New Hire Checklist

BlueCross BlueShield
Kansas

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 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/CustomerService/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/CustomerService/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 for employers who offer a health plan to some or all employees (notice of Marketplace coverage)"- must be provided within 14 days of hire date.**
https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/coverage-options-notice

_____ **Give employee Continuation Coverage Rights Under COBRA General Notice (for 20+ groups only).**
https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra

_____ **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.**
https://www.dol.gov/agencies/vets/programs/userra/resources

_____ **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). https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra

_____ **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)