New Hire Benefits Checklist

Welcome to state service! This checklist is for employees eligible to enroll in state benefits in 2026 and outlines benefit options, required forms and enrollment resources.

Your personnel specialist will use this checklist during your onboarding appointment to review and confirm your eligibility for the following benefits, ensure you have the correct forms and answer any questions. After your appointment, you can continue to use the checklist to access enrollment forms and track the benefits you choose. This checklist also serves as a helpful reference you can revisit anytime to review your benefit selections.

For more New Hire resources, go here: **https://benefits.calhr.ca.gov/new-hire/**

✓ Personal Information

Name: _____

Position Number: _____

Date of Hire: _____

Collective Bargaining Identifier (CBID): _____

✓ Review Your Benefit Options

☐ **Check with your personnel specialist to confirm your eligibility** as some programs or benefit levels are limited to specific bargaining units or excluded employees.

☐ **Review resources** to learn about your benefit plan options and to check your eligibility for certain benefits.

- Benefits website
- CalPERS website (health benefits only)

☐ **Use the CalHR Benefits Calculator** to estimate and compare your monthly contributions for different health, dental and vision benefits plans.

✓ Enroll Within 60 Days of Eligibility

Enroll in Health Benefits

☐ Complete the Health Benefit Enrollment Form (HBD-12).

Your Chosen Plan: _____

Coverage Level: ☐ Self ☐ Self + 1 ☐ Family ☐ Not Applicable

Monthly Premium (if any): $ _____

Enroll in Dental Benefits

☐ Complete the Dental Plan Enrollment Form (STD 692).

Your Chosen Plan: _____

Coverage Level: ☐ Self ☐ Self + 1 ☐ Family ☐ Not Applicable

Plan Type: ☐ Prepaid ☐ PPO ☐ Indemnity

Monthly Premium (if any): $ _____

Choose Your Vision Benefits

☐ Eligible employees are automatically enrolled in Basic VSP coverage. To upgrade to the Premier Plan, complete and submit the **Premier VSP Vision Plan Enrollment Form**.

Your Chosen Plan: ☐ Basic ☐ Premier

Coverage Level: ☐ Self ☐ Self + 1 ☐ Family

Monthly Premium (if any): $ _____

Cash Options (CoBen or FlexElect)

☐ If you already have qualifying group health or dental coverage through another source, complete the applicable form* to receive cash instead:

- **CoBen Cash Enrollment Election Form**
- **FlexElect Cash Option Election Form**

*To check your eligibility, visit the CalHR **Cash Options** page.

Note The CoBen Cash Option is not available for dental-only coverage.

Record Your Election: ☐ Elected ☐ Not Elected

Program Used: ☐ CoBen ☐ FlexElect

Coverage Waived For: ☐ Health ☐ Dental ☐ Both

Amount Received/Month: $ _____

Group Legal Insurance

☐ If you want to enroll in the state's legal insurance plan, **enroll online**.

Record Your Election: ☐ Enrolled ☐ Not Enrolled

Your Chosen Plan: ☐ Individual ☐ Family

Premium: $ _____

Verify Dependent Eligibility

☐ If you are enrolling dependents in health, dental or vision benefits, complete the **Dependent Eligibility Verification Checklist** to verify their eligibility.

FlexElect Reimbursement Account Benefits

☐ If you want to set aside pre-tax dollars for medical or dependent care costs, complete the **FlexElect Reimbursement Account Enrollment Form**.

Record Your Election: ☐ Enrolled ☐ Not Enrolled

Program(s) Used:

☐ Medical Reimbursement Account (MRA)

☐ Dependent Care Reimbursement Account (DCRA)

MRA Contribution Amount: $_____ per month

DCRA Contribution Amount: $_____ per month

Make sure to submit any forms to your personnel specialist **within 60 days of your eligibility date to complete your enrollment.**

✓ Enroll Anytime

Supplemental Life Insurance

☐ Eligible excluded employees are automatically enrolled in basic life insurance. To enroll in the state's Supplemental Life Insurance plan, visit the **MetLife website** and complete the **Enrollment Form**.

Record Your Election: ☐ Enrolled ☐ Not Enrolled

☐ Spouse/Domestic Partner and Child(ren)

Pre-Tax Parking

☐ If you want to withdraw money for work-related parking from your pay warrant, complete the **Pre-Tax Parking Enrollment form**.

Record Your Election: ☐ Enrolled ☐ Not Enrolled

Contribution Amount: $ _____ per month

Long-Term Disability Insurance

☐ If you are an eligible excluded employee and want to enroll in the state's Long-Term Disability Plan, **enroll online**.

"Plan includes Accident and Critical Illness Insurance". Note that you can purchase optional Accident and Critical Illness Insurance for a spouse/domestic partner.

Record Your Election: ☐ Enrolled ☐ Not Enrolled

Savings Plus Account

☐ If you want to contribute to a 401(k). and/or 457(b) plan, **create a Savings Plus account**.

Record Your Election: ☐ Enrolled ☐ Not Enrolled

Contribution Amount: $ _____ per month

Pre-Tax Parking

☐ If you want to withdraw money for work-related parking from your pay warrant, complete the **Pre-Tax Parking Enrollment form**.

Record Your Election: ☐ Enrolled ☐ Not Enrolled

Contribution Amount: $ _____ per month

Pet Insurance

☐ If you want pet insurance, enroll online for MetLife Pet Insurance. You can enroll or modify your coverage at any time. **Enroll online**.

Record Your Election: ☐ Enrolled ☐ Not Enrolled

Premium: $ _____ per month

✓Automatically Enrolled

Take full advantage of your benefits and live a healthier, more balanced life through the Statewide Engagement Program, **You Matter**.

Employee Assistance Program (Whole You)

☐ **Access year-round support** and wellbeing resources through, our Employee Assistance Program, **Whole You**.

Employee Wellness Program (Live Well)

☐ **Access free, on-demand resources** designed to help you thrive at work and in life through the state's Employee Wellness Program, **Live Well**.

Merit Award Program (Your Impact)

☐ **Ask how your department participates** in employee recognition through the Merit Award Program, **Your Impact**.

Employee Engagement Program (Thrive Together)

☐ **Ask how your department participates** in empowering state employees through the Employee Engagement Program, **Thrive Together**.

The State of California, through CalHR and its authorized benefit vendors and third-party administrators (TPA), collects and shares certain personal and, in some cases, protected health information (PHI) to enroll you in benefits and ensure proper plan administration. This information, such as your name, date of birth, Social Security Number, employment details and dependent information, is shared only with benefit vendors as needed to process claims, coordinate care and administer benefits. All benefit vendors and TPAs are contractually required to safeguard your information in accordance with strict privacy and security standards and Health Insurance Portability and Accountability Act regulations, where applicable. For questions about your privacy rights or to file a complaint, contact **CalHR's Privacy Officer**.