



Human Resources-Benefits

New Hire Benefits to do Checklist

For permanent, eligible employees, YCCD contributes to the following fringe benefits:

- ▶ Medical Coverage for employee and eligible dependents, two plans have no premium cost to employee
- ▶ Dental Insurance
- ▶ Vision Insurance
- ▶ \$50K Life Insurance

Review, sign, and return the following to the YCCD Benefits Office:

	<p>REQUIRED >Active Plan Election Form -Information regarding the plans is listed on this page. Initial under your selected health and dental plan then sign.</p>
	<p>REQUIRED> SISC Enrollment Form for Blue Shield Plans OR Kaiser Enrollment Form <u>If you are adding a spouse/partner, you will also need to submit the following three items:</u></p> <ol style="list-style-type: none"> 1. Photocopy of your marriage certificate/legal domestic partnership 2. The first page of this/last year's taxes which shows the same address for you and your spouse/partner 3. Copy of your spouse/partner's social security card <p><u>If you are adding a dependent child, you will also need to submit for each dependent:</u></p> <ol style="list-style-type: none"> 1. A copy of their birth certificate 2. A copy of their social security card <p>If enrolling a legally dependent adult child, contact Benefits for proper documentation to be included.</p> <p><i>If you do not need benefits due to qualifying coverage elsewhere, please inform the benefits employee who sent you this information as there is a waiver form required.</i></p>
	<p>REQUIRED>Health Plan Premium Payment Authorization Form (POP Form) –. This form is kept on file for all employees should you ever elect a medical plan that has a cost of premium (BS PP 80%, BS PP0 90%, or BS PPO 100%).</p>
	<p>REQUIRED>New York Life (NYL) Beneficiary Designation Form--Basic Life Insurance coverage of \$50,000 Basic Life Insurance is provided to you at no cost while you are an employee at YCCD. This form requires an original/wet signature to be on file.</p>
	<p>*Optional- Voluntary Term Life Insurance Coverage/Life Insurance-Evidence of Insurability Form – This is an opportunity to purchase additional Life Insurance Coverage up to \$200K, cost is determined by your age and amount of coverage you choose. Rates for this plan do go up every couple of year. For additional life insurance coverages please meet with an American Fidelity Representative (see information below).</p>
	<p>*Optional-Virtual Meeting with American Fidelity- YCCD has partnered with American Fidelity to offer additional supplemental plans, this is in addition to the base benefits YCCD offer. Plans they offer are: Flexible Spending Accounts (FSA), Dependent Care Accounts, Accident Insurance, Cancer Insurance, and Life Insurance to name a few. For additional information you may visit https://americanfidelity.com/support/</p> <p>Initial here if you would like to be connected with our American Fidelity Representative :</p>

I have received, understand and completed all of the above documents. I understand that all documents are due in the HR/Benefits Office no later than the first day of start of work. Failure to complete fully and sign all required documents may result in delay of being enrolled in benefits and receipt of medical ID cards.

Employee Printed Name & Signature: _____ **Date:** _____