



## New Hire Benefits Enrollment Checklist



**NEW HIRE ENROLLMENT CONFIRMATION FORMS ARE DUE 31 DAYS FROM YOUR HIRE DATE.**  
This checklist is designed to help you make your initial benefit enrollment selections in a timely manner.

- You may complete the two-step Benefit Enrollment process beginning on your official hire date but no more than 31 days after your official hire date. Visit your Benefits Resource Center to complete this process at: [www.shawhankinsbenefits.net/dcs](http://www.shawhankinsbenefits.net/dcs). Click on the New Hire Tab and watch the New Hire Video and the State Health Benefit Plan Video. Full enrollment instructions are provided in these videos.
  - Attach a copy State Health Confirmation Page # \_\_\_\_\_.
  - Attach a copy Voluntary Benefits Confirmation Page for all other benefits.
- Acknowledge that DCSS offers a health insurance plan that meets the minimum Affordability Act requirements under State Health Benefit Plan of Georgia.
- Indicate Georgia Transfer Status:
  - Yes – I am a transfer from \_\_\_\_\_.
  - No – I am not a transfer.
- Contact Stephanie Groover, Benefits Supervisor at 770-651-2264 if you do not have access to review your benefit information online and require additional assistance.
- Submit a copy of your signed, New Hire Benefits Enrollment Checklist, along with a copy of your State Health Benefit Confirmation page and your ShawHankins Benefit Confirmation page no later than 31 days after your hire date.
- Submitted my Direct Deposit Form to Payroll.

**There are only three times when you can enroll in benefits or make changes to your benefits. Enrollment or changes outside of these three times are not permitted:**

1. As a newly hired or newly benefits eligible employee.
  - a. Benefits begin the 1<sup>st</sup> of the month following 30 days of your hire date.
2. After experiencing a qualified family status change; Benefits must be notified within 31 days of the qualifying event.
3. During our annual Open Enrollment each Fall.
  - a. Changes become effective January 01 of the next calendar year.

Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_