



Human Resource Services

Employment Processing Packet

Benefits Only

DATE: _____

Received by Human Resource Services
YOUR
NAME: _____
POSITION: _____
LOCATION: _____

IMPORTANT:
Complete and Return
This Packet
Within Two Working Days!

Congratulations!

You now meet the eligibility requirements to enroll in a district Health Benefit Plan. It is important for you to complete all of the enclosed forms and to return the completed packet to Personnel Services within **48 hours or two working days** so that we may complete your processing. So **PLEASE** attend to this packet without delay.

Please review the benefit comparison spreadsheet (titled “Medical Benefits Analysis”) in the Health and Insurance Benefits Appendix (Appendix B) in the back of this packet and select the health plan you prefer. A packet with detailed information and enrollment material for that plan will then be sent to you for completion. If you have any questions concerning health and welfare benefit plans, you may contact the customer service departments of the individual carriers or the district Benefits Office at the phone numbers listed in Appendix B in the back of this packet.

Thank you for your prompt attention to this matter.