

# New Hire Checklist

This form has been provided as a helpful tool to assist you in organizing and keeping track of all the documents you will need to read, complete, sign and submit to your HR/Ben Rep to finalize the new hire process. In addition, below you will also find all the information you will need to enroll in any "Additional Benefits". Note: You do not enroll in Additional Benefits through your HR/Ben Rep. You must contact those providers directly. And, remember, you can always contact your HR/Ben Rep if you need more help.

- Step 1 - Complete New Hire On-Line Orientation.
- Step 2 - Complete the Health Benefits Enrollment Form and gather all required documents/forms to be submitted to your HR/Ben Rep.
- Step 3 - If you are interested in enrolling in any "Additional or Supplemental Benefits" you must contact the providers directly to enroll. (Contact information provided below.)
- Step 4 - Hand-Deliver documents (or as otherwise directed) on or before your first day of work to your HR/Ben Rep.

## NEW HIRE CHECKLIST, PART 1: Submitting Your Health Benefits Enrollment Form & Other Required Documents

When submitting the Health Benefits Enrollment Form to your HR/Ben Rep on or before your first day of work, be sure to include all of the following forms (as applicable):

| REQUIRED DOCUMENTS TO BE SUBMITTED                                       | HOW TO SUBMIT   |
|--|---|
| <b>HEALTH BENEFITS ENROLLMENT FORM</b>                                   | <ul style="list-style-type: none"> <li>▪ Signed original to HR</li> </ul>             |
| ▪ Marriage Certificate   | ▪ Hard Copy to HR   |
| ▪ Social Security Card - Self  | ▪ Signed Original, no copy, to HR   |
| ▪ Social Security Card - Spouse  | ▪ Copy Acceptable, with/without live signature  |
| ▪ Social Security Card - (all dependents carried on a Group Health Plan) | ▪ Copy Acceptable, with/without live signature  |
| ▪ Birth Certificates/Legal Documents (for all Covered Dependents)        | ▪ Copy Acceptable to HR   |
| ▪ Spousal Coordination of Benefits Form                                  | ▪ Submit Original On-Line, Employee Retains a Copy, Copy to HR/Ben Rep (if requested) |
| ▪ Dependent Coordination of Benefits Form(s)                             | ▪ Signed Original to HR, Employee Retains a Copy                                      |
| <b>DIRECT DEPOSIT AUTHORIZATION FORM</b>                                 | ▪ Signed Original to HR   |
| ▪ Voided Check OR  | ▪ Hard Copy to HR   |
| ▪ Bank Statement   | ▪ Hard Copy to HR   |
| <b>EMPLOYEE PERSONAL/EMERGENCY INFORMATION FORM</b>                      | ▪ Hard Copy to HR   |
| <b>I-9 EMPLOYMENT ELIGIBILITY VERIFICATION</b>                           | ▪ Signed Original to HR   |
| ▪ Required Form(s) of Identification                                     | ▪ Hard Copy to HR   |
| <b>P1 - PENSION ACTUARIAL FORM</b>                                       | ▪ Signed Original to HR   |
| <b>W-4</b>   | ▪ Signed Original to HR   |

## NEW HIRE CHECKLIST, PART 2: Enrolling in Additional and Supplemental Benefits

If you are interested in enrolling in any one/all of the following benefit plans you must contact the provider directly at their toll free number. This checklist has been provided for your convenience only. Do not submit this form to your HR/Ben Rep.

| BENEFIT PLAN  | TOLL-FREE #           |
|---|-----------------------|
| <b>Life Insurance</b>   | <b>1.877.215.1489</b> |
| ▪ (Contact provider Directly after receiving package in mail at home - approx. 2 weeks after hire) Eligible to Participate: Self/ Dependent(s) - Upon Hire/Any Time |                       |
| <b>Flexible Spending Account</b>  | <b>1.800.659.3035</b> |
| ▪ Eligible to Participate: 1st of the Month After 90 Days of Employment/Family Status Change/Open Enrollment  |                       |
| <b>Pre-Tax Commuter (Employer-Provided Code Word: DE)</b>   | <b>1.800.659.3035</b> |
| ▪ Eligible to Participate: Upon Hire/Any Time   |                       |
| <b>Deferred Compensation</b>  | <b>1-800-584-6001</b> |
| ▪ Eligible to Participate: Upon Hire - After 1st Paycheck has been Issued/Any Time  |                       |
| <b>Supplemental Benefits by Aflac (Critical Illness &amp; Accident Insurance)</b>   | <b>1-800-433-3036</b> |
| ▪ Eligible to Participate: Within 60 days of benefit eligibility  |                       |

## NEW HIRE CHECKLIST, PART 3: The Agreement to Comply Form

After reading each of the following documents, employee prints and signs the AGREEMENT TO COMPLY form in the presence of their HR/Ben Rep, confirming that they take responsibility for having read, understand and agree to comply with all of the content contained in each of the listed documents/policies and procedures.

| AGREEMENT TO COMPLY FORM                                   |    |   |
|--|----|---|
|  | 8  | Health Insurance Portability and Accountability Act (HIPAA)     |
| 1 Affordable Care Act and Marketplace Notices              | 9  | HRM Confidentiality Agreement (only for employees in HR Series) |
| 2 Consolidated Omnibus Budget Reconciliation Act - (COBRA) | 10 | Medicare Part A & B Enrollment Information                      |
| 3 Domestic Violence Policy                                 | 11 | Pregnant Workers Fairness Act Guidelines                        |
| 4 Drug Free Workplace Policy                               | 12 | Sexual Harassment Prevention Policy                             |
| 5 EEO/AA Executive Order #8                                | 13 | State of Delaware Oath of Office                                |
| 6 EEO/AA Guidelines for State Agencies                     | 14 | Statewide Acceptable Use Policy                                 |
| 7 Family and Medical Leave Act (FMLA)                      | 15 | Workplace Violence Policy                                       |

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# NEW HIRE CHECKLIST

## INSTRUCTION SHEET

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We will now turn to the **New Hire Checklist Instruction Sheet** which has been provided to help you easily organize and keep track of all the forms and back-up documentation you will need to submit to your agency's HR/Ben Rep to complete the new hire process, as well as, provide you with all the contact information you will need to enroll in Additional and Supplemental Benefits.

## USING THE NEW HIRE CHECKLIST

The New Hire Checklist has been sectioned into three easy to follow parts:

### Part 1: Submitting your Health Benefits Enrollment Form and Other Required Documents

In Part 1, in the top left-hand column of the checklist labeled "Required Documents to be Submitted" is a list of the names of documents and forms that you will be *required* to submit in order to complete the new hire process, (as applicable). For example, if you choose to cover your spouse on your health insurance, you will be required to submit a Marriage Certificate/Certificate of Civil Union; an original, signed, social security card; as well as submit an on-line Spousal Coordination of Benefits form for your spouse.

In the right hand column labeled "How to Submit" are brief notes on how/where to submit these documents. Some documents must be submitted to your agency's HR/Ben Rep. Others, you may have to complete and submit on-line. And, then others you may have to complete and then mail them directly to the benefit provider. And, it's probably a good idea to make a copy of these forms for your own records before submitting them, just in case you need it for later reference.

As you collect all required supporting documentation and complete each form, **check** them off the checklist. Since supporting documentation is required with some of the forms, make sure you keep them

together and check them off the checklist as well. If you have any questions on how to fill out any of the forms, please contact your agency's HR/Ben Rep.

## **Part 2: Enrolling in Additional and Supplemental Benefits**

In Part 2 of the Checklist, we have provided you with the names and phone numbers of each of the Additional and Supplemental Benefits providers. If you are interested in enrolling in any one or all of these benefit plans you must contact the benefit provider(s) directly. You do **NOT** enroll in Additional or Supplemental Benefits through your agency HR/Ben Rep. This checklist has been provided for your convenience only. Do not submit this form to your HR/Ben Rep.

## **Part 3: The Agreement to Comply Form**

In Part 3 of the Checklist is a list of all the documents you will be required to read as part of the new hire process. Once you have completed reading all the materials, you will be required to **print, sign and submit the Agreement to Comply form**, certifying that you have read, understand and agree to comply with all of the terms of employment as outlined in the listed documents. You will NOT need to print or submit any of the listed documents. You will **only be required to print and submit the Agreement to Comply form**.

**Remember you must submit these documents to your agency's HR/Ben Rep by the required deadlines.** If you have any questions, please contact your HR/Ben Rep.