



Boise School District | Human Resources

8169 W Victory Rd
Boise, ID 83709

Ph: 208-854-4074 (option 3)
Fx: 208-854-4010
Email: benefits@boiseschools.org

New Hire Benefits Checklist

Forms marked with an asterisk (*) must be returned to the HR Dept. if you are electing this type of benefit.

Medical

The following information must be reviewed before completing your Regence Medical Enrollment Form.

- Review 2015-16 Benefit Rate Sheet (May print for reference)
- Watch overview of Regence Medical Plan
- Review 2015-16 Wellness Medical Plan Summary (all new hires initially qualify for the Districts Wellness Plan)
- * Print and complete Medical Enrollment Form – **If enrolling in Medical Coverage**
- * Print and complete The Healthcare Dependent Validation Form **or** provide copy of Acceptable Documents **if enrolling dependents in the medical plan**
- I am declining Medical Coverage.** Please sign: _____ Date: _____

Dental, Vision, and Group Life Insurance

The following information must be reviewed before completing your Dental, Vision and Group Life Enrollment Forms.

- Watch overview of Dental, Vision and Group Life Insurance
The District offers two very different Dental Plans. Please review all information to ensure you sign up for the coverage that will best fit your family's needs
- Review Delta Dental Plan Summary – Largest provider Network in the State of Idaho – You choose your provider
- Review Willamette Dental Plan Summary – Rich benefit plan – You must see a dentist at a Willamette Dental Office
- Review Delta Dental/Willamette Dental Comparison Sheet
- Review Vision Plan Summary
- * Benefits Election form – Delta Dental, Vision, Group Life **All New Hires** must complete beneficiary section of this form and list any dependents for basic life coverage – even if waiving Delta Dental and Vision Coverage
- * Willamette Dental Enrollment Application (**If enrolling in Willamette Dental Plan**)
- * Print and complete The Healthcare Dependent Validation Form **or** provide copy of Acceptable Documents **if enrolling dependents in the dental or vision plans.**
- I am declining all Dental Coverage.** Please sign: _____ Date: _____
- I am declining Vision Coverage.** Please sign: _____ Date: _____

Voluntary Benefits / Employee Pays Full Monthly Premium

Complete application for any Voluntary Benefits you wish to elect and turn into HR

- Watch Overview of the Flexible Benefits Plan
- * Flexible Benefits Enrollment Form
- * Long Term Disability Application **CERTIFIED**
- * Long Term Disability Application **CLASSIFIED**
- Long Term Care – **Complete online application if electing this voluntary plan**
- * Supplemental Life Application / Employee/Spouse/Dependent
- * NCPERS Decreasing Life Insurance Enrollment Form



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****Before scheduling your check-in appointment, complete checklist, all benefit enrollment forms and have *copies* of Dependent Validation Documentation if you are enrolling dependents in medical, dental, and/or vision coverage. Please review acceptable forms of dependent documentation by clicking on the Healthcare Dependent Validation Form link. All paperwork will be turned in to HR at the District Services Center located at 8169 W Victory Rd. Boise, ID 83709.**

During your appointment you will be checking in your completed checklist, enrollment forms and copies of any necessary supporting documentation. Please e-mail ALL benefits questions to benefits@boiseschools.org or call 208-854-4074, *Option 3* for Benefits, prior to scheduling your check-in appointment. We are allowing 10 minutes per employee so HR staff can review your benefit paperwork for completeness. HR staff has not allotted time during these check-in appointments to answer detailed benefits questions. We thank you in advance for having all of your paperwork and copies of supporting documentation ready to turn in at your scheduled time.

Schedule Benefits Check-In Appointment with Human Resources Benefit Staff

Schedule Appointment with Human Resources staff by e-mailing benefits@boiseschools.org

Does your spouse work for Boise School District: Yes No

If yes, please print spouses name: _____