Diocese of Winona-Rochester

NEW HIRE EMPLOYEE BENEFITS CHECKLIST*

EMPLOYEE’S NAME: __________________________________________________________

HIRE/TERM:
➢ Send completed form to Diocese of Winona-Rochester
  □ Notice of New Employee Hire/Increase of Hours Form 001
  □ Please note name format must match what you have in your accounting/payroll system, contains
    no titles (you can designate title in a non-name area). The format is full legal first and last name,
    along with the middle initial, no period.

HEALTH/DENTAL INSURANCE
➢ Send completed form to Diocese of Winona-Rochester
  □ Health/Dental Enrollment/Change/Waive Group Coverage Form A-1
➢ Information to Give to Employee
  □ New Health Insurance Marketplace Coverage Options and Your Health Coverage
  □ Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)
  □ FAQS about Health/Dental Insurance Enrollment and Change Form
  □ Fitness Discount Member flyer
  □ Summary of Benefits and Coverage for $1500 and $5000 Deductibles
  □ Lay Employee Dental Plan Summary
➢ If enrolling
  □ Directions for Online Access to BCBS and Delta Dental
  □ Direct employee to DOW-R HR/Benefit website Section A
    ▪ Summary Plan Booklet – BCBS for either $1500 or $5000 deductible
    ▪ Summary Plan Booklet – Delta Dental

LIFE/LTD/AD&D
➢ Send completed form to Diocese of Winona-Rochester
  ▪ Insurance Enrollment For: Basic Group (Term) Life, Long Term Disability (LTD),
    Accidental Death and Dismemberment (AD&D) – Form B-1
➢ Information to Give to Employee
  □ Benefits at a Glance
    ▪ Life Insurance Plan (Basic Life)
    ▪ LTD Plan
    ▪ AD&D 24-Hour Accident Insurance
➢ Direct employee to DOW-R benefit website Section B
  □ Summary Plan Booklet - Basic Group Life Insurance Plan
  □ Summary Plan Booklet - LTD
  □ Summary Plan Booklet – AD&D
PENSION – 403(b) Lay Employees Retirement Plan
➢ Send completed form to Diocese of Winona-Rochester
  □ Salary Reduction Agreement Form C-2
➢ Information to Give to Employee
  □ 403(b) Lay employees Retirement Plan Information
  □ Lincoln Enrollment Booklet – Direct employee to DOW-R HR/Benefit website Section B or give employee booklet which you can obtain from the diocese

FLEXIBLE BENEFITS
➢ Send completed form to Diocese of Winona-Rochester
  □ Flexible Spending Account Enrollment Form D-2
➢ Information to Give to Employee
  □ FSA - The Medical Flexible Spending Account
  □ Medical FSA Worksheet
  □ FSA - The Dependent Care Spending Account
  □ Getting Reimbursed for Dependent Care Expenses
  □ Accessing Flexible Spending Account Information Online
➢ If enrolling, direct employee to DOW-R HR/Benefit website Section D
  □ Summary Plan Booklet
    ▪ Medical FSA
    ▪ Dependent Care FSA

SUPPLEMENTAL LIFE
➢ Send completed form(s) to Diocese of Winona-Rochester
  □ Insurance Enrollment Form for Supplemental (Term) Life Form E-1
  □ Complete only if employee chose life coverage over the Guarantee Issue amount of $200,000 for self or $25,000 for spouse Evidence of Insurability (EOI) – contact benefits@dowr.org for online form information.
➢ Information to Give to Employee
  □ Benefits at a Glance – (Supplemental) Life Insurance Plan
  □ Supplemental Life - Term Life Insurance Coverage Highlights
  □ “What Would Your Family Do Without Your Income” flyer
  □ “Group term life insurance” flyer
  □ Benefits at a Glance – Supplemental Life Insurance
➢ If enrolling, direct employee to DOW-R HR/Benefit website Section E
  □ Summary Plan Booklet - Supplemental Life Insurance

*This checklist is for parish/school/cemetery/institution only and does not need to be sent to the Diocese of Winona-Rochester.