



# Michigan State Police New Employee Benefits Checklist

Use this checklist as a guide to help keep track of the selections you wish to make for your State of Michigan benefits. You will need this information, along with your employee ID number, when you contact the MI HR Service Center to enroll. If you are covering any other individuals on your benefits, be prepared to provide their Social Security Number and birth date when you call. Do not wait until you have the official documentation.

**Enrollment must be completed and required documentation must be provided within the first 31 days of hire by calling the [MI HR Service Center](#) at 877-766-6447. Coverage will be effective the first day of the pay period after an eligible employee contacts the MI HR Service Center and completes enrollment. Employee Life Insurance is the only exception, as life insurance coverage begins the first day of an eligible employee's employment.**

For additional plan information, rates, and eligibility information, visit the Employee Benefits Division website at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits). The MI HR Service Center can also provide additional eligibility and rate information (contact information at end of checklist).

## Health Insurance

Step #1: Select one coverage option:

Employee Only | Employee & Spouse | Employee & Children | Full Family

Step #2: Select one plan:

- **State Health Plan PPO: Blue Cross Blue Shield of Michigan – Blue Cross**
- **State High Deductible Health Plan with Health Savings Account – Blue Cross/HealthEquity**  
[Eligible enrollees](#) in the State HDHP will automatically be enrolled in the State HSA
- **Health Maintenance Organization (HMO): Eligibility subject to [zip code region](#)**  
Blue Care Network (BCN) or Health Alliance Plan (HAP)
- **COPS Trust (MSPTA T01 Only)**  
COPS Trust 1 | COPS Trust 2 | COPS Trust 3 | COPS Trust 4
- **Waive all health insurance (\$50 bi-weekly rebate<sup>1</sup>)**

<sup>1</sup>If you are currently covered as a dependent under a State of Michigan health plan, you may waive this benefit to remain as a dependent under another employee's plan, but you will not receive the bi-weekly rebate.

- [CY26 Health Plan Comparison Chart](#)
- [CY26 Health Plan Cost Scenarios](#)

## Dental Insurance

Step #1: Select one coverage option:

Employee Only | Employee & Spouse | Employee & Children | Full Family

Step #2: Select one plan:

- **State Dental Plan – Delta Dental**
- **Preventive Dental Plan – Delta Dental (\$100 annual lump-sum rebate<sup>2</sup>)**
- **Waive all dental insurance (\$100 annual lump-sum rebate<sup>2</sup>)**

<sup>2</sup>If you are currently covered as a dependent under a State of Michigan dental plan, you may waive this benefit to remain as a dependent under another employee's plan, but you will not receive the annual rebate.

## Vision Insurance

Step #1: Select one coverage option:

Employee Only | Employee & Spouse | Employee & Children | Full Family

Step #2: Select one plan:

- **State Vision Plan (EyeMed)**
- **Waive all vision insurance**

## Employee Life Insurance & Reliance Voluntary Life Insurance

Step #1: Select one employee life insurance plan option:

- **2x Life Insurance** (2x your basic annual salary, rounded up to the next \$1k, up to a \$200k maximum)
- **1x Reduced Life Insurance** (1x your basic annual salary, up to a \$50k maximum + a bi-weekly rebate)

Step #2: Select one Reliance voluntary employee life insurance plan option:

- **\$70,000** Employee | Employee & Dependent
- **\$100,000** Employee | Employee & Dependent
- **\$130,000** Employee | Employee & Dependent
- **Waive Reliance Voluntary Life Insurance**

## Dependent Life Insurance

Step #1: Select one dependent life insurance plan option:

- **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**
- **Spouse \$50,000 and / or child(ren) \$15,000**
- **Child(ren) only \$10,000**
- **Child(ren) only \$15,000**
- **Waive Dependent Life Insurance**

**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 retiree, as they are covered by an individual employee life insurance policy.

## **Long Term Disability (LTD) Insurance & Short Term Disability (STD) Insurance**

Select one [LTD](#) and one [STD](#) option. Only available during your first 31 days after hire and annual Benefits Open Enrollment:

- **Long Term Disability (LTD) Insurance coverage:** Enroll | Waive
- **MSP Short Term Disability (STD) Insurance coverage:** Enroll | Waive

## **Qualified Transportation Fringe Benefits (QTFB)**

You may enroll in a [QTFB account](#) at any time and change your contribution amount at any time. Enrollments must be future-dated and will always take effect the first day of the month that you choose.

- **QTFB Account**  
\$ \_\_\_\_\_ bi-weekly amount

## Flexible Spending Accounts (FSAs)

Please review all Health Care and Dependent Care FSA information carefully and estimate eligible expenses accurately, as changes are only allowed during the annual Benefits Open Enrollment period, or under limited circumstances as provided by established IRS guidelines. Employees may enroll in either a Health Care FSA, a Dependent Care FSA, or both. Visit [www.mi.gov/fsa](http://www.mi.gov/fsa) for additional information.

**General Purpose Health Care FSAs** are for use on eligible out-of-pocket health, dental, and vision expenses. **Limited Purpose Health Care FSAs** are for use on eligible out-of-pocket dental and vision expenses, but **not** health expenses, to be used in conjunction with a Health Savings Account (HSA). You may only enroll in one.

- **General Purpose Health Care FSA or Limited Purpose Health Care FSA (for use with an HSA)**

\$\_\_\_\_\_ bi-weekly amount x \_\_\_\_\_ remaining pay-periods this calendar year = \$\_\_\_\_\_ **annual contribution**

- **Dependent Care FSA**

\$\_\_\_\_\_ bi-weekly amount x \_\_\_\_\_ remaining pay-periods this calendar year = \$\_\_\_\_\_ **annual contribution**

## Benefits for Life – Voluntary Benefits

Enrollment is completed by contacting the Benefits for Life Call Center at 888-825-8395.

- **Benefits for Life (certain plans can only be enrolled in during annual BFL Open Enrollment period)**

Optional [coverage plans](#) include: Discount Plan, Legal Plan, Auto & Home Insurance, Critical Illness, Supplemental Term Life, Universal Life, Accidental Death & Dismemberment (AD&D), Accident Insurance, Hospital Indemnity, and Pet Insurance. (Enrollment in Auto & Home Insurance, AD&D Insurance, Pet Insurance, and the Discount Plan is available at any time throughout the year and Supplemental Term Life Insurance and ID Theft Protection may be enrolled in within the first 60 days of employment.)

- **Long-Term Care Insurance (call within 90 days of your hire date for simplified underwriting)**

Offered by LifeSecure, Long-Term Care Insurance can help with the costs associated with custodial care. Visit the [Long-Term Care Insurance page](#) for more information and enroll by contacting the LifeSecure call center at 844-235-3344.

## Required Documentation

**Employees have 31 days from their date of hire to provide supporting documentation for eligible dependents to the MI HR Service Center.** Dependents will be removed from benefits if documentation is not received. Visit the [Required Documentation and Contact Information page](#) for more information and a comprehensive list of required documentation for different dependent types.

- **Spouse:** Marriage certificate
- **OEA:** [CS-1833 Enrollment Application & Affidavit](#), proof of age, **and** joint residency documentation (see page 2 of Enrollment Application & Affidavit for examples of acceptable documentation.)
- **Dependent Children:** Birth certificate, adoption certificate, or guardianship papers
- **Step-Children:** Birth certificate and parents' marriage certificate

## MI HR Service Center

**Phone:** 877-766-6447  
**Fax:** 517-241-5892

**Email Documents:**  
[MCSC-MIHR-Docs@michigan.gov](mailto:MCSC-MIHR-Docs@michigan.gov)

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.