



Diocese of Palm Beach New Employee Benefits Checklist

Employee Name: _____

Entity Name: _____ Entity No: _____

Please submit the following documents to the Benefits Office within 30 days of hire date for all newly hired W-2 Employees:

- ___ Employee Data Form
- ___ The Hartford 403(b) Retirement Forms
- ___ Worker's Compensation – At a Glance

In addition to the above documents, please submit the following documents within 30 days of hire date*, for all newly hired W-2 Employees working full-time or 30+ hours. Also, if an employee's hours increase and they are now working 30+ hours or become full-time, then the following forms must be submitted within 30 days of the effective date of the increase in work hours. You do not have to wait 30 days to submit the documents. However, it is in the employee's best interest if the Benefits Office receives the packet of completed forms as soon as possible after the employee is hired. In this way, Blue Cross and Delta Dental will be able to enter the employee's information into their system prior to the employee's effective date of coverage.

- _____ Employee Benefits Election Form (Pre/Post Tax Deductions) Submit copy. File original.
- _____ Employee Information Enrollment Form Blue Cross/Medical and Delta Dental (*if the employee declines benefits*, a copy of their current insurance ID card must be attached to the Blue Cross enrollment form). Submit all copies to the Benefits Office. Xerox copy for your files.
- _____ Prudential Group Life & Disability Insurance Enrollment Form – enrolls employee in Basic Term Life, Accidental Death & Dismemberment, and Long Term Disability programs.
- _____ Prudential Optional Life Insurance Enrollment Form. This is an optional coverage paid for by the employee. Prudential guarantee issues \$50,000 to a newly hired employee within 30 days of the date of hire. Any amounts applied for over the \$50,000 must be approved by Prudential. If the employee applies for more than \$50,000 they must complete the *Evidence of Insurability Form* answering all medical questions. **If they decline**, they must state so on the enrollment form, sign and return the form to the Benefits Office. Employee must sign form even if they decline coverage.
- _____ Prudential Short-Term Disability Application. **If they decline**, they must state so on the enrollment form, sign and return form to the Benefits Office. The Employee must sign form even if they decline coverage.
- _____ Receipt of Life Insurance Benefits Booklet form
- _____ Receipt of Long Term Disability Benefits Booklet form