

IMPORTANT NOTICE REGARDING SPOUSAL COORDINATION OF BENEFITS (SCOB): If you have selected either an "Employee & Spouse" or "Family" level for your Health care benefit on page one of this form, you **MUST** complete the electronic Spousal Coordination of Benefits Form upon initial enrollment, anytime enrollment or insurance status changes and each year during Open Enrollment. **NOTE:** Benefits for a spouse may be reduced if coverage is available from the spouse's employer and your spouse does not enroll in his/her employer benefits. **CLICK HERE** to go to the Coordination of Benefits page to view the **Spousal Coordination of Benefits Policy** and access the **on-line Spousal Coordination of Benefits form**. Or, you can access the **On-line Spousal Coordination of Benefits form now by clicking on the "SCOB via Employee Self-Service" icon to the right and chose "Create New User Account"**.



Is your spouse a State Employee/ Pensioner?	Yes	No		Complete Only for Civil Union Spouse/ Dependent Coverage	To be Completed by HR/Ben Rep/ Office Only
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NAME	DOB	SSN	Gender	PCP#	Dentist #	Coverage Code:	Relationship Code
Employee:			M F				

Spouse/Dependent(s) Personal Information						Tax Qualified Dep?	
Spouse:			M F			Y N	
1			M F			Y N	
2			M F			Y N	
3			M F			Y N	
4			M F			Y N	
5			M F			Y N	
6			M F			Y N	

CERTIFICATION (Employee Must Sign and Date) By my signature below, I hereby certify the benefit elections made on this form are my choice and I have completed the required forms necessary to enroll in the benefit elections chosen. I understand that, by completing and signing the required forms, I am making a binding election with regard to my benefits for the current plan year unless I have a permissible family status change as defined by the Internal Revenue Service, or I terminate employment with the State of Delaware.

EMPLOYEE SIGNATURE:	DATE:
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FOR HR OFFICE USE ONLY:

HR/Ben Rep must print Employee's Name and Social Security Number below EXACTLY as it appears on the employee's SOCIAL SECURITY CARD.

Print Employee's Name	Print Employee's Social Security Number
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NEO HEALTH BENEFITS ENROLLMENT FORM

INSTRUCTION SHEET

Now that you have viewed the on-line new hire orientation, you have been provided with a general overview of the benefit plans offered to you as a new State of Delaware employee. To get more detailed information on each of the plans, we strongly suggest you visit the vendors directly by visiting their websites or calling the toll-free numbers that have been provided to speak with a customer service representative. And remember, you can always feel free to contact your agency's Human Resource/Benefits Representative (HR/Ben Rep). You

will find easy to follow instructions below to help you fill out and complete the Health Benefits Enrollment Form. If you still need assistance, please contact your agency's HR/Ben Rep.

COMPLETING PAGE ONE OF THE HEALTH BENEFITS ENROLLMENT FORM

ENROLLING IN A HEALTH & PRESCRIPTION PLAN

There are two areas labeled "Health Insurance Plans" on page 1, of the *Health Benefits Enrollment form*.

The first section is for employees who choose to participate in Plan Type 13 (employees who wish to participate in a Health Care Plan during their first 90 days of hire *prior to being eligible for State Share*) – meaning, they will be responsible for paying the entire amount of the health care premium.

You will need to make a selection in each section for Plan Type 13 indicating:

1. Your Benefit Effective Date (you must choose one). (1) Effective your Date of Hire (premiums are not pro-rated); (2) Effective the 1st Day of Month 1, following your date of hire; (3) Effective the 1st Day of Month 2, following your date of hire; or, (4) Effective the 1st Day of Month 3, following your date of hire.
2. Your choice of one of the health plan options: Aetna HMO, Aetna CDH Gold Plan with an HRA, Highmark Delaware First State Basic, CDH Gold Plan, IPA/HMO or Comprehensive PPO plans along with the corresponding plan level (Employee, Employee/Spouse, Employee/Child, or Family),
3. Or, if you chose not to participate in a Health Care plan at this time, you must select "Waive".

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The second section is for employees who choose to participate in Plan Type 10 (for employees who wish to participate in a Health Care Plan effective the first of the month after 90 days of employment, and are eligible for State Share) – meaning, the state will then begin paying for a portion of their health care premium.

You will need to make a selection in each section indicating:

1. Your choice of one of the health plan options: Aetna HMO, Aetna CDH Gold Plan with an HRA, Highmark Delaware First State Basic, CDH Gold Plan, IPA/HMO or Comprehensive PPO plans;
2. Along with the corresponding plan level (Employee, Employee/Spouse, Employee/Child, or Family plan).
3. Or, if you chose not to participate in a Health Care plan at this time, you must select "Waive".

If you choose an HMO health plan - either Highmark Delaware or Aetna, you must also indicate on page 2 of the Health Benefits Enrollment Form, the physician identification number which can be found by clicking on the Provider Directory hyperlinks. If you do not already have a Primary Care Physician, make sure you call them and confirm that they are accepting new patients prior to enrolling.

The State of Delaware offers prescription coverage as part of the State's Group Health Insurance Program. When you enroll in a health care plan you will automatically be enrolled in the prescription drug plan managed by Express Scripts.

ENROLLING IN A DENTAL PLAN

If you have chosen to participate in a Dental plan, you will first need to indicate:

1. Your Benefit Effective Date, either: (1) the 1st of the month following your date of hire, or (2) the first of the month following 90 days of employment.
2. Your choice of one of the dental plan options: Delta Dental or Dominion National HMO.
3. Then, you will need to choose which plan level you are enrolling in, i.e., Employee, Employee & Spouse, Employee and Children or Family coverage.
4. Or, if you chose not to participate in a Dental Plan at this time, you must indicate this by selecting the "Waive" option.
5. If you chose the Dominion National HMO plan, you must also indicate on page two of the *Health Benefits Enrollment Form* the Dentists identification number which can be found on the Benefits Tab on the Home Page under Dominion National Provider Directory. If you do not already have a Dentist, make sure you call them and confirm that they are accepting new patients prior to enrolling.

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ENROLLING IN THE VISION PLAN

If you have chosen to participate in the vision plan, you will first need to indicate:

1. Your Benefit Effective Date; either the 1st of the month following your date of hire, or the first of the month following 90 days of employment.
2. Then you will need to choose which plan level you are enrolling in, i.e., Employee, Employee & Spouse, Employee and Children or Family coverage.
3. Or, if you chose not to participate in the Vision Plan you must indicate this by selecting the "Waive" option.

ENROLLING IN BLOOD BANK

Next, if you interested in participating in the Blood Bank of Delmarva's Members for Life program check "Participate" on the Health Benefits Enrollment Form. By checking "Participate" you are authorizing the Blood Bank of Delmarva to contact you about donating blood. If you are not interested in participating, check "Waive".

COMPLETING PAGE TWO OF THE HEALTH BENEFITS ENROLLMENT FORM

Let's now take a look at page two of the Health Benefits Enrollment Form. If you chose to participate in a Health or Dental plan, you will now need to complete this section of the enrollment form by providing all the required personal information for yourself and each eligible dependent you will be covering, i.e., their name, date of birth, social security number, their Primary Care Physician's Identification Number – (only if enrolling in a medical HMO), gender, and Dentists' Identification Number (only if enrolling in a dental HMO). Physician and Dentist identification numbers can be found by accessing the vendor's Provider Directories on the Benefits Tab of the Home page. In addition, for employees (in a Civil Union only) enrolling a spouse or dependent, you must also choose the appropriate Tax Coverage Code from the drop down box, as well as indicate each dependent's Tax Qualifying Dependent Status.

If enrolling a dependent(s) you MUST submit a copy of a birth certificate or another acceptable form of legal documentation for each dependent. In addition, you must also submit an original, signed, social security card for yourself and each of your dependents as well.

A Dependent Coordination of Benefits form must also be completed and sent to the appropriate carrier for each enrolled dependent child regardless of age upon:

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- Enrollment in other health coverage;
- Anytime other health coverage changes, or
- Upon request by the Statewide Benefits Office, Highmark Delaware or Aetna.

Please complete the applicable form and send it directly to your health care provider at the address provided on the bottom of the form. The form can be found on the Benefits Tab of the NEO Home page.

If enrolling a spouse: You must supply a copy of your Marriage Certificate/Certificate of Civil Union to your agency's HR/Ben Rep and complete the *on-line Spousal Coordination of Benefits form*. You must also indicate if your spouse is a State of Delaware benefit-eligible employee/pensioner and, if so, which agency they work for. This will help your agency's HR/Ben Rep determine whether which of you will be responsible for carrying the benefits.

Coverage will become effective on the date of hire or on the first day of any month up to the first of the month when eligible for State Share, provided the employee submits a signed application within 30 days of the first of the month when coverage becomes effective. This information must be submitted by the required deadline to your agency's HR/Ben Rep.

Otherwise, depending on eligibility requirements, you may have to wait until the next benefits open enrollment period to enroll, (usually held in May each year with a July 1 coverage effective date).

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ENROLLING IN ADDITIONAL & SUPPLEMENTAL BENEFITS

In addition to all the other great benefit plans you are offered, we also provide some other Additional & Supplemental Benefits which you may be interested in enrolling. These benefits include Life Insurance, a Flexible Spending Account, a Pre-Tax Commuter and Deferred Compensation program, as well as a Supplemental Benefit Critical Illness & Accident Insurance plan. You will be responsible for contacting each vendor's customer service representatives to enroll in any of these benefits. You do not enroll in any of these Benefits through your agencies HR/Ben Rep. In Part Two of the New Hire Checklist you will find all the information you will need to contact these providers.

LIFE INSURANCE

Within the first couple of weeks from your hire date, the Securian Company will send to your home address a complete enrollment package of information regarding your life insurance benefit options. It will include complete instructions for you to enroll and sign up for payroll deductions or other methods of payment. You will have to contact the Securian Company directly to enroll. If you have any questions, visit the "HELP" section of www.lifebenefits.com, call the Securian company Customer Service at 1-877-215-1489, or e-mail lifebenefits@securian.com to enroll in the plan.

FLEXIBLE SPENDING ACCOUNT

Benefit eligible employees may enroll in Flexible Spending Account (FSA), effective the first day of the month after completing the initial waiting period of 90 days to participate for the remainder of that plan year. You may enroll by completing an enrollment form available from your Human Resources Office or online at www.ben.omb.delaware.gov/fsa. Enrollment forms should be sent by the first of the month preceding the date of eligibility to ensure timely enrollment. If you fail to enroll within the time period described above, then you may not elect to participate until the next Open Enrollment Period or until a qualifying event occurs that would justify a mid-year election change.

PRE-TAX COMMUTER

Benefit eligible employees may enroll in the Pre-Tax Commuter Program anytime throughout the year. Employees that wish to enroll in the Pre-Tax Commuter Program should visit www.ben.omb.delaware.gov/commuter for additional information and enrollment instructions.

SUPPLEMENTAL BENEFITS

Newly hired and newly benefit-eligible employees and their spouses are able to apply for Supplemental Benefits within 60 days of becoming eligible for benefits. Employees who do not elect coverage during their initial enrollment period will be considered a Late Enrollee and will not have an opportunity to enroll until the Annual Open Enrollment. Employees that wish to enroll in Supplemental Benefits should visit www.ben.omb.delaware.gov/aflac-supplemental-benefits for additional information and enrollment instructions.

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DEFERRED COMPENSATION

There are three ways you can enroll in the Deferred Compensation program.

- (1) Complete a hard copy enrollment form that you can get from your HR/Ben Rep, return it to them and they will fax it to the Treasurers' Office;
- (2) You can go on-line and access the enrollment form at: http://treasurer.delaware.gov/deferred_compensation/docforms.shtml
- (3) Or, you can call toll free 1-800-343-0860 to talk to a customer service representative.

PENSION ENROLLMENT

All employees enrolled in a Pension Eligible position will automatically be enrolled in the Delaware State Employees' Pension Plan. This does not include retired State of Delaware Troopers receiving a pension benefit from the Delaware State Police Pension Plan.

SIGNED CONFIRMATION FORM

Once you have contacted your agency's HR/Ben Rep and submitted all the required enrollment forms and supporting documentation, your benefit elections will be entered into an electronic system called PHRST (pronounced "First").

This will result in generating a Confirmation Form created from the information you submitted on the *Health Benefits Enrollment Form*. Your agency's HR/Ben Rep will then forward this to you for your review. It is very important that you closely review this form to make sure it accurately reflects the benefit elections you submitted. Make sure that in addition to reviewing your benefit elections that you also review all related personal information entered for you and your covered dependents. Please note: The Confirmation form only reflects Health, Dental, Vision and Blood Bank elections. It does not reflect any Additional or Supplemental Benefit elections.

If you should find any errors on the Confirmation form, please contact your agency's HR/Ben Rep immediately to make the correction. If everything has been entered accurately, please sign and return the Confirmation Form to your agency's HR/Ben Rep right away.

This will complete your enrollment process for the Health, Prescription, Vision, Dental and Blood Bank options.

All other benefit plan enrollment will be done directly between you and the vendor. All enrollments for Additional and Supplemental Benefits are processed directly through the specific benefit plan provider. You must enroll directly with the provider online or by phone.