



## New Employee Benefits Enrollment Checklist

**PRINT NAME:** \_\_\_\_\_ **DATE OF HIRE:** \_\_\_\_\_

You have 30 days from your date of hire to elect the following benefits below through the Human Resources Department.

**Medical insurance**

- Employees wish to enroll as an INDIVIDUAL.
- Enrolling a spouse must provide a copy of the marriage license/certificate & social security #.
- Enrolling dependent children must provide a copy of the birth certificate & social security #'s for each child enrolled.
- DECLINE Medical insurance coverage.

**Dental Insurance**

- Delta Dental PPO Plus Premier
- DMS-CIGNA Dental
- DECLINE

**Boston Mutual Group Term Life Insurance**

- Basic: \$ 5K
- Voluntary Election: \$ \_\_\_\_\_
- Spouse: \$ \_\_\_\_\_
- Dependents Y/N
- DECLINE

**Boston Mutual Disability Coverage**

- LTD
- STD (*School Employee Option only*)
- DECLINE

**Flexible Spending (FSA)**

- Medical/Dental Election Amount: \$ \_\_\_\_\_
- Dependent Care: \$ \_\_\_\_\_
- DECLINE

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HR OFFICE USE ONLY**

- Muni/City
- School
- 21 or 26
- Create Folder
- Forms Processed
- Deductions Entered in Payroll
- ACA
- Database
- Billing Reconciliation