

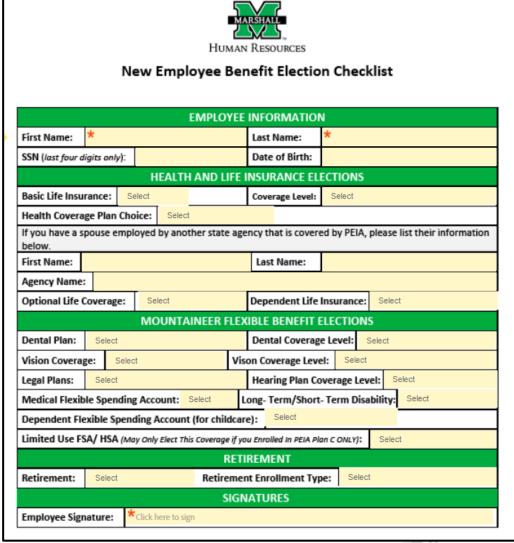
The presentation's last section goes through all the required forms needed to complete your benefits enrollment. If you have questions, please email us at <a href="mailto:benefits@marshall.edu">benefits@marshall.edu</a>.



## Required Forms

- New Employee Drug-Free Workplace
- Affordable Care Act Sign-Off
- <u>Authorization for Release of Information</u> (if you authorize someone other than yourself to have access to your benefit information)
- Supplemental Information
- Employee Receipt for Health and Safety
- <u>FBMC Enrollment Form</u> (if electing any of the flexible benefits)
- <u>Standard Disability Enrollment Form</u> (you must accept or decline the coverage)
- New Employee Benefit Checklist (link on the next page)

To complete registration for benefits, please complete the **New Employee Benefit Election** Checklist.





## Congratulations! You have completed the online benefit registration.

If you have questions about your benefits, please refer to the Benefits Information for New Employees site or email us at benefits@marshall.edu.

