



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 [benefits@marshall.edu](mailto:benefits@marshall.edu) .




# Required Forms

- [New Employee Drug-Free Workplace](#)
- [Affordable Care Act Sign-Off](#)
- [Authorization for Release of Information](#) (if you authorize someone other than yourself to have access to your benefit information)
- [Supplemental Information](#)
- [Employee Receipt for Health and Safety](#)
- [FBMC Enrollment Form](#) (if electing any of the flexible benefits)
- [Standard Disability Enrollment Form](#) (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](#).

  
HUMAN RESOURCES  
**New Employee Benefit Election Checklist**

EMPLOYEE INFORMATION			
First Name:	*	Last Name:	*
SSN (last four digits only):		Date of Birth:	
HEALTH AND LIFE INSURANCE ELECTIONS			
Basic Life Insurance:	Select	Coverage Level:	Select
Health Coverage Plan Choice:	Select		
If you have a spouse employed by another state agency that is covered by PEIA, please list their information below.			
First Name:		Last Name:	
Agency Name:			
Optional Life Coverage:	Select	Dependent Life Insurance:	Select
MOUNTAINEER FLEXIBLE BENEFIT ELECTIONS			
Dental Plan:	Select	Dental Coverage Level:	Select
Vision Coverage:	Select	Vision Coverage Level:	Select
Legal Plans:	Select	Hearing Plan Coverage Level:	Select
Medical Flexible Spending Account:	Select	Long- Term/Short- Term Disability:	Select
Dependent Flexible Spending Account (for childcare):	Select		
Limited Use FSA/ HSA (May Only Elect This Coverage if you Enrolled in PEIA Plan C ONLY):	Select		
RETIREMENT			
Retirement:	Select	Retirement Enrollment Type:	Select
SIGNATURES			
Employee Signature:	*Click here to sign		





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](mailto:benefits@marshall.edu).

