

New Employee Enrollment Checklist

Employee Name: _____ University ID: _____

Required Forms (must complete even if waiving coverage):

- Authorization for release of employee benefits information
- Retirement Acknowledgement Form
- Pre-Tax Benefit Plan Enrollment Form
- Waiver of optional insurance coverage
- State Employee Health Insurance provided by BCBS
- State Life Insurance provided by Minnesota Life Insurance

Retirement Enrollment Forms

- PERS Application
 - PERS Beneficiary Designation (Form 1B)
 - Social Security Card (Copy)
- or*
- ORP Retirement Form

Optional Forms (only needed if you are enrolling/purchasing the coverage):

- Accidental Death and Dismemberment Enrollment Form
- AFLAC Accident Advantage Enrollment Form
- AFLAC Cancer Indemnity Insurance Application
- AFLAC Critical Care Insurance Application
- American Fidelity Group Disability Application
- Davis Vision Enrollment Application Form
- Delta Dental Enrollment-Change Form
- Genworth Long Term Care Application Instructions
- SABC Flex Card Application
- SABC Flex Direct Deposit Form
- SABC Mediflex Enrollment Form
- UNUM Long Term Disability Enrollment Form
- UNUM Supplemental Term Life Insurance Enrollment Form