

Group Plans New Employee Checklist

This is a simple checklist to aid you in completing product enrollments for newly hired employees. Employees can be enrolled online using the secure Employer Access® Program or by completing form 8030 *Group Plans Enrollment Form* and faxing it to GuideStone® at 1-877-834-1025. Please refer to this checklist prior to beginning the enrollment process to ensure that the required information has been obtained. **This form is for personal use only and does not need to be submitted to GuideStone.**

Please discuss each product available to new employees at the time of hire. Employees have 31 days from their date of initial eligibility to enroll in coverage. It is important to cover the basic plan provisions and each benefit election decision the employee is eligible to make.

PART 1 – HAS THE EMPLOYEE PROVIDED THE REQUIRED PERSONAL DATA?

Basic employee indicative data such as name, address and phone number are required. Below are examples of required information that is routinely left off of enrollments.

- Marital status
- Monthly wage if enrolling in a salary-based product
- Employee classification
- Country of destination, airport code and the effective date of the airport code (for international enrollments)
- Coverage effective date

Is there a waiting period for coverage? Yes No

If yes, please determine the employee's coverage effective date based on the employee's waiting period.

If no, the coverage effective date and the hire date will be the same.

PART 2 – HAVE THE APPROPRIATE PRODUCTS BEEN SELECTED FOR THE EMPLOYEE'S ENROLLMENT?

Select the products for which the employee and or dependent(s) is/are eligible:

- Life and accident Medical Dental Disability

Paper forms must be signed and dated by both the employer and the employee.

Life, Accidental Death and Dismemberment (AD&D) and Supplemental AD&D Coverage

Completed

- a) If the employer pays 100% of the cost for employee or dependent coverage, the eligible employee and/or dependent(s) must be enrolled in the employer-paid coverage.
- b) If the employee contributes toward the cost of coverage for him or herself and/or dependent(s), the employee can choose whether to enroll him or herself and/or eligible dependents in coverage within 31 days of the eligibility date.
- c) Please confirm that the employee's monthly wage has been provided.
- d) Has the employee completed a beneficiary form? (Employees can submit beneficiary forms electronically through My.GuideStone.org/Beneficiary.)

Medical Products

Completed

- a) If the employer pays 100% of the cost for employee or dependent coverage, the eligible employee and/or dependent(s) must be enrolled in the employer-paid coverage or sign a waiver to refuse the coverage.
- b) If the employee contributes toward the cost of coverage for him or herself and/or dependent(s), the employee can choose whether he/she will enroll him or herself and/or eligible dependents in coverage within 31 days of the eligibility date.
- c) Has the ID card flyer been provided to the employee?

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Medical Products (continued)

Completed

Please provide the following required notices and important information to the employee:

- *Summary of Benefits and Coverage*
- *Benefit Overview*
- *Notice of Exchanges and Coverage Options*
- *Group Plans HIPAA Notice of Special Enrollment Rights*
- *CHIPRA Required Notice for Your Employees*
- *HIPAA Notice of Privacy Practices for Protected Health Information*

These notices are available online at GuideStoneInsurance.org/EmployerTools.

Dental Products

Completed

a) If the employer pays 100% of the cost for employee or dependent coverage, the eligible employee and/or dependent(s) must be enrolled in the employer-paid coverage or sign a waiver to refuse the coverage.

b) If the employee contributes toward the cost of coverage for him or herself and/or dependent(s), the employee can choose whether he/she will enroll him or herself and/or eligible dependents in coverage within 31 days of the eligibility date.

c) Has the ID card flyer been provided to the employee?

d) Please instruct the employee to visit *Cigna.com* or call Cigna customer service at 1-800-244-6224 to choose a dental provider if enrolled in the HMO dental plan.

- e) Cigna Dental waiting periods may be waived at the time an employee comes onto Group Plans coverage, provided:
- The employee provides proof of one full month prior coverage (minimum) with no break prior to coming onto GuideStone Cigna Dental.
 - Accepted forms of coverage proof:
 1. Proof of prior coverage letter from the previous carrier showing dates of coverage, type of coverage and no break for the employee.
 2. A bill showing at least one month prior coverage, with no break for the employee. NOTE: If the employee has ortho coverage and wants to waive both dental and ortho, proof of coverage for each must be presented. If the bill does not reflect this, a proof of prior coverage letter may be required.
 - All dependents – current and future – will follow the employee's status.

NOTE: **Proof must** be received within 31 days of eligibility to waive Cigna Dental waiting periods. This applies to Group Plans Cigna Dental only.

Please notify the employee that he/she may print a temporary dental ID card by registering at *my.Cigna.com*.

Disability Products

Completed

a) If the employer pays 100% of the cost for employee coverage, the eligible employee must be enrolled in the employer-paid coverage.

b) If the employee contributes toward the cost of coverage, the employee can choose whether he/she will enroll in coverage within 31 days of the eligibility date.

c) Please confirm that the employee's monthly wage has been provided.

This checklist is a general guide for employer use in discussing common employee benefit changes with your employees. Please contact your GuideStone administrator with specific questions. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.