



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 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 School
- Folder Forms Processed Deductions Entered Database ACA