

BENEFITS & PERSONNEL FORMS CHECKLIST

Employee Name: _____ **EE #** _____ **Dept. #** _____ **Job Title** _____ **Position #** _____

DOH: _____ **Mgmt.** _____ **Non-Mgmt.** _____ **FT** _____ **PT** _____ **LTE** _____ **% FTE** _____ **# hrs/yr.** _____

Return the following forms to your payroll center:				TO BE COMPLETED BY PAYROLL CENTER						
	FURNISHED:	DUE DATE:	Applications/Documents due: (Date of hire=Day 1)	For Effective Date of Coverage:	RETURNED	Distribute	Online enrollment	Update Spread-sheet	Update DN	Distribute
Health Insurance			Within 31 days of date of eligibility			C				
Health Insurance Incentive			Within 31 days of date of hire			C				
Dental Insurance			Within 31 days of date of eligibility			C				
EBC - Notify re: Health/Dental	N/A	N/A	N/A	N/A	N/A	C				
WRS	Completed by DOA		N/A	N/A	N/A	C				
Rehired Annuitant			Date of hire			C				
Life Insurance			Within 30 days or 6 months from hire		ltr?	C				
Income Continuation Ins.			Within 30 days or 6 months from hire		ltr?	C				
Section 125/BESTflex			Within 30 days of date of hire			C				
Non-Mgmt.: Vantage Care ICMA-RC Management : Nationwide PEHP			Within 30 days of date of hire			C				
Voluntary Accident Ins			Within 30 days of date of hire			C				
Offer of Employment			Date of hire			J				
New Employee Slip			Date of orientation			J	N/A	N/A	N/A	
Direct Deposit			Date of orientation			C	N/A	N/A		
W4			Date of orientation			C	N/A	N/A		
I-9			Within 3 days from date of hire			J	N/A	N/A	N/A	
Economic Disclosure (if applicable)			Within 30 work days of date of hire.			J	N/A	N/A	N/A	
ID Badge photo	YES / NO		Date of orientation				N/A	N/A	N/A	
HIPAA			Within 3 days of date of hire			J	N/A	N/A	N/A	
Sign and return acknowledgements to your supervisor:										
Employee Handbook			Date of hire			J	N/A	N/A	N/A	
Safety Handbook			2 weeks from orientation date			J	N/A	N/A	N/A	

I acknowledge I have received the above forms and to be eligible for benefits, will need to return the enrollment forms by the specified due dates. If the enrollment forms are not returned by the due dates, I may apply through open enrollment or evidence of insurability.

Employee Signature: _____ **Date:** _____

Questions? Contact your payroll center at: Neighbors of Dunn County - Chris Anderson 231-4567; General County - Cindy Mahoney 231-6417 or HR Division 232-2429

cc: Personnel File, Payroll, Employee