



Congratulations on recently becoming a newly benefits eligible employee! Eugene School District 4J offers a large network of programs and services to create a comprehensive benefits offering. 4J offers medical, dental, vision, prescription, disability, retirement, on-site wellness clinic, paid and unpaid time off.

As you prepare for your new position and benefits, here is a checklist to ensure you receive the required notices, complete the appropriate paperwork and are fully informed of your options. Please review this information carefully and initial each item indicating that you have completed or understand your responsibility to complete.

1. Visit Benefits Website <http://www.4j.lane.edu/hr/benefits/>
  - a. Review New Employee Information page for benefit details, costs and forms
2. Print, complete and ***return enrollment forms to HR within 2 weeks of hire/start date***
  - a. ***New Hire Enrollment Form, Employee Benefits Packet Form, FSA form( if participating)***
3. Read and understand legally required notices and documents [Legal Notices](#)
4. Read and initial statements below

\_\_\_\_\_I understand that benefit insurance coverage(s) I elect during this initial eligibility period begin on my effective date and if forms are received after that date, coverage will be retroactive. I understand that I am responsible for all applicable premiums for any coverage I elect, including retroactive coverage where applicable.

\_\_\_\_\_I understand that I am to return the enrollment form even if I am electing to waive my benefit coverage(s).

\_\_\_\_\_It is my responsibility to review my paycheck to ensure my enrollment elections have been processed correctly.

\_\_\_\_\_I understand that in accordance to OEBA OAR 111-040-0011, if I am rehired or newly benefit eligible within 6 months of the date eligibility was lost I will have my benefit plans reinstated, unless there was a qualifying status change.

\_\_\_\_\_I understand that should I or one of my dependents experience an eligible qualifying status change, I am responsible for notifying 4J Human Resources within 31 days of the event on a Mid-Year Change Form and the required supporting documentation must be provided at that time.

\_\_\_\_\_I understand that 4J communicates benefits and other important information via my 4J email address. It my responsibility to check my 4J email address on a regular basis to ensure I receive necessary and possibly time sensitive information that may require action on my part.

5. Print, Sign and Return this Checklist
  - a. You may bring this to your new hire processing appointment or include it with your enrollment paperwork.

Please return all benefits related forms and this completed document to the address above directly or through interoffice mail service, please allow extra delivery time if using interoffice mail. Should you have questions please contact Kimberly Kaina, HR Generalist II/Benefits at [mail to: kaina\\_k@4j.lane.edu](mailto:kaina_k@4j.lane.edu) or 541-790-7681.

I acknowledge receipt of this Employee Benefits Information including legally required notices:

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date



Dear \_\_\_\_\_,

Welcome to your benefit-eligible position! Please find the enclosed summary information explaining your benefits package. The enrollment forms and other available information can be found on the 4J Employee Benefits web page: <http://benefits.4j.lane.edu>.

## Effective Date



Your Benefits are effective on:

## Deadline



Enrollment forms must be turned in by:

**Please submit the required enrollment forms to Human Resources by email, fax, mail or you may drop them off.**

Email: [hr@4j.lane.edu](mailto:hr@4j.lane.edu)

Fax: 541-790-7665

Mail or drop off: 200 N. Monroe St., Eugene, OR 97402

### **DEFAULT ELECTION IF NO FORMS ARE RECEIVED**

\_\_\_\_\_  
Employee Initials

I understand that if my enrollment forms have not been received by 4J Human Resources by the deadline shown above, my coverage for medical/dental/vision will be waived for the remainder of the plan year. I will not have another opportunity to enroll without a Qualified Status Change (QSC) event until the next open enrollment period. I understand **if I waive/decline dental coverage** when initially eligible or allow coverage to lapse, and then choose to enroll at a future Open Enrollment period, any enrolled dependents and I will be subject to a 12-month waiting period (including orthodontia), meaning only diagnostic and preventive care (cleanings, x-rays, and exams) will be covered for the first 12 months of dental coverage.

I acknowledge receipt of this Employee Benefits packet. I understand that if my enrollment forms do not reach Human Resources by the deadline, I will be subject to the default election described above; forfeiting my opportunity to enroll myself and my dependents in 4J health insurance plans for the remainder of the plan year and possibly incurring a 12-month waiting period for dental coverage.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employee I.D. Number