



**Yosemite Community College District**  
**Human Resources Operations**  
**Benefits Office**

**NEW HIRE BENEFITS CHECKLIST**

**Sign & Return the Following to the YCCD Benefits Office:**

**SISC Medical Enrollment Form.**

- If you are enrolling a spouse/domestic partner you must include:
  - a copy of marriage certificate/court document **PLUS**
  - the first page of last year's taxes showing same address for both persons.
- If enrolling children, include each child's birth certificate.
- If enrolling a legally dependent adult child, contact benefits for proper documentation to be included.

**Health Plan Election Form.** For selection of health plan.

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

**Dental and Vision Designation Form.** For selection of dental plan.

**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.

**Navia FLEX Enrollment form. (Optional)**

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 1<sup>st</sup> 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: \_\_\_\_\_