

New Hire Checklist



This checklist is designed to provide the Group Administrator with a guide for materials to provide to an employee at the time of hire.

- _____ **Ensure employee receives the Meaningful Access disclosure with any BCBSKS form** (automatically prints with forms from this checklist and found on [bcbsks.com](http://www.bcbsks.com)).
http://www.bcbsks.com/CustomService/Forms/pdf/29-100_meaningful-access.pdf
- _____ **Give employee Enrollment Form for Group Coverage to enroll in your health and dental plan (Form #40-127).** Completed form can be emailed to membership@bcbsks.com.
http://www.bcbsks.com/CustomService/Forms/pdf/40-127_EnrollmentForm_print.pdf
- _____ **If employee does not want the coverage, have him/her complete a Waiver of Enrollment.**
http://www.bcbsks.com/CustomService/Forms/pdf/40-106_WaiverEnrollment.pdf
- _____ **Give employee copy of your current Summary of Benefits and Coverage (SBC) and Uniform Glossary.** If a copy is needed, contact your marketing representative.
- _____ **Give employee copy of Model Notice of Marketplace Coverage.** Must be provided within 14 days of hire date.
<http://www.dol.gov/ebsa/healthreform/regulations/coverageoptionsnotice.html>
- _____ **Give employee Continuation Coverage Rights Under COBRA General Notice (for 20+ groups only).** <http://www.dol.gov/ebsa/modelgeneralnotice.doc>
- _____ **Give employee Medicare Part D Disclosure Notice** (if you have Medicare eligible employees and/or retirees). [Medicare Part D Disclosure Notice](#)
- _____ **Give employee Uniform Services Employment and Reemployment Rights Act (USERRA) notification.**
www.dol.gov/vets/programs/userra/USERRA_Federal.pdf
- _____ **Give employee Model Notice for Employers Regarding Premium Assistance Opportunities** (Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) – applies to all group sizes).
<http://www.dol.gov/ebsa/chipmodelnotice.doc>
www.dol.gov/ebsa/compliance_assistance.html
- _____ **If group is enrolled in Advance Life, give employee applicable form(s).** Completed forms can be emailed to CSC-Advance@advanceinsurance.com.
 - www.advanceinsurance.com/forms/AICK_4.pdf
 - [Voluntary Life – Form AIC 400](#)
 - [Voluntary Short Term Disability – form AIC 300](#)
 - [Waiver of Coverage – AICK Waiver.pdf](#)
- _____ **Voluntary Products – If applicable to your group contact your representative for appropriate forms.**
 - Plan 150 Cancer Policy Application
 - Hospital Indemnity Plan Application
 - Employee Assistance Program (EAP)