



# Check It Off!

## New Employee Benefits Checklist

Use this checklist, along with the Employee Benefits Summary booklet, to help keep track of the selections you wish to make for your State of Michigan benefits. You will need this information when you contact the MI HR Service Center\* to enroll. If you are covering your spouse and/or children, be prepared to provide their Social Security number and birth date when you call.

For additional plan descriptions, rates, and eligibility information visit the Employee Benefits Website at <http://www.michigan.gov/employeebenefits>. Select New Employee from the left menu. The MI HR Service Center can also provide additional eligibility and rate information (contact information below).

**NOTE: You must enroll in your benefit plans within 31 days of your hire date or during the annual open enrollment period unless otherwise noted.**

### Medical Care

Select one health care plan and corresponding coverage option below.

\_\_\_ **New State Health Plan PPO (NSHP)/Blue Cross Blue Shield (BCBSM)**       Emp only     Emp and Spouse     Emp and Child(ren)     Full Family

\_\_\_ **New Health Maintenance Organization (NHMO)**       Emp only     Emp and Spouse     Emp and Child(ren)     Full Family

*Please select an HMO plan (HMO eligibility is subject to your home zip code and bargaining unit)*

Blue Care Network       Health Plus of MI       Grand Valley Health       Health Alliance Plan

Physicians Health Plan       Priority Health Plan       Total Health Care       McLaren Health Plan

\_\_\_ **Catastrophic Health Plan/BCBS** (\$50 rebate bi-weekly)       Emp only     Emp and Spouse     Emp and Child(ren)     Full Family

\_\_\_ **COPS Trust Health Plan** (for MSPTA T01 only)       Emp only     Emp and Spouse     Emp and Child(ren)     Full Family

\_\_\_ **Decline All Health Insurance** (\$50 rebate bi-weekly)

*Please note: If you are covered by your spouse who is a current State employee or retiree, you will not receive the bi-weekly rebate.*

### Vision Care

Select one vision care plan and corresponding coverage option below.

\_\_\_ **State Vision Plan/BCBS**       Emp only     Emp and Spouse     Emp and Child(ren)     Full Family

\_\_\_ **Decline enrollment in Vision Plan**

### Dental Care

Select one dental care plan and corresponding coverage option below.

\_\_\_ **State Dental Plan/Delta Dental**       Emp only     Emp and Spouse     Emp and Child(ren)     Full Family

\_\_\_ **Dental Maintenance Organization (DMO)/Midwestern Dental** (DMO eligibility is subject to your home zip code)       Emp only     Emp and Spouse     Emp and Child(ren)     Full Family

\_\_\_ **Preventive Dental Plan/Delta Dental** (\$100 lump sum rebate)       Emp only     Emp and Spouse     Emp and Child(ren)     Full Family

\_\_\_ **Decline All Dental Insurance** (\$100 lump sum rebate)

*Please note: If you are covered by your spouse who is a current State employee or retiree, you will not receive the rebate.*

### Employee Life Insurance

Select one employee life insurance plan below.

\_\_\_ **Employee Life Insurance/2x life insurance** (two times your basic annual salary rounded up to the next \$1,000 up to a maximum of \$200,000)

\_\_\_ **Reduced Life/Bi-weekly cash payment** (100% of your basic annual salary up to a maximum of \$50,000)

## Dependent Life Insurance

Select one dependent life insurance plan below.

- Spouse \$1,500 and/or child(ren) \$1,000
- Spouse \$5,000 and/or child(ren) \$2,500
- Spouse \$10,000 and/or child(ren) \$5,000
- Spouse \$25,000 and/or child(ren) \$10,000
- Child(ren) only \$10,000
- Decline Dependent Life Coverage

**Note:** If you are married to another State of Michigan employee, only one of you may cover your child(ren) under this plan. In addition, you cannot cover your spouse who is a State of Michigan employee or State retiree as they are covered by an individual life insurance policy.

## Long Term Disability (LTD)

Select one long term disability option below.

- Long Term Disability (LTD)
- Decline Long Term Disability coverage

## 401K Defined Contribution Plan

401(k) Defined Contribution enrollment is completed by ING. New employees hired on or after 03/31/1997 will be enrolled in the 401(k) Defined Contribution Plan. The State of Michigan will contribute an amount equal to 4% of your gross wages to your 401(K) for retirement and match up to 3% of your bi-weekly contributions (contributions are subject to IRS guidelines). You need to contact ING to start your bi-weekly contributions. ING will send an information packet to all new employees. Additional information is available at <http://stateofmi.csplans.com>. **Note:** You can make changes to your contribution amounts at any time.

- ING 1-800-748-6128

## 457 Plan

457 Plan enrollment is completed by ING. You need to contact ING to start your bi-weekly contributions. ING will send an information packet to all new employees. Additional information is available at <http://stateofmi.csplans.com>. **Note:** You can enroll in the 457 Plan at any time.

- ING 1-800-748-6128

## Health Care Spending Account

Check here if you want to enroll in a health care spending account. **Note:** Please review all health care spending account information carefully and estimate expenses as accurately as possible as changes are only allowed yearly during the annual Flexible Spending Open Enrollment, or only under limited circumstances as provided by established IRS guidelines.

- Health Care Spending Account

→ \$\_\_\_\_\_ (bi-weekly amt.) x \_\_\_\_\_ remaining pay periods this calendar year = \$\_\_\_\_\_ Yearly Total

### Dependent Care Flexible Spending Account

Check here if you want to enroll in a dependent care flexible spending account. **Note:** Please review all dependent care flexible spending account information carefully and estimate expenses as accurately as possible as changes are only allowed during the annual Flexible Spending Open Enrollment, or only under limited circumstances as provided by established IRS guidelines.

\_\_\_ **Dependent Care Flexible Spending Account**

→ \$\_\_\_ (bi-weekly amt.) x \_\_\_ remaining pay periods this calendar year = \$\_\_\_ Yearly Total

### Qualified Parking Spending Account

Check here if you want to enroll in a qualified parking spending account. **Note:** You can enroll in a qualified parking spending account at any time. Changes to your deduction amounts can be made every 28 days as necessary.

\_\_\_ **Qualified Parking Spending Account**

→ \$\_\_\_ (bi-weekly amt.) x \_\_\_ remaining pay periods this calendar year = \$\_\_\_ Yearly Total

### Benefits for Life (Voluntary Benefits)

Benefits for Life enrollment is completed by contacting the Benefits for Life Call Center at 888-VALUE-95 (888-825-8395)

\_\_\_ **Benefits for Life (Voluntary Benefits) Coverage**

### Supporting Documentation

**Remember to send copies of your supporting documentation to the MI HR Service Center!**

When you add your child(ren) and/or spouse to your State of Michigan benefits you must submit the following legal documents within 31 days of your hire for your enrollment to be valid!

- Spouse - marriage certificate
- Minor children - birth certificate, adoption certificate or guardianship papers
- Dependent children ages 19 to 25 - birth certificate, school record of enrollment **and** [CS-1830](#) (Section 1) Verification of Eligibility form (available at <http://www.michigan.gov/mdcs> under the MCSC Forms link).
- Adult Children age 19 to 26 (for health only) – birth certificate **and** [CS-1830](#) (Section 2) Verification of Eligibility form

---

### MI HR Service Center

---

<b>Phone:</b>	<b>1-877-766-6447 or 517-335-0529</b>	<b>Mail:</b>	Civil Service Commission
<b>Fax:</b>	517-241-5892		MI HR Service Center
<b>Michigan Relay:</b>	711		PO Box 30002
			Lansing, MI 48909

\* *Legislative and Judicial employees should contact their agency HR Office to enroll in their benefit selections.*

*This checklist is a summary of benefit offerings and is not intended to replace or substitute for benefit plan booklets, collective bargaining agreements, or Civil Service Rules and Regulations.*