

Employee: _____

Date of Hire: _____

NEW HIRE CHECKLIST FOR HEALTH PLANS	
I. Provide these notices to ALL new hires (whether or not they are eligible for the health plan)	
<input type="checkbox"/> Exchange Notice: Choose one of the following notices to provide to all new hires within 14 days after beginning employment:	Date Provided
<input type="checkbox"/> Click here for GBAIT Exchange Notice*	
<input type="checkbox"/> Model Department of Labor notice*: http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf	
<input type="checkbox"/> CHIP Notice. Provide this notice to all new hires with health plan enrollment materials. <input type="checkbox"/> If the employee is not eligible for the health plan, provide within 14 days of date of hire. <input type="checkbox"/> If the employee is eligible for the health plan, provide this notice with the enrollment packet (below) To access the current model notice, use the following link and click on the section titled Children's Health Insurance Program: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/health-plans	
II. Provide written information about the enrollment process to all new hires who are eligible to enroll in the plan. The enrollment packet must include:	Date Provided
<input type="checkbox"/> Offer of Health Insurance: Click here for a sample Offer of Health Insurance	
<input type="checkbox"/> The current Summary of Benefits and Coverage for each option offered. Click the link that follows and select the SBCs for your plan options: http://www.gabankers.com/WCM/Insurance_Retirement/Plan_Info/WCM/Insurance_Retirement/GBA_Insurance_Trust/Medical%20Plans.aspx?hkey=0a614eef-91de-4b49-b6e2-5c739cd29929	
<input type="checkbox"/> The Uniform Glossary. Click here: http://www.dol.gov/ebsa/pdf/sbcuniformglossary.pdf	
<input type="checkbox"/> The Creditable Coverage Notice* for Medicare Part D. Click here: Medicare Part D Creditable Coverage Notice	
<input type="checkbox"/> HIPAA Special Enrollment Rights. Click here for Special Enrollment Rights Notice	
<input type="checkbox"/> CHIP Notice. To access the current model notice, use the following link and click on	

<p>the section titled Children’s Health Insurance Program: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/health-plans</p>	
<p>III. Provide the following information when the employee enrolls in the plan</p>	
<p><input type="checkbox"/> Provide a copy of the SPD</p> <p>Click on this link and select the appropriate Certificate Booklet for the plan selected by the employee: http://www.gabankers.com/WCM/Insurance_Retirement/Group_Benefit_Plans/Medical_Plans/WCM/Insurance_Retirement/GBA_Insurance_Trust/Medical_Plans.aspx?hkey=9c8bf693-e8a0-4844-8adc-b750613a9582</p>	
<p><input type="checkbox"/> Initial COBRA Notice.</p> <p>This notice requirement is satisfied when you notify GBAIT through the new hire enrollment process</p>	
<p><input type="checkbox"/> HIPAA Privacy Practices Notice</p> <p><input type="checkbox"/> Click here for GBAIT Privacy Practices Notice</p>	
<p><input type="checkbox"/> Women’s Health and Cancer Rights Notice: Click here for Model Notice</p>	
<p>*Model Notices and forms marked with an asterisk require customization. Hard copies of notices current as of February 1, 2015</p>	