



Douglas County School System

P.O. Box 1077 ~ Douglasville, GA 30133 ~ 770-651-2000 ~ www.douglas.k12.ga.us

Dr. Gordon Pritz, Superintendent

NEW HIRE EMPLOYEE BENEFITS AGREEMENT

I _____, do agree that I have read and understand the New Hire Enrollment guidelines and instructions for both State Health Benefit Plan and all optional voluntary benefits offered through Douglas County School System and administered by our Agent of Record, Shaw Hankins. I verify that I have followed all instructions as stated below.

Please check the options that pertain to you.

___ I am a new hire to the state of Georgia eligible for State Health Benefit Plan and I wish to enroll for health/medical coverage. As such I have completed, signed, and returned the State Health Benefit Plan, Department of Community Health New Hire Enrollment form within the required 30 day new hire window. I understand that as a new hire, I must answer the required surcharge questions or else be subject to possible tobacco surcharges. My next opportunity to remove those surcharges from my monthly health premium will be during the fall Open Enrollment for coverage beginning January 01, 2014.

___ I am a transfer from another Georgia county covered under State Health Benefit Plan of Georgia. As such I have completed, signed, and returned the State Health Benefit Plan, Department of Community Health Enrollment/Transfer form within the required 30 day new hire window. I understand that as a new hire, I must keep the same health/medical plan as I currently have with my current employer. My next opportunity to make a change to my health plan will be during the fall Open Enrollment for coverage beginning January 01, 2014.

___ I am not currently enrolled with State Health Benefit Plan Health insurance, nor do I wish to become enrolled. As such I completed, signed and returned the State Health Benefit Plan, Department of Community Health Declination Form the Benefits Office of Douglas County School System.

___ I have completed the new hire **online enrollment process** and elected to enroll in the plans that I wish to carry for the 2013 calendar year. I have attached a copy of the online confirmation form from Shaw Hankins.

___ I do not wish to carry any optional insurance benefits. However, I have gone online and assigned my beneficiaries to my Employer Paid Basic Life Insurance plan. I have attached a copy of my online confirmation form from Shaw Hankins. I understand that if I do not assign a beneficiary to my Board Paid Life insurance, my estate will be listed as the beneficiary.

Employee Signature _____

Date _____