

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)

<p><input type="checkbox"/> Exchange Notice: Provide this Model Department of Labor notice* to all new hires within 14 days after beginning employment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Click here for Model Department of Labor Notice (for employers offering a health plan)*: Exchange Notice (English) <input type="checkbox"/> Click here for Model Department of Labor Notice (for employers offering a health plan)* (Spanish): Exchange Notice (Spanish) <p>These notices may be available in Word format at the following link: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/coverage-options-notice</p>	Date Provided
<p><input type="checkbox"/> Children’s Health insurance Program (CHIP) Notice. Provide this notice to all new hires with health plan enrollment materials.</p> <ul style="list-style-type: none"> <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) <p>To access the current model notice, use the following link and click on the section titled Children’s Health Insurance Program/For Employers and Advisers/Model Notice: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/health-plans</p>	
<p>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:</p>	Date Provided
<p><input type="checkbox"/> Offer of Health Insurance: Click here for a sample Offer of Coverage</p>	
<p><input type="checkbox"/> The current Summary of Benefits and Coverage for each option offered. These can be found at www.gabankers.com. Choose the Insurance & Retirement tab from the banner at the top and then go to Group Benefit Plans/Medical Plans.</p>	
<p><input type="checkbox"/> The Uniform Glossary.</p> <p>Click here: https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/sbc-uniform-glossary-of-coverage-and-medical-terms-final.pdf</p>	
<p><input type="checkbox"/> The Creditable Coverage Notice* for Medicare Part D.</p> <p>Click here for all plan options except option 71900: Medicare Creditable Coverage Notice except Option 71900</p>	

Click here for plan option 71900: Medicare Non-Creditable Coverage Notice Option 71900 only	
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<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 the section titled Children’s Health Insurance Program/For Employers and Advisers/Model Notice: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/health-plans	
III. Provide the following information when the employee enrolls in the plan	
<input type="checkbox"/> Provide a copy of the SPD The SPD/Certificate Booklet can be found at www.gabankers.com . Choose the Insurance & Retirement tab from the banner at the top and then go to Group Benefit Plans/Medical Plans. The link to the booklet is at the bottom of this page.	
<input type="checkbox"/> Initial COBRA Notice. This notice requirement is satisfied when you notify GBAIT through the new hire enrollment process	
<input type="checkbox"/> HIPAA Privacy Practices Notice <input type="checkbox"/> Click here for GBAIT Privacy Practices Notice	
<input type="checkbox"/> Women’s Health and Cancer Rights Notice: Click here for WHCRA Model Notice	
*Model Notices and forms marked with an asterisk require customization. Hard copies of notices current as of September 1, 2018	