2-3 business days to process and return so please be sure to request ahead of travel.

**Where can I find more information about US Benefits while traveling outside of my home country?**

For more information, click [here](#) for additional International Benefits related questions.

**DENTAL AND VISION****Who is Oracle's Dental Plan Administrator and what is the group/policy number?**

MetLife is Oracle's Dental Plan Administrator. It is important to know that MetLife does not require or issue an insurance card. To receive services, give your provider your SSN, Full Name and the following information:

<b>Carrier</b>	MetLife Dental
<b>Policy Number</b>	300569
<b>Contact Information</b>	MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282 (800) 942-0854 (phone) (859) 389-6505 (fax)

**Who is Oracle's Vision Plan Administrator and what is the group/policy number?**

Vision Service Plan (VSP) is Oracle's Vision Plan Administrator. It is important to know that VSP does not require or issue an insurance card. To receive services, give your provider your SSN, Full Name, and the following information:

<b>Carrier</b>	Vision Service Plan (VSP)
<b>Policy Number</b>	12-134446
<b>Contact Information</b>	P.O. Box 997100 Sacramento, CA 95899-7100 (800) 877-7195 (phone)

## **LEAVES OF ABSENCE & DISABILITY**

### **I have questions about the Leave of Absence policies including medical, pregnancy, and family leave. Where do I find information about how to file a leave, benefits, eligibility, etc?**

Click [here](#) to access Oracle's Leave of Absence information resources including FAQs, Policies, and Plan Information.

### **I'm expecting a baby. Where can I find information about maternity leave?**

Click [here](#) to access a pre-recorded Maternity Leave Orientation and/or click [here](#) to access the Oracle's Disability information resources including FAQs, Policies, and Plan Information.

### **How will my health benefits be impacted when I'm on a leave of absence?**

Your Benefits may be impacted during a leave of absence. Click [here](#) to access the "Impact on Benefits During Leaves of Absence" information.

### **Where do I go to see Oracle's bereavement policy?**

Click [here](#) to access Oracle's Bereavement Policy.

### **Does Oracle have a paternity leave policy?**

Oracle does not have a formal paternity leave policy. However, under Oracle's Leave Policy, you can take up to 5 consecutive business days (7 consecutive calendar days) as sick time to care for your spouse immediately after she delivers. Any additional time that you may need to take to either continue to care for your spouse and/or new baby or to bond with the baby would need to be taken as Family Medical Leave (FMLA), Personal Leave of Absence (PLOA), Paid Family Leave (PFL – CA Only) or [vacation](#).

Click [here](#) to access additional information on FMLA, PLOA and/or PFL.

## **OPEN ENROLLMENT**

The Annual Open Enrollment Period occurs each fall. Information and resources are sent to employees before, during, and after the enrollment period. Visit the [Oracle Benefits Website](#) and access the Open Enrollment FAQs.

## **HSA MEDICAL PLAN & HEALTH SAVINGS ACCOUNT (HSA)**

For more information – visit the Oracle [HSA Medical Plan Resource Center](#).

## **MEDICARE**

### **I am/my spouse is approaching age 65. Am I required to enroll in Medicare or can I remain covered under Oracle's Medical Plan?**

Generally, as long as you remain an Oracle US Benefits eligible employee, you are not required to waive Oracle's Medical Plan coverage. If you enroll or choose not to enroll in Medicare, Oracle's coverage levels will not change.

If you remain covered under Oracle's Medical Plan you will not be required to pay a penalty when deciding to enroll in Medicare part B in the future, nor will you have to wait to enroll. Oracle's Medical Plans are generally primary to Medicare – meaning Oracle's Medical Plan will pay first. You and/or your spouse may choose to enroll in Medicare Part A (Hospital Insurance) at no cost. Should you or your spouse require hospitalization coordination of benefits will apply – with Oracle's Medical Plan paying primary and Medicare secondary.

Since Oracle's medical plans have a drug benefit that are considered "credible" with Medicare, enrolling to Part D (Outpatient Prescription Drug Plan) is not necessary upon turning 65. Providing a copy of our Notice of Creditable Coverage to Medicare will prove that you are currently covered under a drug plan

that is at least as rich as the Medicare Part D benefit and would enable enrollment to Part D at a later date without a penalty. Click [here](#) to access Oracle's Notice of Creditable Coverage to Medicare.

Further, the [OracleFlex Summary Plan Description](#) describes how Medicare works with United Healthcare plans. See section "Medicare and the United Healthcare Plans". Contact your Kaiser or HealthNet directly if you are enrolled in one of Oracle's HMO's.

If you are enrolled in the HSA Medical Plan – you can be eligible for Medicare – however you CANNOT enroll. If you enroll in Medicare – you will be ineligible to contribute to a Health Savings Account (HSA). View the [HSA Medical Plan Resource Center](#) for more information.

The information provided in this FAQ is general in nature. It is always recommended that you contact 1-800-MEDICARE or access [www.medicare.gov](http://www.medicare.gov) to review information and details about Medicare and enrollment requirements prior to turning 65.

## **MISCELLANEOUS**

### **How do I update my address in the Benefits database?**

To update your address you must enter changes in the Oracle HR database. Changes made will also be recognized by Oracle Benefits, 401(k) Plan and the Employee Stock Purchase Plan database systems.

#### **Instructions: Updating Your Address**

- Go to <http://my.oracle.com/index.htm>
- Select "Self Service Apps"
- Login to Self Service Apps
- Click on "US Employees Self Service" then "Personal Information". You will see your existing information and to the right of each section you will see "Update"
- Click "Update" to change the information in the corresponding section
- Your information will be electronically loaded to the various systems as follows.
  - Benefits Database: Twice a Week (each Monday and Wednesday)
  - Health/Welfare Administrators: Weekly
  - 401(k) and ESPP: Twice a Week (each Tuesday and Friday)

### **Whom can I contact if I still have questions?**

You can contact Oracle US Benefits at [benefits\\_us@oracle.com](mailto:benefits_us@oracle.com) or 650-506-9800.

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*This document contains highlights of the benefit options available through Oracle's employee benefit programs. They are not complete descriptions of the benefits. Oracle may terminate, withdraw or modify any benefits described in this Overview. The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this Overview and the official plan documents, the official documents will govern. For further details, call your Benefits Representative.*

## ORACLE AMERICA, INC. CALIFORNIA VOLUNTARY DISABILITY AND PAID FAMILY LEAVE PLAN

THIS IS A STATEMENT OF COVERAGE FOR THE ORACLE AMERICA, INC. CALIFORNIA VOLUNTARY PLAN. THE PROVISIONS DESCRIBED APPLY TO DISABILITY BENEFIT PERIODS BEGINNING ON OR AFTER JANUARY 1, 2013 AND PAID FAMILY LEAVE COMMENCING ON OR AFTER JANUARY 1, 2013

### PARTICIPATION

**Who may participate?** All California permanent employees of the Company working twenty (20) hours per week or more may participate. There is no enrollment—your coverage begins on the day you become an employee. If you do not wish to participate in the Plan, you must reject coverage in writing. If you wish to participate at a later date, you may do so by submitting a written election to participate to the Oracle Benefits Department. You will be covered on the first day of the next calendar quarter. Any Employee who initially accepts coverage under this Plan may withdraw from the Plan within ten (10) days following the effective date of any amendment to the Plan or, for any other reason, on the first (1st) day of the first (1st) Calendar Quarter following the date of such election, by notifying the Oracle Benefits Department in writing. Any Employee who has rejected coverage or who has withdrawn from the Plan and who subsequently elects, in writing, to be covered under the Plan, shall be covered on the first (1st) day of the first (1st) Calendar Quarter next following the date of notifying the Oracle Benefits Department in writing of such election.

### COST

**How much do I pay?** Your cost is 0.75% of your first \$100,880 of calendar year wages up to a maximum contribution of \$756.60.

### DISABILITY & PAID FAMILY LEAVE

**When am I disabled?** You are disabled when you are unable to do your regular or customary job because of a mental or physical illness or injury. This includes pregnancy and childbirth. (If you participate in and complete a vocational rehabilitation program, your regular or customary job will be that occupation for which you have been retrained.) For **Paid Family Leave**, you are eligible for benefits when you take time off work to care for a seriously ill family member or registered domestic partner, or to bond with a new child.

How much will I receive and what is the maximum benefit payable? For disabilities beginning in the first six months of employment the benefit is 55% of earnings to a weekly maximum equal to the maximum weekly benefit in effect for the California SDI Plan on the employee's beginning date of claim. For disabilities beginning during the first six months of employment the maximum benefit payable is 52 times the weekly benefit amount.

For disabilities beginning after six months of employment the benefit is:

- For the first 9 weeks: 70% of benefit salary with no weekly maximum
- For the next 3.86 weeks: 55% of benefit salary with no weekly maximum for days 64-90
- For the next 39.14 weeks: 55% of benefit salary with a weekly maximum equal to the maximum weekly benefit in effect for the California SDI Plan on the employee's beginning date of claim.
- The weekly minimum benefit amount is \$50

For disabilities beginning after the first six months of employment the maximum benefit payable is calculated as:

- 9 times the applicable weekly benefit amount plus
- 3.86 times the applicable weekly benefit amount plus
- 39.14 times the applicable weekly benefit amount.

For Paid Family Leave the amount of weekly benefit shall be equal to 55% of the Employee's Benefit Salary to a weekly maximum of the State Plan benefit level in effect at the time of the commencement of the Employee's Paid Family Leave. The Paid Family Leave weekly benefit amount for a claim for bonding following a pregnancy disability will be 55% of the Employee's Benefit Salary that was the basis for calculation of the Employee's pregnancy disability claim, to a weekly maximum of the State Plan benefit level in effect when her disability commenced. The maximum benefit payable for Paid Family Leave shall be six (6) times the weekly benefit amount.

**When do my benefits begin?** Disability benefits commence on the 8<sup>th</sup> consecutive day of disability. Periods of disability for pregnancy and periods of Family Care Leave for bonding associated with the birth of that Child will be considered one Disability Benefit Period. Paid Family Leave benefits begin on the 8<sup>th</sup> day following the unpaid 7-day waiting period.

**How do Plan benefits compare to benefits from the state?** You are guaranteed rights at least equal to those provided by the State Disability Fund. You will never receive a benefit that is less than what you would receive if you were with the State Plan.

**On what are benefits based?** Benefits are calculated based upon your benefits salary. Benefits salary is updated on January 1 of each year to include your base salary as of the preceding September 1 plus bonuses, commissions, overtime pay and shift differential pay received during the preceding September 1 through August 31 period.

For each day of any period of **Disability** for which benefits are paid and which is less than a full week, the amount of benefit payable shall be one-fifth (1/5th) of the amount of the weekly benefit. For each day of any period of **Paid Family Leave** for which benefits are paid and which is less than a full week, the amount of benefit payable shall be one-fifth (1/5th) of the amount of the weekly benefit. Employees shall receive their benefit on the employer's regular payroll schedule.

**What, if any, limits are placed on my benefits?** Your benefits will be limited to the State Disability rate if disability results from a war or participation in a riot; from intentional self-inflicted injuries; unnecessary cosmetic surgery; when you are not receiving appropriate care from your doctor; or during the 15- day extended coverage period while on either an unpaid Employer approved Leave of Absence or temporary layoff without pay; or for any work-related disability, and for disabilities which result in the Employee being unable to perform his or her regular or customary work, but such Employee is not **Wholly Disabled** and the Employee has been offered alternative employment by the Company that is of comparable status and compensation to his or her previous occupation and the Employee has declined the alternative employment offer.

In addition, benefits in excess of the SDI plan level will be reduced by any benefits you are eligible to receive from any plan providing disability payments pursuant to a compulsory benefit act or law; workers' compensation settlements; any third party recovery; any group insurance policies or your employer's retirement plan.

If coverage ends while benefits are being paid on a claim, further benefits will be limited to the state weekly maximum rate in effect for the date of disability, subject to all limitations and provisions of this Plan.

**Will I still be eligible for benefits if I return to work on a part-time basis?** Yes, provided that the money you earn part-time when combined with your benefits does not exceed your regular weekly earnings (excluding overtime pay). Your benefit will cover the difference between your part-time earnings and your regular earnings.

**What if I receive benefits from more than one plan (for instance, another Voluntary Plan or SDI)?** Your benefit will equal the amount by which this Plan exceeds the State Plan, plus the amount, which results from dividing the State Plan benefit by the number of Plans under which you are covered.

## EXCLUSIONS

1. You will not receive benefits if a certificate from a physician does not support your disability or the need for care by you for a person for whom you are claiming Paid Family Leave benefits. Your doctor's conclusion as to your disability, or the need for care of a person under the Paid Family Leave benefit, must be based on a physical examination and a documented medical history.
2. You may not receive benefits if you receive or are eligible to receive WC benefits **unless** the WC benefit is less than your Plan benefit. In this case, your Plan benefit will be reduced by the amount of the WC. If you are receiving a maintenance allowance, you must elect the maximum permanent disability indemnity to qualify for Plan benefits.
3. You will not receive benefits if (i) you are incarcerated as a result of a criminal conviction, (ii) your disability arises out of your commission of a crime, or (iii) your disability stems from alcohol or drug addiction or from aberrant sexual behavior for which you are confined by court order in an institution or some other place.
4. If you lie or deliberately commit fraud in order to obtain benefits, you will be ineligible for benefits for a period of time. You can also be charged under the law with a criminal offence.
5. You will not receive benefits if you are receiving unemployment insurance.

## COVERAGE ENDS

On the earliest of the following: (i) when you cease to be eligible; (ii) at midnight of the day your employment ends; or on the 15<sup>th</sup> day after you begin an unpaid LOA, or at midnight of the 15<sup>th</sup> day following a layoff without pay; (iii) on the 1<sup>st</sup> day of the quarter following your written request to withdraw from the Plan; or (iv) the date of termination of the Plan.

## CLAIMS

**How do I file a claim?** A claim for benefits must be filed not later than 41 days after you would have been eligible to receive benefits, unless there is good cause for an extension. **Employees' must notify AonHewitt of a claim as soon as reasonably possible. Contact Hewitt at 877-653-9472.**

Disability benefits will be advanced by the Plan for up to 30 days after you have satisfied the 7-day benefit waiting period. If valid certification, as described in this Plan document, is not received within 30 days, no further benefits will be paid until you have complied with certification requirements. If no valid certification is provided within the time permitted by the Plan, the employee will be expected to repay the sums advanced during the initial 30 days.

Under the provisions of the California Unemployment Insurance Code, the Company shall have the right to require supplemental forms from the attending physician.

**What if my claim is denied?** You may appeal the denial in person or in writing at any office of the Employment Development Department within 20 days from the date the notice of the denial was mailed. Written appeals must be signed and include your name, Social Security Account Number, the name of your employer and the reason you are filing the appeal.

## STATE RATE

When benefits are limited to the State Plan rate, you will receive benefits equal to what the State Plan would have paid had you been a participant in the State Plan.

*This is a summary Statement of Coverage. The Plan document describes all of the provisions in more detail. In the event of a conflict between this document and the Plan language, the Plan Document, which was approved by the state of California, will govern. A copy of the complete Plan document is available for your review at [www.oraclebenefits.com](http://www.oraclebenefits.com).*

**TIME OF HIRE PAMPHLET**[\(Back to Top\)](#)

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

**WHAT IS WORKERS' COMPENSATION?**

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

**Discrimination is Illegal**

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

**WHAT ARE THE BENEFITS?**

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.
- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.

- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
  - Your doctor's medical reports
  - Your age
  - Your occupation
- **Supplemental job displacement benefits:** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
  - You have a permanent disability.
  - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

## OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site [www.edd.ca.gov](http://www.edd.ca.gov).

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to [www.dwc.ca.gov](http://www.dwc.ca.gov) and looking under "Workers'

Compensation programs and units" for the "Information & Assistance Unit" link or visit the DIR web site at [www.dir.ca.gov](http://www.dir.ca.gov).

### Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

## WHAT SHOULD I DO IF I HAVE AN INJURY?

### Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

**Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:**

Address: Safety National Casualty Corp.  
1832 Schuetz Road  
St. Louis, MO 63146

You may be able to find the name of your employer's workers' compensation insurer at [www.caworkcompcoverage.com](http://www.caworkcompcoverage.com). If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE) as all employees must be covered by law.

**Get emergency treatment if needed**

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

**Emergency telephone number:** Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

US Healthworks or Kaiser Occupational Clinic

**Fill out DWC 1 claim form and give it to your employer**

Your employer must give you a DWC 1 claim form within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

## MORE ABOUT MEDICAL CARE

### What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

### What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

### What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the "predesignation of personal physician" form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer. State law does not allow a chiropractor to continue as your treating physician after 24 visits.

### WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn't work, get help by trying the following:

**Contact the Division of Workers' Compensation (DWC) Information and Assistance (I&A) Unit** All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) and under "Workers' Compensation programs and units", click on "Information & Assistance Unit." At this site you will find fact sheets, guides and information to help you.

The nearest I&A Unit is located at:

Address: Find the nearest location at [www.dwc.ca.gov](http://www.dwc.ca.gov)

### **Consult with an attorney**

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at [www.californiaspecialist.org](http://www.californiaspecialist.org). You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

### **Warning**

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off- duty recreational, social or athletic activity that is not part of your work-related duties.

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off- duty recreational, social or athletic activity that is not part of your work-related duties.

### **Additional Rights**

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884- 1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 12/20/12 and effective for dates of injuries on or after 1/1/13

**PREDESIGNATION OF PERSONAL PHYSICIAN**

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- you have group health coverage;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist,
- pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

**NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN****Employee: Complete this section.**

To: \_\_\_\_\_ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

\_\_\_\_\_  
(Name of Doctor)(M.D., D.O., or Medical Group)

\_\_\_\_\_  
(Street Address, City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

Employee Name (please print): \_\_\_\_\_

Employee's Address:  
\_\_\_\_\_

Employees's  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician: I agree to this Predesignation:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

**NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST**

If your employer or your employer’s insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

You may use this form to notify your employer of your personal chiropractor or acupuncturist. State law does not allow a chiropractor to continue as your treating physician after 24 visits.

**Your Chiropractor or Acupuncturist’s Information:**

\_\_\_\_\_  
(Name of Chiropractor or Acupuncturist)

\_\_\_\_\_  
(Street Address, City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

Employee Name (Please Print)

\_\_\_\_\_

Employee’s Address:

\_\_\_\_\_

Employee’s  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **HEALTH & SAFETY AT ORACLE**

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Oracle is committed to ensuring the safety and well being of our employees. We encourage all of our employees to become familiar with our Safety Program. The Safety department can be reached by calling (650) 506-5656 or via email at [safety\\_us@oracle.com](mailto:safety_us@oracle.com) or please visit our [Oracle Environment, Health & Safety](#) website. Let's begin with the following *highlights* of our program.

### **ILLNESS AND INJURY PREVENTION PROGRAM (IIPP)**

For our California offices, Oracle has a written Injury and Illness Prevention Program (IIPP). The goal of the IIPP is to ensure a safe work environment for Oracle employees by:

- Communicating with employees on safety issues
- Conducting periodic inspections
- Identifying workplace hazards
- Investigating injuries and illnesses
- Correcting safety related deficiencies, and
- Training employees on safety issues

Please review our [Health and Safety](#) site and the [Injury Illness Prevention Program \(IIPP\)](#) program in its entirety upon arriving at Oracle.

### **ERGONOMICS**

Oracle supports an aggressive Ergonomics Program. Since it is imperative to prevent Cumulative Trauma Disorder (CTD), Oracle offers training classes, evaluations, recommends ergonomic products and has a website that contains information regarding prevention and management of Repetitive CTD's, as well as all of the above information. Employees at Oracle headquarters can request an [ergonomic evaluation](#). Employees may also complete the on-line class (available [here](#)) before requesting an [evaluation](#). Employees located at any of the field offices can email [safety\\_us@oracle.com](mailto:safety_us@oracle.com) to determine the safety resources available in that particular location or visit the [Ergonomics](#) web page for general field information.

Common exposures associated with CTD's include:

- Extensive keyboarding without frequent breaks
- Improper keyboard and mouse positioning
- Improper postures
- Improper equipment setup
- Poor work habits (e.g. crossing legs while typing, cradling the handset of the phone)

Some common symptoms include:

- Tingling in the fingers
- Soreness in the forearms, neck, shoulders, fingers, or hands; fatigue in the forearms, fingers, or hands
- Achiness in the neck, wrists, fingers, or hands; pain in the back, shoulders, neck, wrists, fingers, or hands

Employees who experience any of these symptoms should request an evaluation immediately.

### **WORK-RELATED INJURIES/WORKERS' COMPENSATION**

If you believe you have sustained a work-related CTD and/or any other on the job injury or illness, please contact your Human Resources (HR) Representative regarding Workers Compensation. If you do not know who your HR Representative is, please visit the Human Resources contacts page at <http://my.oracle.com/site/hr/contacts/contacts>.

Questions regarding workers' compensation should be directed to Risk Management:

Sandy Hagerman  
Assistant Risk Manager/Workers Compensation Program Manager  
(650) 607-0169  
[sandy.hagerman@oracle.com](mailto:sandy.hagerman@oracle.com)

Contact information for Oracle's Workers' Compensation Insurance carrier is as follows:

Safety National Casualty Company  
1832 Schuetz Road  
St. Louis, MO 63146  
888-995-5300

### **INJURIES**

Employees must report all accidents to Security (for headquarters) or the local Facility Coordinator (for field offices) immediately, even when no medical attention is needed.

Employees must report all work-related injuries requiring medical attention to his/her Human Resource (HR) Representative within 24 hours. If you do not know who your HR Representative is, please visit the Human Resources contact page at <http://my.oracle.com/site/hr/contacts/contacts>.

### **FIRST AID**

Basic first aid supplies are provided at all locations throughout the U.S. For medical situations requiring immediate attention, emergency medical services may be called on the employee's behalf with or without the employee's permission.

### **EMERGENCY PROGRAM**

Emergency procedures have been written for each facility. Immediate evacuation is **MANDATORY** for all alarms heard on your floor. Evacuate using only the stairs, where applicable, and assemble in the designated assembly area for your building. Complete procedures for various emergencies can be found at [Emergency Response](#) website.

Be a part of Oracle's **Emergency Response Team (ERT)**. The ERT is comprised of employees who volunteer to receive training provided by Oracle in Evacuation Procedures, CPR, First Aid, and Fire Extinguisher use. Employees wishing to join or learn more about the team can email [ert\\_us@oracle.com](mailto:ert_us@oracle.com).

### **MISCELLANEOUS SAFETY INFORMATION**

**Unsafe conditions should be reported immediately.** For headquarters, unsafe conditions can be reported to the safety hotline at (650) 506-5656. Hazards in any field office should be reported to the local [facility coordinator](#) or by using the [Health & Safety Incident Report Form](#). Employees may use this form without fear of reprisal. Employees may also submit the form anonymously, if desired, to Sandra Silva, 600 Oracle Parkway, Mailstop 6OP2, Redwood Shores, CA 94065.

**Riding of Skateboards, Rollerblades and Bicycles are forbidden** in all Oracle buildings and garages.

**Personal appliances** (such as: toasters, cup warmers, teapots, and heaters) **are not allowed** in any of the Oracle facilities. Only appliances provided by facilities are allowed. These facility appliances must be kept in the common area kitchens.

**Pets are not allowed** with the exception of Guide Dogs.

**Oracle's Material Safety Data Sheets (MSDS)** provide employees with information regarding hazards associated with chemicals at Oracle. Additionally they contain information regarding first aid for exposure to these materials. To view these documents, please contact the safety hotline at (650) 506-5656 (for headquarters) or your local facility coordinator (for field offices).

For your convenience, all of the above information (along with all other health and safety related information) is detailed on our web site at: Health & Safety. Please read through the material as soon as possible. **If you have any questions regarding the information, please call the Safety Hotline at (650) 506-5656.**

**ADDITIONAL REQUIREMENTS FOR NEW EMPLOYEES**[\(Back to Top\)](#)

This document contains additional actions you will take in your first days with Oracle. In addition, we have included a list of tools and resources that will assist you as well. **The links contained in this document will not be accessible until you are logged into Oracle systems on and after your first day of employment.** If you have questions, please contact your hiring manager. Again, welcome to Oracle!

**ACCEPT/DECLINE & START DATE**

Please contact your hiring manager to accept or decline your offer also confirm your start date with Oracle.

**CODE OF ETHICS AND BUSINESS CONDUCT POLICY**

Oracle expects you to adhere to all laws applicable to our business and observe the highest standards of business ethics. Please review the policy on the [Oracle Codes of Conduct](#) website. You will also receive a hard copy booklet of the Code of Ethics and Business Conduct shortly after your first day of employment.

**SINGLE SIGN-ON**

Your manager will provide you with your assigned Oracle Single Sign-On (SSO) account credentials (username and password) that will be used to access various internal systems. If your manager is not available to help you, or has not received your SSO account information, contact the helpdesk at (800) 972-4664. If you do not have access to your accounts within 24 hours of your start date, please contact your [Oracle Human Resources Representative](#).

**PERSONAL INFORMATION**

This information has been entered into the HR System as a part of the hiring process. Please ensure that your information is accurate. If you need to make corrections, click on "Update" and make the necessary change.

Instructions:

1. Go to the My Oracle website: <http://my.oracle.com>.
2. Select Self-Service Apps (under Employee Tools on the left navigation bar)
3. Enter your username and password
4. Select US Employee Self Service

**EMERGENCY CONTACT**

Enter your Emergency Contact information at the same time that you are checking your personal information by selecting "Add" in the Contacts section.

**U.S. WORK VISA**

If you need a U.S. Work Visa to begin employment with Oracle, please note that in order to obtain your required visa, you must contact your Manager to have him/her notify the HR Immigration Group, [ins\\_us@oracle.com](mailto:ins_us@oracle.com), and begin the application process.

**EMPLOYEE BADGE**

An employee badge is required for gaining access to Oracle's campus. If you will be working in an Oracle office, it is recommended that you get your badge on your first day of work. Please follow these guidelines:

**HQ Employees** - Badges can be obtained from the security office at Headquarters located at 600 Oracle Parkway, Room 101, from 8am - 5pm, Monday through Friday. You must bring your Oracle Employee ID number and photo identification with you.

**U.S. Field Office Employees** - To obtain a badge outside of Oracle Headquarters, contact the local Facilities/Real Estate representative for that office who will assist you with your request. [Click here to view the North America Office Locations Map](#) on the Real Estate and Facilities Website. This allows you to view Facilities contacts for any location at Oracle.

**Remote Employees** - Remote workers can request a badge by sending an email to [badges\\_us@oracle.com](mailto:badges_us@oracle.com). The request must include a head/shoulders photo of the individual on a plain background, in .jpg or .gif format. The request must be made through your manager for validation.

## **NEW EMPLOYEE ORIENTATION, TOOLS & RESOURCES**

### **NEW EMPLOYEE ORIENTATION**

U.S. New Employee Orientation is available online, anytime - in three self-paced modules!

- 1. About Oracle and Policies** (17 minutes)
- 2. Getting Started** (16 minutes)
- 3. Benefits** (26 minutes)

You can view the modules in any order. If you have questions after taking the orientation course, there are two live Q&A sessions hosted by Oracle Human Resources and Benefits scheduled on the first and third Mondays of every month. Please take the new employee orientation before attending the live Q&A session. Visit the [U.S. New Hires](#) website and the [Orientation](#) page for direct links to the online orientation and also to obtain the Q&A session login instructions.

### **NEW EMPLOYEE TOOLS AND RESOURCES**

Once you have your Single Sign-On (SSO) account information, visit the [U.S. New Hires](#) website where there is information available that will help you get started at Oracle. You will need to log into the site using your SSO username and password.

The [Guide to the Top 15 Transactions](#) provides instructions, information guides, and valuable links to help you get started on Day 1. The Guide explains how to set up Accounts and Passwords, Email and Phone, Payroll and Expenses, and more. *Hint:* Print or download the checklist so you will have this important information at your fingertips and can keep track of your progress.

Other Helpful Websites for New Employees:

[Global Service Desk](#): Includes links to solutions and instructions on how to change passwords and links for software downloads.

[Self-Service Applications](#): A suite of applications which includes employee information administration, expenses, Oracle Time and Labor (OTL), and iProcurement. Also, depending on your role and job function, you may have other applications available to you.

[Oracle Web Conferencing](#): Provides a real-time collaboration environment for your conferences.

[Travel](#): Travel information including profile management systems and online booking tools.

[Global Human Resources](#): Comprehensive information on benefits, compensation, policies, career development, immigration, diversity and more.

[Real Estate & Facilities](#): The "North America" page includes information on health and safety, discounts available to Oracle employees, and the Global Office Locator search tool and map.

[U.S. New Hires Website](#)

[Oracle U.S. Employee Handbook](#)

[U.S. New Hire Checklist](#)

[U.S. "How Do I...?" Index](#)

[U.S. Mandatory Training](#)

[People Directory "Aria"](#)

