



Yosemite Community College District
Human Resources Operations
Benefits Office

NEW HIRE BENEFITS CHECKLIST

Sign & Return the Following to the Human Resources Benefits Office:

SISC Medical Enrollment Form. Include a copy of marriage certificate if enrolling spouse and/or birth certificate if enrolling a 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.

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.

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: _____