

# 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.

\_\_\_\_\_ **Give employee General Notice of COBRA Continuation Rights (for 20+ groups only) found on website**  
[www.bcbsks.com/CustomerService/Forms/pdf/COBRA\\_rights\\_template.doc](http://www.bcbsks.com/CustomerService/Forms/pdf/COBRA_rights_template.doc)

\_\_\_\_\_ **Give employee Notice of Pre-Existing Condition Exclusion**  
<http://www.bcbsks.com/CustomerService/Employers/forms.htm>  
Misc Forms/General Notice of Pre-Existing Condition Exclusion

\_\_\_\_\_ **Give employee Medicare Part D Disclosure Notice (if you have Medicare eligible employees and/or retirees)**  
<http://www.cms.gov/CreditableCoverage/ArchivesCC/list.asp#TopOfPage>

\_\_\_\_\_ **Give employee Uniform Services Employment and Reemployment Rights Act (USERRA) notification.**  
[www.dol.gov/vets/programs/userra/USERRA\\_Federal.pdf](http://www.dol.gov/vets/programs/userra/USERRA_Federal.pdf)

\_\_\_\_\_ **Give employee Application for health and dental (Form #40-127)**  
[www.bcbsks.com/CustomerService/Forms/pdf/40-127\\_EnrollmentForm\\_print.pdf](http://www.bcbsks.com/CustomerService/Forms/pdf/40-127_EnrollmentForm_print.pdf)

\_\_\_\_\_ **If group is enrolled in Advance Life, give employee enrollment form**  
[www.advanceinsurance.com/forms/AICK\\_4.pdf](http://www.advanceinsurance.com/forms/AICK_4.pdf)

\_\_\_\_\_ **If employee does not want the coverage, have him/her complete a Waiver of enrollment.**  
[www.bcbsks.com/CustomerService/Forms/pdf/40-106\\_WaiverEnrollment.pdf](http://www.bcbsks.com/CustomerService/Forms/pdf/40-106_WaiverEnrollment.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](http://www.dol.gov/ebsa/compliance_assistance.html)

\_\_\_\_\_ **Voluntary Products – Make sure applications are completed and submitted (all that apply)**  
\_\_\_ Plan 150 Cancer Policy Application & Hospital Indemnity Plan – Form 5-14/105 combo  
\_\_\_ Voluntary Life – Form AIC 300  
\_\_\_ Voluntary Short Term Disability – form AIC 300