

BENEFITS AUTHORIZATION FORM

DATE: _____ Rehire New Hire TC Union/Barg chng

Please process insurance benefits for: Leave, type & dates** Special**

_____,
Last Name (PRINT)

First Name (PRINT)

Social Security Number

Hire date: _____

Hrs/Day: _____

Circle One: SCTA / SEIU / UPE / TEAMSTERS / CSA / UNREP: SUPV / MGMT / CONF

Adult Ed or Certificate Substitute, please indicate date eligible for benefits: _____

Position with District: _____

Work Location: _____

*I understand my health benefits will be effective only after I have completed all necessary paperwork with Human Resources and Employee Benefits. **Required documentation for adding dependents: marriage/domestic partner certificate, birth certificate(s), and Social Security numbers for each dependent.***

**Comments: _____

AUTHORIZATION FORM MUST BE PRESENTED TO THE BENEFITS OFFICE TO PROCESS YOUR BENEFIT PACKET

Signature of Employee

Authorized by

Benefits (white)

Personnel file (yellow)

RSK-F001A (Rev D 12/12/11)

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