

# 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 they are enrolling/purchasing the coverage. These are not needed if coverage is waived.):

- 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
- Genworth Long Term Care Application Instructions
- SABC Flex Card Application
- SABC Flex Direct Deposit Form
- SABC Mediflex Enrollment Form
- Consolidated Benefit Enrollment Form for:
  - Davis Vision
  - Delta Dental
  - UNUM Long Term Disability
  - UNUM Supplemental Term Life Insurance

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_