

Employee: _____

Date of _____

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: Provide this Model Department of Labor notice* to all new hires within 14 days after beginning employment: https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/model-notice-for-employers-who-offer-a-health-plan-to-some-or-all-employees.pdf	Date Provided
<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 follow the prompts https://www.dol.gov/agencies/ebsa/laws-and-regulations/rules-and-regulations/public-comments/2010-2409	
<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
<input type="checkbox"/> Offer of Health Insurance: Click here for a sample Offer of Coverage	
<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.	
<input type="checkbox"/> The Uniform Glossary. 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	
<input type="checkbox"/> The Creditable Coverage Notice* for Medicare Part D. Click here for all plan options except option 71900: Medicare Creditable Coverage Notice except Option 71900 Click here for plan option 71900: Medicare Noncreditable 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 Model Notices in the section titled Children’s Health Insurance Program: https://www.dol.gov/agencies/ebsa/laws-and-regulations/rules-and-regulations/public-comments/2010-2409	
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	
<p>*Model Notices and forms marked with an asterisk require customization.</p> <p>Hard copies of notices current as of February 1, 2018</p>	