



NEW HIRE BENEFITS CHECKLIST

Complete, sign and return the following to the Human Resources Benefits Office:

Blue Shield or Kaiser medical enrollment form

- If enrolling spouse
 - Copy of marriage certificate
 - Last year's tax return (1st page showing filing status and address)
 - Copy of Social Security card
- If enrolling Dependent children
 - Copy of Birth certificate(s) for each child
 - Copy of Social Security card(s) for each child

Health Plan Election Form. For selection of health plan.

Health Plan Premium Payment Authorization Form. (Optional) Complete if electing a health plan with a monthly employee contribution.

Basic Life Insurance Enrollment Form. (\$50,000 Basic Life insurance policy is provided to you at no cost).

Voluntary Term Life Enrollment Form. (Optional) Complete if electing additional life insurance.

I have received, understand and completed all the above documents. I understand that all documents are due in the HR/Benefits Office no later than the 1st 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 I.D. cards.

Employee Signature: _____ Date: _____